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| Procedure Name: | Non Judicial In Home Services |
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| Applicable to: | Family Partnerships of Central Florida and Contracted Staff |

Purpose: This operating procedure describes processes regarding families served through Non-Judicial, In-Home Services (NJIHS).

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

Procedure: This operating procedure applies to Non-Judicial, In-Home staff.

Access to Services, Screening and Intake Procedures

Family Partnerships of Central Florida 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 and impact child(ren).

Upon identifying impending danger and completing the information collection process, the CPI is responsible for initiating the case transfer process. Prior to the 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 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 in FSFN 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 and addressing any immediate action or needs to address family safety and sufficiency for In-Home Safety Services.

Case Transfer Conference

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

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

1. Identified danger threats.
2. Caregiver protective capacity.
3. Safety actions initiated as part of the safety plan.
4. The level of parental cooperation in complying with the safety actions to date.
5. All other critical information needed regarding the child and family including assessment information provided by the Child Protection Team or any other professional evaluation obtained during the investigation.

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

The Diversion Care Coordinator (also referred to as a Case Manager, DCC/CM) may also initiate immediate crisis intervention and referrals to community services as a result of the case transfer conference.

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

A contingency plan is negotiated for any outstanding tasks related to CTS in collaboration of all agencies involved. Initial face-to-face contact with child and family occurs within 72 hours of case

acceptance. Once the family is accepted, the NJIHS Supervisor will assign the case as primary to the receiving DCC/CM and ensure Living Arrangements are built for each child receiving services.

FSFN Documentation

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

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

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

Family Engagement Service Philosophy

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

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

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

1. The purpose of NJIHS.
2. The benefits of the DCC/CM and the parent/legal guardian(s) working together.
3. How extended family members or others might be resources to participate in a Family Team meeting to develop a case plan.
4. The use of the Wraparound Model and Family Team Conferencing.
5. How team meetings work.
6. The benefits of inviting people to their team meeting.

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

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

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

1. Work diligently to identify and overcome the barriers to the parent/legal guardian(s) participation in Family Team Conferencing, family assessment, and planning.
2. Frequently and actively re-invite the parent/guardian(s)'s participation.
3. Continue to work toward establishing a partnership by stating the DCC/CM'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 people who know the parent/legal guardian(s) to elicit their suggestions for engaging the parent.
6. Obtain professional assessment and evaluations.
7. Obtain professional input as to engagement approaches, such as use of a substance abuse expert, domestic violence advocate, and/or mental health professional.

When a parent/legal guardian(s) is incarcerated, the DCC/CM 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 status, the child's strengths and needs, their relationship with the child and how it is maintained, and the parent's plans for the future concerning the child.

At any point during the life of the case, if the parents are highly resistant and/or are unwilling to engage with the DCC/CM, or if the safety plan is not able to control active danger threats, a supervisor consultation is required to explore options.

Activities After the Case Transfer

Upon assignment of the case, the NJIHS Supervisor completes a supervisor review of the case records within 48 hours to provide case direction to the DCC/CM as well as to immediately assess child safety, well-being, and permanency. During this initial review, the NJIHS Supervisor validates that the information contained within Florida Safe Families Network (FSFN) is complete and accurate. Ongoing supervisor reviews are conducted at a minimum of every 90 days. This subsequent review also ensures child safety, well-being, and permanency are being addressed and that the record (case file and FSFN) contains complete and accurate documentation.

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

Preparation

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

Preparation activities include a review of the case history including:

1. Historical information available in FSFN and other systems including any court orders.
2. FFA-I completed by the investigator to ensure an understanding of:
 - a. Danger threats and how they manifest in family.
 - b. Caregiver protective capacities.
 - c. Vulnerability of child(ren) to the danger threats.
 - d. Safety Plan and Safety Analysis.
 - e. The DCC/CM's role in managing the Safety Plan, including the responsibilities for contact with the safety service providers.
 - f. What is expected from each safety service provider.
3. Household composition and dynamics.
4. Parent(s)/legal guardian(s)/legal guardian(s) and other adults with significant responsibility for the ongoing care and protection of the child.
5. Which household members might have a role in the care plan, including any paramour of the caregiver, and how the individual's interaction with the parent or legal guardian can be assessed in the appropriate information domain.
6. Information about the parent(s)/legal guardian(s) and prospective parents of the children and how to contact them.

The DCC/CM will identify special circumstances that are known to be impacting the family and any past interventions. Given any special circumstances, the DCC/CM 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. Parent(s)/legal guardian(s) conditions that will require assistance with verbal or written communication.
6. Criminal behaviors and other factors that impact the ability of the parent(s)/legal guardian(s) to be protective.
7. Indicators that an infant or young child (birth to 36 months) may need a referral specifically for a developmental screening or other early intervention screening and assessment for possible developmental delay.
8. Other special needs of children in the home (e.g., medical, mental, learning disabilities, or deaf and hard of hearing).

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

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

FSFN Documentation

The DCC/CM will complete FSFN documentation as follows:

1. Actions taken that directly impact the case or family, including any collateral interviews conducted to learn more about family conditions and/or needs, will be documented in case notes by the DCC/CM within 2 business days of the contact or call.
2. Any past evaluations, treatment notes, and/or discharge summaries requested and/or

received by the DCC/CM will be documented in FSFN in accordance with confidentiality provisions in Department of Children and Families CFOP 170-1.

Management of Safety Plans

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

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

Within 5 days following the case transfer, a supervisory consultation will occur to ensure the sufficiency of the safety plan. The frequency of safety plan actions will be aligned with the individual needs of each family.

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

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

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

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

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

The DCC/CM will exercise due diligence to modify safety plans in response to changing family dynamics. The DCC/CM will create a new safety plan when any of the following changes occur:

1. A new danger threat has been identified.
2. Danger threats have been eliminated.
3. There are changes in the family dynamics or conditions which change the types and or level of safety services needed.

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

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

If a child is born to an existing family open to NJIHS, the DCC/CM and the Supervisor will assess the overall family dynamics to determine the level of services and/or safety planning necessary to ensure the safety, permanency, and well-being of the newborn child.

For new investigations received on open NJIHS cases, the DCC/CM will share responsibilities with the CPI in a collaborative effort. If the new investigation warrants the removal of the children, the DCC/CM will work in conjunction with the CPI to assure that there is a shared responsibility in facilitating placement for the child, providing information and documentation, and assisting with completing a timeline for the CPI to complete a shelter petition.

Supervisor Consultation and Approval

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

A supervisor consultation is required as follows:

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

The case consultation will include the following actions:

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

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

supervisor review will be completed and input into FSFN by the 5th of the following month.

FSFN Documentation

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

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

The DCC/CM will document modifications to any existing Safety Plan by creating a new plan and terminating the current Safety Plan in FSFN. As information from the prior safety plan will pre-populate when a new safety plan is created, the date needs to be changed to capture the date of the modification as well as changes to the plan being made. The DCC/CM or DCC/CM Supervisor needs to save after each change to a safety action is made to avoid any old safety actions from appearing on the new safety plan. A significant safety plan modification which requires the creation of a new safety plan in FSFN includes the following:

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

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

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

Safety plans must be modified at all critical junctures and no less than 180 days from case transfer to NJIHS.

Discontinuing A Safety Plan

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

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

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

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

1. Level of DCC/CM's understanding and empathy with caregivers.
2. Strategies to deal with resistance including coaching on interpersonal techniques. If the caregiver was openly hostile or rebellious, how did the DCC/CM lower their authority and support self-determination?
3. If the caregiver is apathetic and passively resistance to intervention, how did the DCC/CM attempt to empower the caregiver?
4. Any barriers that might prevent the family from engaging, including cultural considerations.

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

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

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

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

1. Impending danger is still identified after an assessment of danger threats and impending danger criteria, and the family is refusing access to the children or will no longer cooperate or agree to safety planning.
2. CLS has determined that there is not legal sufficiency to file a petition, and the parents will not accept NJIHS.
3. A petition has been filed and denied by the court and the parents will not accept NJIHS.

During the staffing, participants will determine the following:

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

FSFN Documentation

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

The NJIHS Supervisor will document the Supervisor Consultation and approval.

Family Functioning Assessment – Ongoing (FFA-O)

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

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

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

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

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

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

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

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

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

The DCC/CM will encourage the parent/legal guardian(s) and Family Team to offer their perspective as to which enhanced protective capacities (strengths) could be built upon to address the identified danger threats. If the parents are unable or unwilling to offer their perspective, the DCC/CM will offer suggestions as to which protective capacities may be enhanced and ask for feedback.

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

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

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

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

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

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

The DCC/CM will complete the family assessment areas as follows:

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

analysis of the new information learned.

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

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

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

The DCC/CM will document the "Family Change Strategy" developed with the family and Family Team in the following areas:

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

Care Plan

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

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

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

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

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

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

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

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

1. Describes agreement between the parent/legal guardian(s), Family Team and the DCC/CM 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. To the extent possible, the DCC/CM should develop the family goal statement using the family’s words.
3. Describes the presence of new, observable behaviors or actions related to child(ren) (rather than the absence of old, problematic behavior).
4. Is not a description of services or treatment.

The team will review, discuss, and agree on the Care Plan outcomes. The outcomes must reflect the:

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

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

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

The team should work with the parent/legal guardian(s) to identify the services and activities that the parents believe are the best match for them and what represents the best path forward. When deciding this, the following things should be considered:

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

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

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

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

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

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

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

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

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

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

1. Family partnership, collaboration, and self-determination.
2. Use of least intrusive approaches and services that encourage a progressive move toward restoring parents' responsibility for child safety whenever it is safe and appropriate to do so.
3. Obtaining culturally relevant and individualized services and interventions.
4. Assisting parent/legal guardian(s) with the process of change, seeing change as a process, timing and sequencing of steps being guided by readiness for change at that moment, techniques being utilized to hear and be non-judgmental about the parents' hesitancy to make change and effective ways to assist the parents to continue to make positive steps toward change.
5. Identifying appropriate services that target the specific diminished protective capacities and

safety threat that exist.

6. Providing direction about whether an immediate protective action should be taken to manage a child's safety if the DCC/CM or supervisor becomes aware of a circumstance when a child is unsafe.

FSFN Documentation

Meetings with parent/legal guardian(s) or the child and other persons to co-construct the care plan should be documented in the Meeting page in FSFN. Any documents created at the meeting or about the meeting may be scanned into FSFN and attached to the Meeting page. The actual documentation of the care plan using FSFN functionality may occur during the meeting with the family or afterwards.

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

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

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

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

Evaluating Family Progress

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

Contacts are one of the primary methods used by DCCs to evaluate family progress as well as to

evaluate the sufficiency of a safety plan.

1. The DCC will make face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence. All children aged 0-5 who reside with their parents and do not attend an accredited educational program or licensed daycare program shall be seen in-home at a minimum of once every 14 days. Substance-exposed newborns must be visited in the home weekly for the first month of services, and then bi-weekly the month thereafter. The DCC/CM is responsible for monitoring that child needs are being met.
2. At least every 90 days, or more frequently if warranted based on the safety plan, the DCC/CM shall make an unannounced visit to the child's current place of residence.
3. Contacts with the parent/guardian(s) must occur at a minimum every 30 days. The frequency of face-to-face contact with the parent(s) should be driven by safety plan management as well as what the DCC/CM needs to achieve as a result of the contact. When meetings with parents(s) occur at least every 30 days or more frequently, the DCC/CM is better able to assist parent(s) with moving through the stages of change and progressing towards goal achievement.
4. When a child is with a parent in a certified domestic violence shelter or a residential treatment program, visitation arrangements shall be coordinated with program staff and may occur outside of the facility.
5. When non-maltreating parent(s) have outcomes and/or tasks that have been added to the care plan, face-to-face contacts shall be every 30 days.

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

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

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

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

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

A new Progress Update will be created in FSFN at a minimum every 90 days from the approval date

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

1. When safety plan management has resulted in a decision to remove a child from home.
2. At the birth or death of a sibling.
3. Upon the addition of a new household member, including intimate partners.
4. Significant updates to family conditions and/or safety plans
5. The family relocates
6. Before a recommendation for case closure.
7. Any other critical junctures that significantly impact the family dynamics

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

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

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

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

FSFN Documentation

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

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

The DCC/CM will ensure that information received from any of the parent(s)/legal guardian(s) treatment providers informs the 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.

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

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

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

A new Safety Analysis should be written to justify and document why current safety services should continue, if less intrusive safety services are feasible, or if other actions to achieve a lasting safety resolution are needed.

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

Modify A Care Plan

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

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

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

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

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

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

Care plan amendments must include service interventions that are the least intrusive into the life of

the parent(s)/legal guardian(s) and child, must focus on clearly defined objectives, and must provide the most efficient path to quick reunification or permanent placement given the circumstances of the case and the child's safety and well-being needs.

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

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

Safe Case Closure

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

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

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

Prior to case closure, the DCC/CM will complete Florida Safe Families Network checks, local criminal history and calls to service to assure no new reports or information has been added that may impact case closing.

The DCC/CM and Supervisor will review the danger threats, impending danger criteria, and assess for danger threats that meet criteria for Out of Control, Observable, Severe, Imminent, and Vulnerable Child, per Safety Methodology. The Final Progress Update will include language regarding the assessment of impending danger and include information that demonstrates why the safety determination is being made.

The NJIHS Supervisor may approve case closure after a case consultation is completed and the Final Progress Update is reviewed and approved by the Safety Services Manager or the Program Director. Consultations will be provided to the DCC/CM to explore issues and provide feedback regarding progress and/or challenges in achieving care plan outcomes or permanency goals. The Safety Services Manager or Program Director will email their approval to the DCC/CM and Supervisor. The entire email correspondence, including the Progress Update initially sent to Safety Services Manager or Program Director, gets copied into a FSFN case note prior to case closure.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



March 18, 2026

PHILIP J. SCARPELLI

President and Chief Executive Officer
Family Partnerships of Central Florida