
Series:	Operating Procedures COA: CM:1, 2.01, 2.02, 2.03, 3.01, 3.02, 3.02, 3.04, 3.05, 3.06, 3.07, 4.01, 4.02, 4.03, 4.04, 4.05, 4.06, 8.01, 8.02, 8.03, 8.05, RPM 7
Procedure Name:	Family Support
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Effective Date:	11/09/2009, 03/17/2026
Applicable to:	Family Partnerships of Central Florida Staff

SUBJECT: Family Support Operating Procedure

PURPOSE: The purpose of this procedure is to outline FPOCF operating procedures for referring and transitioning families to Family Support Services. Family Support services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by:

- Strengthening protective factors that will increase the ability of families to nurture their children successfully.
- Enhancing the social and emotional well-being of each child and the family.
- Enabling families to use other resources and opportunities available in the community.
- Assisting families with creating or strengthening family resource networks to enhance and support childrearing.

Reference: Department of Children and Families CFOP 170-1 Chapter 4 Family Support Services

PROCEDURE:

Access to Services, Screening and Intake Procedures

Community Referrals – CARES accepts Family Support referrals from the community and/or from families who self-refer. The . Neighborhood Partnership Program Supervisor will review self-referral/Community referral requests to re-open Support Services of former clients and requests to open Support Services due to a child in the home recently being released (or whom is pending

release) from a Baker Act facility to determine if they are eligible for services. If accepted, the Neighborhood Partnership Program Supervisor will generate an electronic record in Fidelity HER.

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 conducts shelter audits jointly on a weekly basis with the DJJ Lockout Specialist when there are concerns that a youth may enter foster care as a result 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 Lockout Specialist will contact the family to explore services that can be implemented to strengthen the family unit. If ongoing care is required, the Lockout specialist sends it to the Family Support Services Supervisor/designee for assignment. If there is dual-involvement with the Department of Children and Families, the Child Protective Investigator or Supervisor will staff the case with the co-located CARES Staffing Specialist to open Family Support Services.

Child Welfare Referral – FPOCF works directly with the Department of Children and Families Child Protective Investigations to provide Family Support Services to at-risk families. The Child Protective Investigator (CPI) staffs the case with the 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.
- 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 Supervisor 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 Staffing Specialist builds the referral in FSFN within one business day and sends it to the Family Support Services Supervisor/Brevard Behavioral Health Expansion Supervisor, or 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 in Mindshare and in FSFN within one business day and sends to the Family Support Services Supervisor/Brevard Behavioral Health Expansion Team Supervisor, or 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 by email the CPI and CPI Child Protective Investigations Supervisor (CPIS) of the refusal and intent to close the referral as a refusal. This notification will be documented in FSFN and the Staffing Specialist will complete the "close the loop" staffing during the next bi-weekly DCF/ Care Staffing Meeting with the CPIS, CPI Program Administrator, and Family Support Services Senior Manager or designee 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 by email the CPI and Child Protective Investigations Supervisor (CPIS) of the refusal and complete the "close the loop" staffing during the next bi-weekly DCF/ Care Staffing Meeting with the CPIS and CPI Program Administrator and CARES Family Support Services Senior Manager or designee to discuss next steps.

Provider Outreach and Family Engagement for Safe but Very High/High Cases

CARES will conduct follow-up outreach and engagement efforts with the family.

The Family Support Services Supervisor/Brevard Behavioral Health Expansion Supervisor, or designee assigns all new referrals for Family Support Services within twenty-four (24) business hours upon acceptance of the case.

Upon assignment of the case, the Family Support Services Supervisor/Brevard Behavioral Health Expansion Supervisor completes a supervisor review of the case records within 48 business hours to provide case direction to the Care Coordinator, as well as to immediately assess child safety, well-being, and permanency. During this initial review, the Family Support Services Supervisor/Brevard Behavioral Health Expansion 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 three months, with no more than 90 days between reviews. 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. Each family's care plan is reviewed at least quarterly and includes an evaluation of the family's progress toward achieving service goals.

For Very High/High Risk referrals, FSFN reflects an initiation date of the date on which the case was accepted. The Family Support Services Supervisor/Brevard Behavioral Health Expansion Supervisor assigns the new family to a Care Coordinator.

All Very High/High Risk families served through .FPOCF participate in a comprehensive, individualized, strength-based assessment called a Strength and Cultural Discovery. The information gathered is comprehensive and is directly related to identifying concerns contained in the original reasons for the referral in addition to what the family identifies are needs. All assessments are conducted in person in the family's home whenever possible. Any specialized assessments that are indicated during this process are arranged for in a prompt and timely manner. The Strength and Cultural Discovery will be initiated within five days and completed within 30 days.

The CARES Care Coordinator conducts the Strength and Cultural Discovery on all Very High/High Risk families referred to the program in a non- threatening manner, respecting the family while adhering to all confidentiality standards. During this process, sensitivity is

shown to the family that is being engaged in a flexible and responsive manner. The Strength and Cultural Discovery lays the foundation for family engagement and inclusion. The Strength Discovery is a tool to be used to learn about the family's history, needs, traditions, culture, resources and norms with sensitivity to cultural norms as resources and supports are identified to strengthen and preserve the family unit. The Strengths Discovery sets the tone for Family Team Conferencing by identifying informal supports and natural resources available to the family.

The Care Coordinator completes the Strength and Cultural Discovery Release of Information form (which includes a list of individuals the family would like invited to the Family Team Conference) and the acknowledgement and receipt of the Child and Family Handbook. The Care Coordinator will conduct separate Strength Discoveries with all children in the family ages 12 and up.

After completion of the Strength and Cultural Discovery, the Care Coordinator will update the client file and enter case activity into FSFN. FPOCF is responsible for inputting any and all information concerning a case into FSFN, within forty-eight hours.

All Family Support Referrals for Safe but Very High/High Risk referrals go through the Care Coordinator and the Family Team Conference (FTC) process to determine appropriate services for the family based on their unique needs. The Care Coordinator facilitates the FTC and ensures that decisions regarding services are reached in consensus with the Family Care Team. Informal and natural supports will be utilized whenever possible in lieu of and or in addition to formal providers. The Care Coordinator makes the authorization decision 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 by the assigned Care Coordinator within three (3) business days of a Family Team Conference.

After the Care Coordinator conducts the Family's Strength and Cultural Discovery and has identified the family's natural resources and supports and determines the family desires to proceed with the Family Team Conference wraparound meeting, the Care Coordinator will work collaboratively with the family to arrange a date and time that best meets their needs. The initial Family Team Conference will occur within 20 business days from the initial intake and minimally every 30 days thereafter. Family Team Conferences can occur on a more frequent basis if needed to support and stabilize the family. The Care Coordinator or the designee agreed upon by the family will contact all parties identified as potential team members. This may include any providers who may be working with or acquainted with the child and/or family, and any natural supports the family identified to arrange a FTC.

Prior to the first Family Team Conference (FTC), Team Members will be oriented to the wraparound process and principles of case practice. The role of the family team will be defined and literature on the process and program will be made available in advance for those members who are not familiar with C.A.R.E.S.

The Care Coordinator will also complete Protective Factors Assessment at the initial visit. This assessment is then completed at graduation/end of CARES services. The WIFI-EZ is completed every 90 days to gauge the level of fidelity to the Wraparound model.



At the start of the FTC, the Coordinator will then present the team with the FPOCF Release of Information for team members to sign.

At the onset of each FTC, the family vision statement will be reviewed with the team members followed by the family strengths and the strengths of individual family members if appropriate. The Coordinator will establish basic ground rules for the team and more comprehensive ground rules in complex cases. Members will agree in writing to abide by ground rules established by the team. During the FTC the family, (along with the identified Family Team), will work to build upon the family strengths to address the identified needs of the family.

The Care Plan is the individualized method of documentation for each family. The Care Plan outlines what specific service providers in the CARES network (as well as any informal and natural supports identified) that support the achievement of the family's desired outcomes. At this time, the benefits, alternatives, risks and consequences of planned services are reviewed and discussed with the family. In cases where the team determines that flexible supports are needed to assist the family in meeting their goals, the Care Coordinator will authorize the Flexible Support services. The team will identify the frequency and duration of the supports needed and the level and type of flexible support needed to meet the unique needs of the family. These specifics will be outlined in the Care Plan and functions as the service plan. The Care Plan identifies all services and supports to be provided, and by whom, and contains the individual or guardian's signature. Any unmet needs are discussed and the possibilities for maintaining and strengthening family relationships are addressed.

The Team will then schedule the next FTC at which time the team will discuss the family's progress and effectiveness of the current plan to determine if any services need to be modified, added, re-authorized or terminated. The FTC process will continue in this manner until the team agrees that the family is ready for graduation. At the end of each FTC, the team will schedule the next the FTC date with the understanding that any team member can request a team meeting at any time during the process. The Care Coordinator will then provide copies of the Care Plan and the signature page to each team member.

The Care Coordinator is responsible for facilitating the Family Team Conferences and for the Care Coordination and service linkages for the family. The Care Coordinator may also arrange for families to receive additional case management support as identified in the service plan from within the network of service providers. The Care Coordinator maintains a list of current resources available to the family and information on how to access those resources.

The Care Coordinator continually assesses risk on a continual basis; coordinates services; and conducts home visits, based on the risk of the child(ren) at least once every 30 days.

The Family Support Services Supervisor/Brevard Behavioral Health Expansion Supervisor conducts monthly supervisory consultations on any case 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 family moves without notice, the supervisor must ensure reasonable efforts are being completed to locate the family. These cases will be immediately identified at the conclusion of each calendar month and the supervisor consultation will be completed and input into FSFN by the 5th of the following month.

Closure

The case is evaluated for closure during each supervisor review and documentation of such is indicated in the supervisor review. The Care Coordinator would complete a Closure Summary after staffing with the Family Support Services Supervisor/Brevard Behavioral Health Expansion Supervisor to determine if case closure is appropriate to move towards closure.

Once the Family Care Team has reached consensus that the family is ready for closure, a graduation celebration will be held at which time the Care Coordinator will explain to the family that they will be receiving a closing letter to retain for their records. All families exiting will have an aftercare and transition plan. Upon return to the office, the Care Coordinator will complete the Discharge Summary. They will also send a closing letter reflecting 'No further need of program services – successful graduation' to the family. Copies of each will be placed in the electronic case record.

The family has a right to request closure of its case at any time. While participation with Family Support Services is voluntary, should a family, determined to be at high or very high risk, become unwilling to engage and participate or if the family has been identified as not making progress in efforts to reduce risk, the Care Coordinator will notify by email the CPI and CPI Child Protective Investigations Supervisor (CPIS) and document in FSFN the family's lack of engagement and request for a joint visit to occur prior to the next bi-weekly DCF/ CARE SStaffing Meeting. The Care Coordinator will notify the Family Support Services Supervisor to notify the case be set for a "close the loop" staffing during the DCF/ Care Staffing Meeting with the CPIS and CPI Program Administrator and Care Family Support Services Senior Manager or designee discuss closure if the family did not re-engage during the joint visit.

Under the rare and exceptional circumstance that an individual or family is asked to leave the program; FPOCF makes every effort to link the individual or family with appropriate services. When a family third party benefits or payments end, FPOCF provides services until appropriate arrangements are made and, if terminated or withdrawal of service is probable due to non-payment, FPOCF this occurs, the Care Coordinator schedules a close the loop staffing within two business days with the referring CPI and Supervisor. The Family Support Services Supervisor will also participate. The staffing will be documented in FSFN.

Efforts should be made to complete the "close the loop" staffing with the referring Child Protective Investigator and Investigator Supervisor however, if they are no longer employed in the same capacity or unable to participate despite reasonable notice, an individual who is knowledgeable regarding the family's prior investigations can suffice. A discussion should include ongoing risk, services provided; unresolved service needs and benefit to the family as well as attempts to re-engage the family.

New Reports

For new reports received on existing cases that are already open for ongoing Family Support services, the assigned Care Coordinator will share responsibilities with the CPI in a collaborative effort. The Care Coordinator will testify at the Shelter Hearing if indicated. The Care Coordinator is required to both inquire and document insurance coverage for all members requesting

or receiving services through the system of care. Notation in 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 Care Coordinator will document efforts to have the family apply for Medicaid coverage. These efforts will be documented on FSFN.

Authorization Thresholds

Care Coordinators cannot authorize any amount that exceeds one twelfth of the total annual budget allocation for the year on a monthly basis. Any request that exceeds this threshold must be approved by the Senior Manager. Authorizations are completed via the Service Request Form and are logged into the database.

Documentation

After completion of the Family Team Conference, the Coordinator completes all necessary authorizations and will update FSFN and Fidelity EHR dictated by the CARES file protocol. Authorizations and other issues related to services funding procedures are addressed in the Utilization Management procedures (OP BC 1003). The intended outcomes related to the Family Team Conference process are that families are no longer isolated from their community, have increased protective factors of social connections, concrete supports in times of need, parental resiliency, knowledge of parenting and child development and child's social and emotional competence. It is through this process that natural/informal support systems have been established along with an ability to access any needed services in the future.

The following information will be documented in FSFN Family Support Module for all safe high/very high risk:

- Family Support Type will be Prevention.
- Date case is opened and date case is closed.
- An assessment date and any updated assessment dates will be documented in FSFN case notes.
- A brief summary of the reason for the family referral and the recommendations from the assessment will be described in the "Status Begin Comments" narrative field. The summary will include services to be provided and expected outcomes
- A summary of the reason for case closure including a family's refusal to begin or continue receiving services offered, the outcome of a "close the loop" staffing for those cases where the family has become unwilling to engage or participate or if the family has been identified as not making progress in efforts to reduce risk.
- If a case remains open after 12 months, rationale for continuing Family Support
- The risk assessment that is indicated on the Family Support Services page will reflect the actuarial risk assessment score that was completed by the Child Protective Investigator.
- Human trafficking cases will have the risk level of very high risk in non-caregiver and community cases, for in home cases the risk level will be the same as the actuarial risk assessment.



Conflict Resolution:

In the event that there is disagreement amongst the parties about the CARES case track, a staffing shall be held with all interested parties.

Issues of disagreement will be handled at the lowest level possible and shall be handed initially between the DCF Protective Investigator and assigned Care Coordinator. If the issues are not resolved, the case will be staffed with the Family Support Services Supervisor and Department of Children and Families Protective Investigations Supervisor. If the issues continue to be unresolved, the case will be staffed by the DCF Program Operations Administrator and the Family Support Services Senior Manager within two business days. The Family Partnerships of Central Florida Chief Executive Officer and DCF Regional Managing Director shall make the final decision.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:

A handwritten signature in blue ink that reads "Philip J. ScarPELLI".

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

APPROVAL DATE: March 18, 2026