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Series:	**Operating Procedures**
COA:	**CM 7, FSP 1, 2, 3, 4, 5, 6, 7, 8, 9, 10**
Procedure Name:	**Safety Management Services Team**
Procedure Number:	**OP BC 1048**
Revision Date:	**(1) 06/27/17, (2) 04/30/2021, (3) 03/25/2026**
Effective Date:	**11/30/2016**
Applicable to:	**Family Partnerships of Central Florida (FPOCF) staff**

Purpose: This operating procedure describes processes regarding families served through Safety Management Team Services (SMST). SMST protects a child when a parent is unable or unwilling to protect his or her child. SMST manages the Present Danger Safety Plan to control the conditions that results in a child being unsafe. SMST involves diligent monitoring activities by the team to determine that the Safety Plan is working dependably to keep the child(ren) safe. This procedure will clarify the protocols and steps taken by the FPOCF staff to ensure promptness and quality access for families to the services offered by the SMST. The proper application of this procedure will ensure that FPOCF meets its commitment to ensure continuity of care for families using the strength based wraparound principles of care.

Reference:

Florida Statute Chapter 39.601,

Florida Department of Children and Families Operating Procedure 170-1: Florida's Child Welfare Practice Model.

Florida Department of Children and Families Operating Procedure 170-7: Develop and Manage Safety Plans

Procedure:

The Safety Management Team Services is designed to provide rapid response to assist in managing the safety of the children in the home, in conjunction with rapid implementation of services to address the underlying family needs that must be addressed over the long-term for the family to achieve system independence. Families served frequently present as having complex mental health needs, are at significant risk of substance abuse and/or domestic violence and often include large sibling groups. By utilizing both Bachelor Level degree holders and Master Level Therapists, the Team is able provide the prompt therapeutic response required to address underlying mental health and substance abuse needs that are often creating the unsafe conditions in the home. The Bachelor level team members are known as Family Engagement Coordinators (FEC) and Master Level Therapist is known as Safety Management Support Team (SMST) Therapist.

The Safety Management Services Team blends traditional safety management services with an immediate therapeutic response to assess family needs and strengths, provide family centered therapeutic intervention, parent education, stress management, conflict resolution and engagement of other services providers throughout the provider network based on the needs of the family during the investigative process.

The Safety Management Services Team provides twenty-four hours a day, seven days a week access and support for children and families served and include home visits a minimum of three times per week, including evenings and weekends, to assist in managing the Present Danger Safety Plan. The Mobile Response Team (MRT) and the entire FPOCF provider network are available for additional immediate crisis response. SMT works in partnership with all involved parties to develop measurable and achievable steps and benchmarks to increase the family's ability to succeed on an incremental basis. The team clarifies specifically how accountability for all safety actions is monitored. SMT identifies and implements adaptations quickly when needed based on the child and family needs.

Due to the intensity related to present danger, each Safety Management Team is capped at 10 families per team.

Access to Services, Screening and Intake Procedures

FPOCF works directly with Department of Children and Families Child Protective Investigations (CPI) to provide Safety Management Services Team (SMST) 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 SMST services for families with identified Present Danger are made directly to the Safety Management Team Supervisor for expedited access to services and to prevent individuals and families from experiencing any unnecessary barriers. Upon request, the Safety Management Supervisor completes an intake staffing with the requesting CPI Supervisor, Program Administrator, or designee. If Present Danger exists, and a slot is available, the case will be immediately assigned to a SMST team member.

<u>Present Danger</u>. 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. "<u>Immediate</u>" 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:

   a. 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.
   b. 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.
   c. 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).

d. 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."

e. 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.

f. 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.

g. 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.

h. 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 are available.
i. 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."
j. Parent/legal guardians 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. For this threat to be identified, these types of perceptions must be present, and the perceptions must be inaccurate.
k. 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 SMST, or if a slot is not available, the Safety Management Supervisor 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 bypass referral will be completed by the Child and Family Services Specialist . In cases where the family does not meet the program entry criteria and the CPI Program Administrator disagrees with the determination; the case is referred to the . Safety Services Senior Manager for review.

Provider Outreach and Family Engagement for SMST Cases

The SMST conducts follow-up outreach and engagement efforts with the family within two hours, during business hours, four hours on nights and weekends of case acceptance the assigned Family Engagement Coordinator completes a joint a face-to-face visit with the family and CPI to assist the CPI in the development of a Safety Pan in response to the present danger. If CPI requests a specific time to conduct the initial joint visit that is outside of the established time frames, SMST I works collaboratively to meet the request and document the request in FSFN notes. The Safety Plan identifies immediate family needs that must be addressed (e.g., housing, food, some sort of care) and impact on safety planning.

1. The Safety Plan will control the behavior, emotion, or condition that resulted in the child(ren) being unsafe.
2. The effect of the Safety Plan is immediate, and/or continues to protect the child every day.

3. The Safety Plan will describe each specific action necessary to keep the child(ren) safe, including:
    a. The person responsible for each specific action.
    b. Resources or people who will help with each action.
    c. The frequency of the action, including times and days of the week; and
    d. The person responsible for monitoring each action is occurring as planned.
4. The Safety Plan may be exclusively an in-home, an out-of-home plan, or a combination of both.
5. The Safety Plan will not include promissory commitments by the parent/legal guardian who is currently not able to protect the child.
6. SMST will work with the assigned CPI to develop separate safety plans with the perpetrator of domestic violence and the parent/legal guardian who is a survivor of domestic violence.

The Safety Plan will sustain the family and control for safety while the Child Protective Investigator gathers information for the Family Functioning Assessment.

Within two days of initial face-to-face contact, the Family Engagement Coordinator will meet with the family to begin engagement and gather information that will later assist in completing the Strength and Cultural Discovery. The Strength and Cultural Discovery process is how the SMST working with the family assists them in identifying their strengths, needs, identify the family's vision statement and family team members. All assessments are conducted in person in a non-threatening manner, respecting the family while adhering to all confidentiality standards. The Strength and Cultural Discovery lays the foundation for family engagement and inclusion. It is a tool 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 SMST utilizes the Family Assessment of Needs and Strengths tool (FANS). The FANS tool guides parents in identifying their strengths as well as the skills they need to support their family. FANS identifies strengths and needs in the following areas: self-care, knowledge and skill development, self-efficacy, engagement, and parent voice, service access, and ownership of success by creating a shared working partnership with the Family Peer Advocate. The Initial FANS is completed within 7 days of inception of a new SMST case. A final FANS is also completed upon case closure to measure any progress the family has made while working with SMST.

Based on the assessed needs of each family, a plan is created as part of the Family Team Conference to increase the Protective Factors and serve as the basis of the families parenting program. The Family Team Conference meeting is the team process utilized by SMST and is central to the service delivery system for those referred to the program. It is a strength based, family centered model that enlarges the circle of care around a family to ensure sustainability upon discharge from the program by building upon the Protective Factors. Prior to the first Family Team Conference, 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 of for those members who are not familiar with the process. An initial Family Team Conference is completed within 30 days of the Strength and Cultural Discovery.

At the beginning of each Family Team Conference 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. During the Family Team Conference the family, along with the identified Family Team, will work to build upon the family strengths to address the identified needs of the family in a Care Plan.

The Care Plan is the individualized method of documentation for each family. The Care Plan outlines the needs identified and what specific service providers in the FPOCF 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 Family Engagement 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.

Common services identified, provided or authorized for Flexible Support Services, by the Safety Management Services Team, include substance abuse, mental health, behavioral management, childcare, parenting skills, financial assistance, domestic violence, developmental evaluations and respite care.

Frequent Family Team Conferences are completed to ensure needs are being met and natural supports are being created. Cases referred to Safety Management Services are discussed with the Department of Children and Families referral source weekly, until the final Impending Safety determination has been determined and follow up services engaged.

Management of Present Danger Safety Plans

Following acceptance of the case, the SMST 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.

Within 5 days following the case assignment, a supervisory consultation will occur to ensure sufficiency of the safety plan.

SMST will provide face-to-face contact with the family for a minimum of three times per week. The visit will be unannounced/announced, or a combination of both, to the child's current place of residence if warranted based on the safety plan.

SMST will maintain regular face-to-face contact a minimum of 3 days a week with the parent(s)/legal guardian(s) and caregiver of any child. During these contacts, SMST 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.

SMST will monitor through contacts with all safety service providers no less than weekly and as frequently as is necessary to manage the effectiveness and dependability of the safety plan. SMST 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.

SMST 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 Family Engagement Coordinators and/or SMST Therapist 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 or has become 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 and assist the parent(s)/legal guardian(s) with Conditions for Return to achieve reunification.
8. 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.

SMST will exercise due diligence to work with the assigned CPI to modify out of home safety plans in response to changing family dynamics, including when an In-Home safety plan is able to be implemented.

Closure and Aftercare

Once the CPI has completed their Family Functioning Assessment, assessment of Impending Danger and Caregiver Protective Capacities they will make a determination if the child is safe or unsafe. A child can be considered safe when there is no threat of danger to a child within the family/home or when the caregiver protective capacities within the home can manage threats of danger. A child is unsafe when there is a danger threat to a child within a family/home and the caregiver protective capacities within the home are insufficient to manage the threat of danger, thus requiring outside intervention. At the time the CPI makes a determination, a post FANS will be administered by the SMST to measure the effectiveness of the services in changing long standing parenting habits and beliefs.

Based on that determination the case will be staffed for on-going services. The SMST will participate in the staffing for on-going services and continue to work with the family and respective service provider, if it is deemed appropriate to assist in providing additional support to the family and strengthening safety services. Safety Management can remain open 180 days to a family, regardless of which program the family is working on.

- If there is a Safe Impending Danger decision and ongoing prevention services would benefit the family the Safety Management Services Team works

collaboratively with the FPOCF Prevention program to complete a Family Team Conference to update and transfer the Care Plan and related services.

- If there is a determination that the child in Unsafe and non-judicial in home services would appropriately serve the needs of the family the Safety Management Team works collaboratively with the FPOCF Non-Judicial In Home Services program to complete a Family Team Conference to update and transfer the Care Plan and related services.

- If there is a determination that the child in Unsafe and court ordered services would appropriately serve the needs of the family the Safety Management Team works collaboratively with the Dependency Case Management program to complete a Family Team Conference to update and transfer the Care Plan and related services.

FSFN Documentation.
Individual Contacts with Children, Parents and Other Team Members.

1. All case activities, including contacts and attempted contacts with a child, the child's parent or caregiver and collaterals must be entered in FSFN no later than two business days after the actual contact or other event.

2. Case notes will provide the most pertinent facts gathered and observations about the child or family that will be used in developing or updating a family assessment.

Team Meetings, Hearings, Staffing's, etc.
The FSFN Meeting page will be used to formally document meetings, participants and meeting outcomes. The following information about meetings will be recorded:

1. Date and time of meeting.

2. Brief statement as to reason for meeting and outcomes, in particular any decisions

3. Participants.

4. Meeting type as listed above.

FSFN Supervisor Consultation.
The FSFN Supervisor Consultation page will be used to document all consultations with Family Engagement Coordinators and/or SMST Therapist associated with Present Danger Assessments, safety planning and management activities.

The Note type of "Review, Supervisor" should be used for required case reviews.

1. Supervisory review notes will document which case participants were included in the review.

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a. When the review also serves the dual purpose of a required supervisor consultation, a cross reference should be entered in Supervisor Case Consultation page to ensure credit for required consultation (do not enter same details or “cut and paste;” only enter a brief cross- reference).
b. The Note type of “Supervisor Consultation” should be used for consultations associated with including any required safety plan management activities such as approval of a Family- Made Arrangement, Judicial Reviews and other case planning/monitoring activities.

BY DIRECTION OF THE PRESIDENT
AND CHIEF EXECUTIVE OFFICER:

Philip J. Scarpelli

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