



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Chad Poppel
Secretary

DATE: September 28, 2020

TO: Regional Managing Directors
Community-Based Care Lead Agency CEOs
Sheriff Offices Conducting Child Protective Investigations

THROUGH: Patricia Babcock, Deputy Secretary *Patricia Babcock*

FROM: Patricia Medlock, Assistant Secretary for Child Welfare *Pat Medlock*
Robert Anderson, Assistant Secretary of Operations *Robert K. Anderson*

SUBJECT: CFOP 170-9, Chapter 5, Case Planning to Support Family Change

PURPOSE: To provide notification of updated child welfare operating procedures regarding case plans completed by child welfare professionals. The changes were made to align with the implementation of Chapter 2020-138, Laws of Florida (House Bill 1105).

BACKGROUND: The Department of Children and Families has existing policy that outlines the requirements and process for case plan completion and requirements for child welfare professionals, parents and caregivers. The passing of Chapter 2020-138, Laws of Florida, (House Bill 1105) requires additional responsibilities for the child welfare professional, parents, and caregivers.

CFOP 170-9, Chapter 5, has been updated with clarifications to various sections and the following additions to section 5-3. Co-Constructing a Case Plan with Parent(s)/Legal Guardian(s) and Child(ren):

5-3.d.(2) Beginning at age 14, any case plan development must be in consultation with the child or young adult.

5-3.f.(9) The case plan must include the responsibility of the parents and caregivers to work together when it is safe to do so, which includes:

- a) Ongoing collaboration to successfully implement the case plan.
- b) The right to notify the court or the case manager if ineffective communication takes place that negatively impacts the child.
- c) The case manager assisting the parents and caregivers in developing a productive relationship that includes meaningful communication and mutual support.

ACTION REQUIRED: Please share this memorandum with all child protective investigators, sheriff offices conducting child protective investigations, case managers, and all relevant staff and subcontracted providers.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

MEMO: CFOP 170-9, Chapter 5, Case Planning to Support Family Change
September 28, 2020
Page 2

CONTACT INFORMATION: If you require additional information or have any questions about these changes, please contact Monique McCaskill, In-Home Care Specialist, at (850) 717-4710, or Monique.McCaskill@myflfamilies.com.

cc: Grainne O'Sullivan, Statewide Director, Children's Legal Services
Regional Family and Community Services Directors
Center for Child Welfare

Chapter 5

CASE PLANNING TO SUPPORT FAMILY CHANGE

5-1. Purpose. The case plan is a formal agreement that is co-constructed with parent(s)/legal guardian(s). The case plan creates a specific road map for the changes that need to occur in order for a child to be safe in the parent(s)/legal guardian(s)' care without any outside supervision and how those changes will be facilitated. The case plan defines actions that the parent(s)/legal guardian(s), the department, and other parties will take. The case plan establishes goals, outcomes, resources needed, and delineates who is responsible for the cost of services. For court cases involving the placement of a child out of the home, case planning is also used to ensure that statutory requirements are being addressed to help achieve permanency and child well-being.

5-2. Family Engagement Standards for Preparing to Build a Case Plan for Change. The purpose of family engagement standards for building a case plan with families is that parent(s) 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 case manager's responsibility to practice in a way that fosters family engagement. Family dynamics and history may make this a difficult task, but the ongoing efforts are still required.

a. The case manager must make continuous efforts to engage the parent(s)/legal guardian(s) whether the case is non-judicial or judicial.

b. Closely linked to effective family engagement are the use of the family's resource network and the creation of a family team. All of the persons involved with the family, 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 monitoring activities.

c. The case manager will explain to the parent(s)/legal guardian(s):

(1) The purpose of a case plan.

(2) The benefits to the parent(s)/legal guardian(s) and the agency to work together to build the plan.

(3) The plan will describe what the parent(s)/legal guardian(s) will do, as well as other team members to support the parent.

(4) The agency and the parent(s)/legal guardian(s) will monitor how the plan is working and determine when it needs to be modified.

(5) Explain the expectation to make every reasonable effort to help the child achieve permanency with their family within time limits set by the Florida legislature that require parents/legal guardians to make substantial progress to achieve permanency for the child within 12 months.

d. The case manager will explore with the parent(s)/legal guardian(s) whether extended family members or others might be resources to participate in a family team meeting to develop a case plan. Based on the family team meeting model that the case manager's agency uses, the case manager will:

(1) Explain the agency's use of family team meetings.

(2) Explain how team meetings work.

(3) Determine who the family would like to invite to their team meeting.

5-3. Co-Constructing a Case Plan with Parent(s)/Legal Guardian(s) and Child(ren).

a. The case manager will co-construct the case plan with parent(s)/legal guardian(s). Per s. [39.6011\(1\)\(a\)](#), F.S., the case plan must be developed in a face-to-face conference with the parent(s)/legal guardian(s) of the child, any court-appointed guardian ad litem, and if appropriate, the child and current custodian of the child. Family Team Conferencing, utilizing a facilitator trained in the Child Welfare Practice Model, is considered best practice.

b. In cases involving intimate partner violence, the case manager will discuss with the survivor any safety precautions necessary for the case plan conference, including whether it should be held jointly with the perpetrator.

c. The case manager should discuss with the family who they would like to invite to the meeting, including the possible benefits of having any of the children in the family participate in the meeting.

d. Children, when age appropriate, must be allowed to actively participate in the development of their own case plan, as well as any revision or addition to the plan. Their participation in the actual case plan conference should be based on discussions and feedback from the child and parent(s)/legal guardian(s).

(1) The child may find it helpful to include persons of their choice in discussions about the child's needs and case plan options to address those needs. Up to two members of the case planning team may be chosen by the child unless the case manager, after consultation with a supervisor, believes that such individual(s) would not act in the best interests of the child [reference section 475(1)(B) (42 U.S.C. 675(1)(B))].

(2) Beginning at age 14, any case plan development must be in consultation with the child or young adult.

(3) Per s. [39.6035](#), F.S., children who are age 17 years and older must participate in the development of the transition plan which must be approved by the court before the child's 18th birthday.

e. Prior to a case plan conference, the case manager should discuss with the parent(s)/legal guardian(s), current custodian, and children, if attending the conference:

(1) What will occur during the conference.

(2) The requirement in s. [39.521\(1\)](#), F.S. for any person responsible for Substance Misuse or a Substance Exposed Newborn per CFOP [170-4](#), a substance abuse disorder evaluation and participation in services recommended by the evaluation must be included in the case plan.

(3) What the agency, parent(s)/legal guardians, and children, if attending the conference, hope to accomplish at the conference.

(4) Possible family conflicts that might arise and ways to ensure that all family members can freely participate.

(5) To the extent possible, the date, time, and location of the case plan conference.

f. The following are the recommended steps to achieve consensus with the family and their team:

(1) Case planning conferences should:

(a) Review the strengths of each parent/legal guardian including the protective capacities that are working well.

(b) Review the strengths of each child in the family.

(c) Review what progress the parent has already made.

(2) The family goal and the department goal for the child will be presented to the team and discussed. For the cases involving a child in out-of-home care, the use of a concurrent goal should also be discussed per the requirements in Chapter 4 of this operating procedure.

(3) The case manager is responsible for re-stating the identified diminished protective capacities as an outcome, an observable, sustained change in behavior, condition, or circumstance.

(4) The team will review, discuss, and agree on the case plan outcomes. The outcomes must reflect the:

(a) The changed behavior, condition, or circumstance of the parent.

(b) Child needs that require case planning. For the child in out-of-home care, the case plan must ensure that the child's well-being needs, including stability in the placement, are met.

(5) The team should work with the parent(s)/legal guardian(s) to identify the services and activities which the parents believe are the best match for them, and what is the best set of first steps they are ready to tackle. This includes:

(a) Discuss any barriers to the chosen actions, services, and activities.

(b) Identify special considerations that may be considered barriers and solutions that need to be addressed (e.g., parent work schedule, incarceration, correctional facilities).

(c) Identify language or cultural considerations.

(d) Identify what needs to be in place for the parents to achieve change, such as available service providers, transportation, child care, housing, funding, or other external factors that might prevent access; include services that may or may not be available through the correctional facilities, and any facility regulations.

(e) Discuss and determine solutions to barriers.

(6) The team will determine appropriate case plan actions, tasks and services, and completion dates to achieve outcomes. The case manager will explore with the parent(s)/legal guardian(s) the choices, if any, of interventions (e.g., supports, treatment providers, other services) that are available and that may be helpful to achieving the outcomes established.

(a) The team will determine service or treatment needs of the parent(s)/legal guardian(s) and child based on information, including consideration of evaluations or professional assessments that have been gathered up to this point. If the child is younger than school age, any records from a child care program, early education program, or preschool program including attendance requirements should be assessed.

(b) Services that are necessary for case plan tasks need to have descriptions as follows:

1. The type of services or treatment.
2. The date the service or referral for the 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.

(7) In all cases, the case plan must include the minimum number of face-to-face meetings to be held each month between the parents and the case manager to review the progress of the plan, to eliminate barriers to progress, and to resolve conflicts or disagreements.

(8) In cases that include incarcerated parents, case managers are to confirm with a point of contact of the institution regarding a list of available and unavailable services. A confirmation of communication and list of services or lack thereof should be attached to the case plan.

(9) The case plan must include the responsibility of the parents and caregivers to work together when it is safe to do so, which includes:

(a) Ongoing collaboration to successfully implement the case plan;

(b) The right to notify the court or the case manager if ineffective communication takes place that negatively impacts the child; and,

(c) The case manager assisting the parents and caregivers in developing a productive relationship that includes meaningful communication and mutual support.

(10) Judicial case plans and any amendments must be approved by the court. Any court-ordered changes to the case plan must be updated in FSFN.

(11) The case 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 in the case-planning process. The refusal of a parent to sign the case plan does not prevent the court from accepting the case plan if the case plan is otherwise acceptable.

5-4. Case Plan Outcomes/Tasks for Non-Maltreating Parent(s)/Legal Guardian(s).

a. Outcomes for parent(s)/legal guardian(s) who have been assessed using the OPHA will be based on agreement with the parent to the fullest extent possible as to what will help the parent achieve the concurrent permanency goal that has been established for the child.

b. FSFN functionality is designed to allow the case manager to create case plan outcomes and tasks for a non-maltreating parent, based on the OPHA. In such cases, one case plan worksheet will be used to document the outcomes and tasks for both the maltreating and the non-maltreating parent(s).

5-5. Supervisor Consultation and Approval.

a. There must be a minimum of one consultation, specific to the case plan, prior to the supervisor's approval of a case plan.

b. The case manager 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(s)/legal guardian(s) with the process of change (including normalizing 'resistance'), 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 nonjudgmental about the parents' hesitancy to make change, and effective ways to assist the parents to continue to make positive steps toward change.

(5) Achieving appropriateness of selected services in light of the particular diminished protective capacity and safety threat that exists.

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

5-6. FSFN Documentation.

a. Meetings with parent(s)/legal guardian(s) or the child and other persons to co-construct a case plan should be documented on the Meetings 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 a case plan using FSFN functionality may occur during a 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 case planning team.

(3) The documentation of a case plan begins with the creation of a case plan worksheet. If a non-maltreating parent who resides in a different household needs tasks in the plan, they are added directly to the maltreating parent's case plan worksheet.

(4) The case must be split when maltreating parents living in separate households and have other children as a result of new relationships. A separate case shell, FFA-O, and Case Plan must be developed to ensure confidentiality of new family units and children.

(5) The case plan type selected in FSFN will determine the information that must be captured on the seven tabs in the Case Plan Worksheet (Judicial, Non-Judicial In-Home, Non-Judicial Out-of-Home). Judicial out-of-home cases will require completion and/or updating the additional pages provided in FSFN.

(6) Case Plan Worksheets depend on correct information in FSFN as to parties to the case plan; the case manager should ensure that demographics in the FSFN record are updated and accurate including:

- (a) Names, including spelling, dates of birth, addresses, role of persons.
- (b) Professional contacts.
- (c) Family Support Network contacts.

(7) For out-of-home cases, the child's Placement module in FSFN should be current and accurate to support information that pre-fills the case plan worksheet or supports information in it. Most of the following information can be edited when accessed through the Case Plan Worksheet; however, the case manager will need to refresh the Case Plan Worksheet when information is updated on another page associated to the case plan worksheet.

(a) Summary placement information is derived from the placement pages. Although the case manager may not be the person who enters the information, the case manager should ensure that the information is accurate as it will populate the case plan submitted to the court and is also the basis for contract outcome measures. The case manager should review the begin and end dates for the current removal episode and any placement changes associated with current removal episode.

(b) Completed and current information in the Department of Revenue (DOR) Child Support Record.

(c) The case manager should ensure that information in the child's functioning domain is aligned with:

1. Completed and accurate information on the Medical/Mental Health page. Ensure information is current as the Case Plan Worksheet will require a summary as to the child's current medical, dental, and/or mental health issues, treatments, and diagnoses.

2. Completed and accurate information on the Education page. A narrative is required when the child is not performing on grade level. If the child is receiving an Exceptional Student Education (ESE) and does not have an appointed education surrogate, the case manager will need to provide a narrative explanation.

3. If the child has a Master Trust, the current account balance will need to be recorded. If the child needs a Master Trust established, the case manager must identify a date when the trust will be established.

(8) The case manager will create a Case Plan Worksheet. FSFN Case Plan Worksheet Functionality is designed to support changes throughout the life of any case including the need for multiple children with the same parent/legal guardian to have one case plan. The Case Plan Worksheet is able to follow the child(ren) from the delivery of services through non-court or court-supervised in-home cases, dependency, foster care, and/or the termination of rights of the parents. Case Plan Worksheets are never "frozen" in FSFN. When changes to the case plan are needed, the Case Plan Worksheet allows for ease of case plan updates.

(a) Information in the FFA-O that will pre-fill the Case Plan Worksheet:

1. The Family Change Strategy, including the Danger Statement, Family Goal, Ideas and Potential Barriers.

2. Child needs as well as caregiver protective capacities that have been rated as a “C” or “D” will display on the Case Plan Worksheet so that relevant case plan outcomes can be created.

(b) The case manager will enter outcomes, tasks, and persons responsible for the tasks. If a service referral request is needed, the case manager will complete the following information using the Case Plan Worksheet:

1. Responsible Party for Cost.
2. Location of Delivery of Services.
3. Date of Referral.
4. Frequency of Service.
5. Services Category.
6. Sub-services category.

(9) The case manager will select the type of case plan to be created, non-judicial or judicial, from the Case Plan Worksheet page.

(a) The supervisor is expected to provide a case consultation and approval of any Case Plan. Judicial Case Plans should be approved by the supervisor prior to submission to court.

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

(c) Once the Non-Judicial Case Plan has been approved by the supervisor or the Judicial Case Plan has been accepted by the court, the supervisor will approve the document which will “freeze” that document. This will ensure that there is a record of the case plan as approved on that date. If changes are needed at any time to the case plan, the case manager will make changes on the Case Plan worksheet in order to produce a new legal document.

b. A copy of the final case plan that has been signed by the parent(s)/legal guardian(s) should be scanned and uploaded in FSFN. A copy of the signature page only is not sufficient legal documentation when it is not attached to the case plan the parent/legal guardian signed.

(1) Non-Judicial Plans which have been approved by the supervisor are uploaded directly to the File Cabinet in Ongoing Services.

(2) Judicial Plans approved by the court are uploaded to the File Cabinet using the Legal Page.

c. The following FSFN resource is located on the [Center for Child Welfare](#) website under the FSFN “How Do I Guide” page: [Case Plan Worksheet – How Do I Guide](#).

