



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Chad Poppell
Secretary

DATE: May 1, 2019

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

THROUGH: Patricia Babcock, Deputy Secretary *PB*

FROM: JoShonda Guerrier, Assistant Secretary for Child Welfare *JG*

SUBJECT: CFOP 170-9 Family Assessment and Case Planning, Chapters 2 – 6

PURPOSE: This memorandum provides notification that CFOP 170-9, Family Assessment and Case Planning, has been updated to incorporate case planning when parents are incarcerated or become incarcerated, parent accountability, case plan requirements for children younger than school age, Rilya Wilson Act, education stability, and transition. The changes affect Chapter 2, Standards for Initial Family Engagement; Chapter 3, Assessment of Child Functioning; Chapter 4, Completing the Family Functioning Assessment-Ongoing; Chapter 5, Case Planning to Support Family Change; and Chapter 6, Evaluating Family Progress.

The changes have been made to align policy to ss. 39.6021, 39.4015, and 39.0138, Florida Statutes, and new provisions enacted by Chapters 2018-45, 2018-103, and 2018-108, Laws of Florida, approved by the 2018 Florida Legislature and effective July 1, 2018.

BACKGROUND: Parents who are incarcerated or become incarcerated must be included in case planning and provided a copy of any case plan that is developed. Every child who is in out-of-home care has the goal of finding a permanent home, whether achieved by reunifying the child with his or her parents or finding another permanent connection, such as adoption or legal guardianship with a relative or nonrelative who has a significant relationship with the child. Parents must provide accurate contact information to the Department or the contracted case management agency, update information as appropriate, and make proactive contact with the Department or the contracted case management agency at least every 14-calendar days to provide information on the status of completion of Case Plan tasks, barriers to completion, and plans toward reunification.

This operating procedure has been updated to include a section regarding protocols and practice to follow, in particular regarding:

- When parents are incarcerated or become incarcerated, the Department shall obtain information from the facility where they reside to determine how they can participate in the preparation and completion of the Case Plan and receive services.
- Parental accountability regarding notification to the contracted case management agency.

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

May 1, 2019

Page 2

- A child must be allowed to remain in the child care or early education setting that he or she attended before entry into out-of-home care, unless the program is not in the best interest of the child.

Based on feedback from the field, Chapter 4 has been renamed from “Family Engagement Standards for Exploration” to “Completing the Family Functioning Assessment – Ongoing.”

ACTION REQUIRED: Please share this updated memorandum with all relevant staff and subcontracted providers, as appropriate, so all are aware of the revision.

CONTACT INFORMATION: If you require additional information or have any questions please contact Monique McCaskill, In-Home Care Specialist, at Monique.McCaskill@MyFLFamilies.com or (850) 717-4710 and Jessica Johnson, Out of Home Care Specialist, at Jessica.Johnson@MyFLFamilies.com or (850) 717-4491.

cc: Grainne O’Sullivan, Statewide Director, Children’s Legal Services
Regional Family and Community Services Directors

Chapter 2

STANDARDS FOR INITIAL FAMILY ENGAGEMENT

2-1. Purpose. The purpose of standards for “Introduction” with parent(s)/legal guardian(s) is to focus on the importance of building a positive working relationship. A positive working relationship is critical to the case manager’s ability to co-construct meaningful case plan outcomes, strategies for change, and to assess the progress of the family over time. The standards are designed to assist case managers with building rapport with parent(s)/legal guardian(s), learning about the family through interviews and observations, obtaining relevant information, and beginning to develop a trust-based working relationship.

2-2. Definitions.

a. “Family assessment” is an ongoing process that provides the case manager with information that informs the case manager’s actions throughout the case. The family assessment is formally documented on a regular basis in FSFN as the agency’s official position as to the current status of impending danger threats, child well-being, and safety analysis. On-going family assessment includes:

- (1) Understanding the family dynamics and what conditions must change to achieve lasting child safety and permanency.
- (2) Identifying changes in family dynamics that inform the need for changes in safety management.
- (3) Gathering continuous feedback from the family and others as to what is working or not working to support the family change process.
- (4) An understanding of the parent/legal guardian’s internal motivation to change and its progression over time.
- (5) Creating and evaluating case plan outcomes and associated actions to effectively address caregiver protective capacities and child needs.

b. “Working Agreement” is a mutual understanding between the case manager and the parent/legal guardian(s) as to how to effectively work together on the family assessment, case plan, and evaluating progress over time. It includes discussions as to when and where contacts will occur, how to contact the case manager and case manager’s supervisor, how to contact the parent/legal guardian(s), and what to do if a meeting needs to be cancelled. This operating procedure does not require that a working agreement be in writing.

2-3. Family Engagement Standards for Introduction Activities.

a. Initial discussions with the family should help transition the parent/legal guardian(s) from the investigation to ongoing services, including the parent/legal guardian(s)’ sentiment about the circumstances surrounding their involvement with the department. These initial meetings should provide families with opportunities to discuss their concerns, ask questions, and receive answers.

b. Several meetings might be required to achieve the purpose of introduction activities, especially for families with a history of child welfare system involvement or complex dynamics.

c. The following information gathering activities should occur in sequence to the extent possible. When the family initiates discussion that starts somewhere else on the list below, they are likely to be more engaged when the case manager allows that to happen.

(1) The first contact will focus on the safety plan and how it is working from the perspective of the child(ren) and the parent/legal guardian(s). The case manager and supervisor must confirm the sufficiency of the ongoing safety plan within five business days after the case is transferred from investigations or another case manager per the requirements in CFOP 170-1, [Chapter 12](#).

(2) The case manager will be as prepared as possible to deal with the parent/legal guardian(s)' fear, worry or anger. The parent/legal guardian(s) often will ask questions related to the intrusiveness of the safety plan, whether it is a child placed out of the home, a parent/legal guardian who has been asked to temporarily leave the home, or safety management providers coming into the home. In the first family contact, the case manager should:

(a) Explain the difference between a safety plan and a case plan.

(b) Establish the case manager's responsibility to manage the safety plan and how the case manager will achieve it, including the following:

1. Review a copy of the plan with the parent/legal guardian and determine if all the elements described in the plan are happening or not happening.

2. Gather parent/legal guardian(s)' feedback about the current safety plan.

3. If there are Conditions for Return, gather parent/legal guardian(s)' input as to what would need to happen to assist them with achieving the Conditions or, if one parent is separated from the child and home, ensure that the current safety plan covers visitation. Parent/legal guardian feedback on the visitation plan is critical.

4. Explain other activities the case manager will be doing to ensure that the safety plan is working dependably.

(3) If families have had past involvement with the child welfare system, the case manager will acknowledge that this is known and seek family perspectives about that experience.

(4) The case manager will learn general information about the children and any other persons in the household.

(5) The case manager will learn about the family's understanding and perspectives as to conditions and/or circumstances that led to current agency involvement.

(6) The case manager will explain what case management work with families usually involves (i.e., figuring out what needs to change for parents to close their case or regain responsibility for the care and safety of their children) and will develop a working agreement with the parent/legal guardian(s) that includes safe communication strategies when dynamics of domestic violence pose threats for the survivor and children in family.

(7) The case manager will establish a working agreement with the family which includes a statement that the parents will keep in contact at least every 14 calendar days with the case manager or contracted case management agency regarding accurate contact information, status of case plan task completion, barriers to completion, and plans towards Conditions for Return if there is an out-of-home plan.

(8) If one or more of the parent/legal guardian(s) are unwilling to commit to the assessment process, the case manager should try to gain additional information and discuss with the parent(s) the reasons they are unwilling to participate in the process. The case manager should seek to find some areas of mutual agreement such as meeting their child's needs, which can serve as a point of further discussion or allow for some collaborative planning between the parent/legal guardian and the case manager.

2-4. Supervisor Consultation.

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

b. The case manager should consider seeking a case consultation for any of the following issues based upon case dynamics:

(1) Discussion as to what was learned from the family and what additional information gathering is necessary to reconcile discrepancies or fill gaps.

(2) Discuss the level of family engagement and explore next steps.

(3) On-going safety management issues.

2-5. FSFN Documentation.

a. Within two business days, each contact with a family will be recorded by the case manager in case notes in FSFN and any family team meetings or staffings will be documented using the FSFN meeting module.

b. The following FSFN resources are located on the [Center for Child Welfare](#) website under the FSFN "How Do I Guide" page:

(1) [Notes – How Do I Guide.](#)

(2) [Meetings – How Do I Guide.](#)

Chapter 3

ASSESSMENT OF CHILD FUNCTIONING

3-1. Purpose. The case manager is responsible for assessing child functioning which includes the specific indicators of child well-being. An assessment of child functioning is the basis for understanding how the parent(s) and/or caregiver(s) address any specific child needs. The child well-being indicators, referred to as “Strengths and Needs,” are a core component of the FFA-O and Progress Updates. The child’s strengths and needs will be assessed throughout the child’s involvement with the child welfare system, establishing what must be addressed in a child’s case plan. For a child who needs out-of-home placement, assessment of child functioning also includes the comprehensive information necessary to determine the most appropriate least restrictive placement match, or to stabilize a child already in a placement. In order to reduce negative child outcomes, considerations should be made regarding the proximity of placement to the removal home, the ability of the placement to meet the child’s needs, and the recommendations of any child placement assessment.

3-2. Legal Authority.

- a. Section [39.523\(1\)\(a\)](#), Florida Statutes (F.S.).
- b. Section [39.523\(1\)\(b\)](#), F.S.
- c. Section [39.523\(2\)](#), F.S.

3-3. Definitions.

a. The “Child Functioning” domain is concerned with describing the child’s general behavior, emotions, temperament, development, academic status, physical capacity, and health status. It addresses how a child functions from day-to-day and their current status rather than focusing on a specific point in time (e.g., contact during investigation, time of maltreatment event, case manager’s home visit, etc.). An assessment of child functioning must take into account the age of the child and/or any special needs or developmental delays. Refer to CFOP 170-1, Florida’s Child Welfare Practice Model, Chapter 2, [paragraph 2-4g](#) for the full definition of child functioning.

b. The “Child Strengths and Needs” are a set of indicators directly related to a child’s well-being and success. Each indicator is rated based upon information that is provided in the narrative description of child functioning. The ratings provide a way for the case manager to identify areas that need attention in the case plan and to measure changes over time. Refer to CFOP 170-1, Florida’s Child Welfare Practice Model, [Chapter 2](#), Core Safety Concepts, for the specific scaling criteria for each indicator that case managers will use each time the family assessment is updated. The child strength and needs indicators are the following:

(1) “Emotion/trauma” means the degree to which, consistent with age, ability and developmental level, the child is displaying an adequate pattern of appropriate self-management of emotions.

(2) “Behavior” means the degree to which, consistent with age, ability and developmental level, the child is displaying appropriate coping and adapting behavior.

(3) “Development/Early Learning” means that the child is achieving developmental milestones based on age and developmental capacities; child development in key domains is consistent with age and ability appropriate expectations (this applies to children under the age of 6 years old).

(4) “Academic Status” means the child, according to age and ability, is actively engaged in instructional activities; reading at grade level or IEP expectation level; and meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent or vocational program (this applies to children age 6 years and older).

(5) “Positive Peer/Adult Relationships” means that the child, according to age and ability, demonstrates adequate positive social relationships.

(6) “Family Relationships” means that the child demonstrates age and developmentally appropriate patterns of forming relationships with family members.

(7) “Physical Health” means that the child is achieving and maintaining positive health status which includes physical, dental, audio and visual assessments and services. If the child has a serious or chronic health condition, the child is achieving the best attainable health status given the diagnosis and prognosis.

(8) “Cultural Identity” means that important cultural factors such as race, class, ethnicity, religion, gender, gender identity, gender expression, sexual orientation, and other forms of culture are appropriately considered in the child’s life.

(9) “Substance Awareness” means that the assessment of substance awareness is multi-dimensional. First, the assessment includes the child/youth’s awareness of alcohol and drugs, and their own use. Second, for children who have experienced the negative impacts of parent/caregiver substance misuse within their home, the assessment includes their awareness of alcohol and drugs and treatment/recovery for their parent/legal guardian(s), as age appropriate.

(10) “Preparation for Adult Living Skill Development” means that the child, according to age and ability, is gaining skills, education, work experience, long-term relationships and connections, income, housing, and other capacities necessary for functioning upon adulthood. This also includes adolescent sexual health and awareness (this applies only to children age 13 years and older).

3-4. Activities to Assess Child Functioning.

a. Whether children are in an out-of-home safety plan or remain with the parent(s) as part of an in-home safety plan, it is important for the case manager to first gather information from parent(s) as to the child’s functioning before interviewing the child(ren). The case manager must gather comprehensive information from the parent(s), child(ren), and other persons who know the child(ren). Comprehensive information includes, but is not limited to:

(1) The child’s strengths, including the activities the child enjoys; the family members, friends, or other persons the child likes to spend time with; and child’s positive traits.

(2) The child’s needs. This includes:

(a) the child’s day-to-day routines and need for supervision;

(b) special medical, mental, or behavioral needs including medications; and,

(c) developmental or academic needs.

(3) The abilities of the parent(s) to provide for the child’s needs, and issues that are a challenge.

(4) Any discrepancies between what the parent and others say versus the child's observed behaviors and what the child says (see Appendix A of this operating procedure, "Progress Evaluation Facilitative Objectives").

(5) When a child needs an out-of-home placement, the case manager must gather the following additional information:

(a) The child's preference for placement if the child is verbal or based on the case manager's observations of the child's behaviors or attachments to potential caregivers.

(b) The relatives and non-relatives who have a relationship with the child or with whom a relationship can be developed and who are willing and able to provide care for the child, including any special needs.

b. The following activities will be conducted to assess child functioning:

(1) Talk with the child's parents, the child, other caregivers, and persons who know the child, about child functioning including current well-being strengths and needs.

(2) Observe parent-child, sibling, and other family interactions to assess protective capacities and child needs. Examples include, but are not limited to:

(a) Child displays behaviors that seem to provoke strong reactions from parent or siblings.

(b) Parent ignores inconsequential behavior or appropriately responds to child's "acting out."

(c) Child has difficulty verbalizing or communicating needs to parent.

(d) Parent easily recognizes child's needs and responds accordingly.

(e) Child demonstrates little self-control and repeatedly has to be re-directed by parent.

(f) Child plays by himself or herself, or with siblings/friends age appropriately.

(g) Child responds much more favorably to one family member.

(h) Family members appropriately express affection for each other.

(i) Parent demonstrates good / poor communication or social skills.

(j) Parent is very attentive / ignores or is very inattentive to child's expressed or observable needs.

(k) Parent consistently / inconsistently applies discipline or guidance to the child.

(l) Parent reacts impulsively to situations or circumstances in the home.

(m) Parent demonstrates adequate coping skills in handling unexpected challenges.

c. In order to determine if specific child needs are being adequately addressed and managed by the parent, the case manager will conduct the following activities:

(1) Obtain parental authorization to collect information from medical/mental health providers and schools. In non-judicial cases parental authorization is necessary. When children are in out-of-home care and parental authorization is not available, a court order will be sought.

(2) Obtain copies of the child's medical or treatment records.

(3) Contact the child's physician and other treatment providers to fully understand medical, mental, developmental conditions or needs and the impact of such needs on the child's daily functioning and care.

(4) For all children in out-of-home care, a referral for a Comprehensive Behavioral Health Assessment (CBHA) must be made within seven days of removal. Requirements associated with the CBHA are provided in Rule [65C-28](#), Florida Administrative Code (F.A.C.). The case manager shall review and consider any interventions or services recommended in a CBHA.

(5) For children age 13 years and older, obtain and utilize assessments conducted to identify existing life skills and skills that need development.

d. When children need an out-of-home safety plan

(1) Per s. [39.523\(2\)](#), F.S., the Community-Based Care Lead Agency or sub-contracted agency responsible for assessment and placement must convene a multi-disciplinary team staffing to review information known about the child and to choose the most appropriate available out-of-home placement.

(2) The case manager must document the child's preference for placement in the Child Functioning domain of the FFA-O.

(3) The case manager is responsible for reporting to the court as to the child's stability in the placement setting and the extent to which the placement is a good match to the child's needs. Even though the case manager may not have been responsible for the initial placement match, the case manager is responsible for the on-going assessment of the requirements specific to placement matching as outlined in Rule [65C-28.004](#), F.A.C.

3-5. Determining Child Needs to Include in Case Plan.

a. The case manager must complete an assessment of caregiver protective capacities before it can be determined whether the protective capacities or the parent(s)/legal guardian(s) are sufficient to address identified child needs.

b. The case manager will determine whether the child's developmental needs are being met. These needs include, physical health, cognitive, speech and language, socio-emotional development, and other well-being needs. These needs must be addressed with interventions and/or services in the case plan as follows:

(1) For the child with an in-home safety plan, do the parents' protective capacities include ability and willingness to tend to all child needs. If the parent(s) are able and willing to continue to address child needs, they do not need to be addressed in the case plan.

(2) For the child with an out-of-home plan, child well-being needs must be addressed in the case plan based on a ratings result of “C” or “D” in the FFA-O or Progress Update. See [paragraph 2-7](#) of CFOP 170-1 for specific rating criteria.

(3) All children over the age of 13 years must have case plan outcomes that relate to the development of any life skills that have been identified as a need.

3-6. FSFN Documentation.

a. Within two business days, each contact is recorded by the case manager in case notes in FSFN to document information learned about child needs.

b. Within two business days, information gathered from other sources to inform the child needs assessment will be documented in case notes in FSFN. Records from evaluators or providers will be scanned into the FSFN file cabinet under the relevant Image Category and Image Type.

c. The case manager shall document any medical, mental health, or education information learned by using the medical and/or educational functionality in FSFN.

d. The case manager will document their assessment of functioning in the “child functioning” family assessment area of the FFA-O or Progress Update. The case manager will also provide a rating of each child strength or need in accordance with the ratings provided in CFOP 170-1, [Chapter 2](#).

e. If any other formal assessments are used or obtained, they should be scanned to the Medical page or Educational page. Any formal independent living skills assessment should be documented in the FSFN Independent Living Module. If there is other documentation, like a life skills development plan, it can be uploaded to the file cabinet under IL Plans.

f. The following FSFN resources are located on the [Center for Child Welfare](#) website under the FSFN “How Do I Guide” page:

- (1) [Education – How Do I Guide.](#)
- (2) [Medical/Mental Health – How Do I Guide.](#)
- (3) [Independent Living – How Do I Guide.](#)

Chapter 4

COMPLETING THE FAMILY FUNCTIONING ASSESSMENT-ONGOING
(FAMILY ENGAGEMENT STANDARDS FOR EXPLORATION)

4-1. Purpose. The ultimate purpose of family engagement is to jointly explore with the parents or legal guardians what must change in order for the agency to close the case. The FFA-O is the department's formal assessment that provides the basis for the case plan. The family engagement standards for exploration described in this procedure are intended to promote the case manager's interactions with parents/legal guardians in order to raise self-awareness, recognize and diffuse any parent resistance, and build constructive working relationships. The exploration standards facilitate deeper information gathering about adult functioning, parenting, caregiver protective capacities, and the relationship of all to the identified danger threats. The exploration stage lays the final groundwork for developing a family change strategy, including the child's need for a safe and permanent home.

4-2. Assessments Required.

a. The Family 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(s) responsible for danger threats that lead to an unsafe child as determined by a child protective investigation.

(1) The FFA-O will contain a current description of all household members as required in CFOP 170-1, [paragraph 2-3](#), Focus of Family Assessment. In FSFN, the information that automatically populates from the FFA-I to the FFA-O is for ease of review by the case manager and should be deleted, edited and/or added-to in order to provide a current and more in-depth assessment of the family's functioning.

(2) When there is a non-maltreating parent/legal guardian in a separate household the non-maltreating parent/legal guardian does not get added to either the FFA-I or FFA-O. However, information should be included in the FFA-O in the child functioning domain to describe the child's relationship with the non-maltreating parent/legal guardian. To the extent that the child has on-going contact with the other parent/legal guardian, information may be included in the parenting and discipline domains for the parent who is the focus of the FFA-O when it is relevant and important to know.

(3) 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-I and subsequent FFA-O for the other parent/legal guardian will be developed.

b. Other Parent Home Assessment (OPHA). When a child requires an out-of-home safety plan, AND only the removal parent/legal guardian has been found responsible for the unsafe child, an OPHA must be completed per requirements in CFOP 170-7, [Chapter 5](#).

(1) If the OPHA was completed prior to case transfer, the case manager will conduct the following activities:

(a) Discuss the findings in the completed OPHA with the non-maltreating parent.

(b) Determine if there have been any changes in the parent/legal guardian's circumstances or goals with respect to the child(ren).

(c) When the child has been released to the parent/legal guardian as part of an out-of-home safety plan, assess the sufficiency of the safety plan and the parent/legal guardian's care of the child, including any specific child needs that need to be addressed.

(d) Update the OPHA as necessary if the parent/legal guardian's situation has changed or significant additional information is learned.

(2) If the OPHA was not completed due to the parent/legal guardian not being located prior to case transfer, the case manager will continue the diligent search to locate the parent/legal guardian until released by the court to complete the OPHA per requirements in CFOP 170-7, Safety Planning and Management, [Chapter 5](#).

(3) A staffing with Children's Legal Services (CLS) must be held when the case manager and supervisor determine that there should not be any case plan goals, outcomes, or family time which involves the non-maltreating parent/legal guardian.

4-3. Activities to Assess Parent(s)/Legal Guardian(s).

a. The activities of the exploration stage are described in a logical sequence, but the order in which they occur is controlled by the specific circumstances of the case. The case manager must engage with the parent(s)/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. When there is another parent in a separate household, information will be gathered from each parent to inform the FFA-O as well as the OPHA, when required.

b. The case manager will work with the parent(s)/legal guardian(s) to identify the diminished protective capacities which may have resulted in the identified danger threats. The case manager will:

(1) Explain information to parent(s)/legal guardian(s) about protective capacities.

(2) Encourage the parent(s)/legal guardian(s) to offer their perspective as to which diminished protective capacities led to an unsafe child. As necessary, the case manager 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 case manager will explore the following through conversational interviewing:

(a) What has changed in the family that creates the unsafe situation.

(b) What has/hasn't worked in the past around that change.

(c) The information necessary to develop the information domains as outlined in CFOP 170-1, Chapter 2, [paragraph 2-4](#).

(3) Reach agreement with the parent(s)/legal guardian(s) as to which diminished protective capacities directly impact child safety. If the parent(s) are unable or unwilling to offer their perspective, offer suggestions as to which protective capacities may be diminished and ask for feedback.

(4) Encourage the parent(s)/legal guardian(s) to offer their perspective as to which enhanced protective capacities (strengths) could be built upon to address the identified danger threats. If the parent(s)/legal guardian(s) are unable/unwilling to offer their perspective, offer suggestions as to which protective capacities may be enhanced and ask for feedback.

(5) Explore what the parent(s)/legal guardian(s) might do to enhance protective capacities and improve diminished protective capacities.

c. The case manager should determine if an expert evaluation for either a parent/legal guardian(s) or the child is appropriate to help inform case plan outcomes when there is a specific condition or behavior that requires additional professional assessment, including situations such as:

(1) The parent(s)/legal guardian(s) or child is displaying unusual or bizarre behaviors that are indicative of emotional or behavioral problems, physical illness or disability, mental illness, trauma assessment, suicidal or homicidal ideation.

(2) Other conditions where there is a need for additional information regarding an individual's functioning in the area of the professional's specialized knowledge; or to develop a better understanding of whether the individual's functioning impacts his or her protective capacity or child functioning.

4-4. Develop Danger Statement.

a. The case manager will review with the parent(s)/legal guardian(s) the danger threats identified by the investigation and re-evaluate if the parent(s) are denying the presence of danger threats, are in partial agreement, or are in near complete agreement.

b. The case manager will co-construct the danger statement with parent(s)/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 are the parent(s)/legal guardian(s)' actions?

(2) What is the impact on the child?

(3) What are the case manager's ongoing concerns?

c. When there is no full agreement, the danger statement includes the case manager's concerns and who is not in agreement.

d. The case manager will ensure that the Danger Statement is written, to the fullest extent possible:

(1) Is simple enough so the youngest person in the family with the ability to comprehend understands.

(2) Is in the family's primary language as it serves as the framework for effective safety planning.

4-5. Establish Permanency Goal for Child. All case plans established for unsafe children, whether or not they are court supervised, will include the department's permanency and placement goal(s) for the child(ren). The case manager should explain to the parent(s)/legal guardian(s), as well as any substitute caregiver(s) involved, the goals for the child that the department has identified. Case plan goal options are as follows:

a. "Maintain and strengthen" means to maintain the child with parent and strengthen the parent's ability to fulfill their responsibilities.

(1) If a child has not been removed from a parent, even if adjudication of dependency is withheld, the court may leave the child in the current placement with maintaining and strengthening the placement as a permanency option.

(2) If a child has been removed from a parent and is placed with the parent from whom the child was not removed, the court may leave the child in the placement with the parent from whom the child was not removed with maintaining and strengthening the placement as a permanency option.

(3) If a child has been removed from a parent and is subsequently reunified with that parent, the court may leave the child with that parent with maintaining and strengthening the placement as a permanency option.

b. "Reunification" means the court has reviewed the Conditions for Return and determined the circumstances that caused the out-of-home placement and issues subsequently identified have been remedied to the extent that the return of the child to the home with an in-home safety plan prepared or approved by the department will not be detrimental to the child's safety, well-being, and physical, mental and emotional health.

c. "Adoption" means that a petition for termination of parental rights has been or will be filed.

d. "Permanent guardianship" of a dependent child under s. [39.6221](#), F.S.

e. Placement in another planned permanent living arrangement under s. [39.6241](#), F.S., under certain limited circumstances for children age 16 years and older.

f. Transition from licensed care to independent living for a young adult who satisfies the conditions outlined in s. [39.6251](#), F.S.

4-6. Establish Family Goal and Change Strategies.

a. The case manager will work with the parent(s)/legal guardian(s) to establish a mutually agreed-upon family goal and assess their 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 collaboratively with family members. When that is not possible, the case manager should provide some choices for the family that would be acceptable to the agency.

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

(1) Describes agreement between the parent(s)/legal guardian(s) and the case manager 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.

(3) Describes the presence of new, observable behaviors or actions related to the children (rather than the absence of old, problematic behavior).

(4) The case manager should develop the family goal statement using the family's words, to the extent possible. A family goal is not a description of services or treatment which might be the method for achieving the goal.

c. After a family goal has been established, the case manager will gather information from the parent as to possible strategies for achieving the family goal as follows:

(1) Identify the family's resource network that might be willing and able to assist the parents in achieving the family goal.

(2) Explain to parent(s)/legal guardian(s) any next steps that the case manager will take to inform the completion of the FFA-O.

(3) Gather parent(s)/legal guardian(s)' ideas about interventions, treatment, services.

(4) Explore parent(s)/legal guardian(s)' concerns as to possible barriers.

(5) Seek consideration of case manager ideas that other family members or persons involved have suggested.

d. The case manager will assess the parent(s)/legal guardian(s)' motivation to change after all of the activities to gather information from the family has been conducted, including work with the family to establish a family goal and change strategies. Knowing the stage of motivation a parent is currently experiencing will guide the case manager's efforts throughout the life of the case to help the parent(s)/legal guardian(s) move forward through the stages of change. See Appendix A of this operating procedure, "Progress Evaluation Facilitative Objectives."

4-7. Difficulty Engaging the Parent(s)/Legal Guardian(s).

a. When there are situations where the parent(s) are unable or unwilling to engage, or the case manager and the parent(s) disagree about the reason for the agency's involvement or what needs to change, it is the ongoing responsibility of the case manager to exhaust all efforts to move the case forward and to continue to actively seek the parent(s)' involvement.

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

(1) Work diligently to identify and overcome the barriers to the parent(s)/legal guardian(s)' participation in family assessment and planning.

(2) Frequently and actively re-invite the parent(s)/legal guardian(s)' participation.

(3) Continue to work toward establishing a partnership by stating the case manager's need for the parent(s)/legal guardian(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 persons who know the parent(s)/legal guardian(s) to elicit their suggestions for engaging the parent.

(6) Obtain professional assessments and evaluations.

(7) Obtain professional input as to engagement approaches such as use of a substance abuse, domestic violence advocate, or mental health professional.

c. When the parent(s)/legal guardian(s) are incarcerated, the case manager 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 current 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.

4-8. Validate and Reconcile Information.

a. As necessary, the case manager will gather information from other persons and professionals to inform completion of the FFA-O.

b. The case manager 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 case managers who worked with the family before if there was prior involvement. There may 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, such as the CBHA. Activities to complete information gathering will include:

(1) Obtain and complete review any relevant documentation.

(2) Interview other involved persons.

4-9. Qualitative Indicators of Family Engagement. Indicators of effective family engagement are the following:

a. The parent(s)/legal guardian(s) believe that their feelings and concerns have been heard, respected, and considered.

b. The parent(s)/legal guardian(s) are invested in and committed to achieving a family goal and outcomes in a case plan.

c. The parent(s)/legal guardian(s) follow through and take the actions expected.

d. The parent(s)/legal guardians) have trust in the case manager and are open to hear feedback from the case manager as to concerns and non-negotiable expectations.

e. The parent(s)/legal guardian(s) and the case manager have a shared understanding of the danger threats in the family that must be addressed and are working toward the same goals and outcomes.

f. Whether or not it has not been possible to reach a shared understanding and agreement as to the reasons for the family's involvement; the case manager and the parent(s) are able to co-construct a case plan.

4-10. Supervisor Consultation and Approval.

a. At any point during the development of the FFA-O, if parents are highly resistant and/or are unwilling to engage with the case manager during or at the conclusion of the exploration stage, a supervisor consultation is required to:

(1) Provide the case manager an opportunity to assess family dynamics and sources of resistance.

(2) Support the case manager in considering other efforts to engage and in determining next steps.

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

4-11. Documenting the FFA-O.

a. After all activities in Chapters 3 and 4 of this operating procedure have been completed, the case manager is ready to complete and document family assessment findings. While facts gathered from the family and other sources are briefly documented in contact notes, the completed assessment provides a critical analysis of all facts gathered. It is important for the case manager to always review and update the child's record prior to documenting the family assessment. This ensures that the child's record is current and provides all of the relevant supporting documentation for the family assessment. The case manager will:

(1) Ensure that all chronological notes are current.

(2) Update information about case participants including their relationship to the child and contact information.

(3) Ensure that Living Arrangement or Placement information is current.

(4) Ensure that the most current safety plan is in the child's record.

(5) Update contact information as to other professionals and other persons who are involved with the child's case.

(6) Update the child's record to ensure it is current for:

(a) Accurate placement information (Living Arrangement or Out-of-Home Placement).

(b) Child's birth certificate and photograph.

(c) Medical/Mental Health information which documents all primary health care and any specialty providers, child health conditions and/or diagnoses, services received including immunizations, and any medications prescribed.

(d) Education information which includes current school information (case manager can enter school information which reflects past school attendance history), this section of the child's record is used to document any child's Exceptional Student Education/Individualized Education Plan, as well as diploma and certificate information

b. Document the Family Assessment. There are currently two methods for documenting a family assessment for maltreating parents:

(1) For cases opened prior to implementation of the updated Child Welfare Practice Model (formerly known as “Safety Methodology”), the Family Assessment in FSFN was utilized and may continue to be used until case closure.

(2) For all cases opened after implementation of the updated Child Welfare Practice Model, the FFA-O will be used.

c. The case manager will confirm that the parent(s)/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. See CFOP 170-1, Chapter 2, [paragraph 2-3](#), “Focus of Family Assessment.”

d. The FFA-O will be pre-populated with information developed by the investigator. The case manager must develop a new description based on further information collected and assessed to provide a basis for the scaling of caregiver protective capacities, child strengths and needs, and the identification of case plan outcomes. The information developed by the investigator should be deleted and replaced with the case manager’s narrative. FSFN will maintain the information developed in the original FFA-I and all domain information will also become part of each participant’s FSFN person record.

(1) The case manager will document the reason(s) for ongoing agency involvement. The danger statement which was crafted with the family will populate this section of the FFA-O.

(2) The case manager will complete the family assessment areas as follows:

(a) Information gathered and assessed about the maltreatment and surrounding circumstances by the child protective investigator (CPI) will automatically populate the FFA-O and will not be editable.

(b) Maltreatment and Surrounding Circumstances. In the “Additional Ongoing Information” section for the maltreatment and surrounding circumstances, the case manager will describe any new information learned about the incident or surrounding circumstances (e.g., the father had been prescribed medications and revealed to the case manager that he was not taking them at the time of the incident). If not already documented in the FFA-I, the case manager must add any findings and recommendations of a Child Protection Team (CPT). For all judicial cases, if the child was not evaluated by a CPT, the case manager must add a statement reflecting that no report exists.

(c) Child Functioning. Information gathered and assessed by the CPI about child functioning, for each child in the household, will automatically populate the FFA-O and be editable. The case manager will develop this 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 case manager will later complete in the FFA-O.

(d) Information gathered and assessed by the CPI about adult functioning for each parent and caregiver will automatically populate the FFA-O and be editable. The case manager will develop this 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 case manager will later complete in the FFA-O.

(e) Information gathered and assessed by the CPI about parenting practices, discipline, and child behavior management for each parent and caregiver will automatically populate the

FFA-O and be editable. The case manager will develop this section with analysis of new information learned from all sources.

(3) The case manager will complete scaling of Caregiver Protective Capacities and Child Strengths and Needs using the 4 point scaling criteria provided in CFOP 170-1, [Chapter 2](#), paragraphs 2-6 and 2-7. The case manager will make sure that there is sufficient information in the family assessment areas to support the capacity ratings. The scaling of caregiver protective capacities supports the case manager's confirmation of the diminished protective capacities that will become the focus of the case plan. It is possible that the case manager's further assessment will result in changes to the determinations documented in the FFA-I. Some caregiver protective capacities that the FFA-I indicated were diminished may be determined to be adequate based on further information gathered and assessed. Likewise, some caregiver protective capacities that were identified as adequate in the FFA-I may be determined by the case manager to be diminished.

(4) The completed Safety Analysis must provide sufficient information to support how each of the five safety analysis criteria are met or not met. Refer to Appendix A of this operating procedure, "Progress Evaluation Facilitative Objectives," for a more in-depth discussion of Safety Analysis criteria and examples that demonstrate when the family behaviors or conditions for an in-home safety plan are met or not met.

(5) The case manager will document the "Family Change Strategy" developed with the family in the following areas:

- (a) Family Goal.
- (b) Ideas for change.
- (c) Potential barriers.

(6) The case manager will update the safety analysis criteria to ensure that reasonable efforts are adequately reflected and:

- (a) Update the safety plan as necessary.
- (b) Modify Conditions for Return if needed.

e. The following FSFN resources are located on the [Center for Child Welfare](#) website under the FSFN "How Do I Guide" page:

(1) For basic information about documenting all case participants and their associated demographics, including a child's birth certificate and photo, refer to the [Person Management – How Do I Guide](#).

(2) Information about updating a case in FSFN, including participants, splitting or merging a case can be found in the [Maintain Case – How Do I Guide](#).

(3) For information about updating the placement pages in FSFN, refer to the [Out-of-Home Placements – How Do I Guide](#).

(4) For information about the creation, completion and maintenance of a child's education record, refer to the [Education – How Do I Guide](#).

(5) For information pertaining to life skills for children 13 and older, refer to the [Independent Living – How Do I Guide](#).

(6) For information specific to the creation and completion of the FFA-O, refer to the [FFA-Ongoing – How Do I Guide](#).

4-12. Filing the FFA-O with Dependency Court. An FFA-O must be filed with the court when a case plan is filed. The case manager must submit the completed FFA-O to CLS at least five business days prior to the following time frames for court filing per s. [39.521\(1\)\(a\)](#), F.S.;

a. Not less than 72 hours before the disposition hearing if the disposition hearing occurs on or after the 60th day after the date the child was placed in out-of-home care.

b. Not less than 72 hours before the case plan acceptance hearing, if the disposition hearing occurs before the 60th day after the date the child was placed in out-of-home care and a case plan has not been submitted pursuant to this paragraph, or if the court does not approve the case plan at the disposition hearing.

c. The court may grant an exception to the requirement for an FFA-O upon finding that all the family and child information required by s. [39.521\(2\)](#), F.S., is available in an FFA-I filed with the court. The case manager is still required to complete the FFA-O.

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 temporary custodian of the child. Family Team Conferencing, utilizing a trained facilitator, 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) 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) 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 outcomes; observable, sustained changes in behaviors, conditions, or circumstances.

(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 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) 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.

(10) 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.

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](#).

Chapter 6

EVALUATING FAMILY PROGRESS

6-1. Purpose. Evaluating family progress is a collaborative review and conclusion about enhanced caregiver protective capacities and child needs. The evaluation includes information from the case manager, parent(s)/legal guardian(s), temporary caregivers, treatment providers and others who are a part of the remediation process. The evaluation of family progress should be continuous and result in timely modifications to safety plans and case 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 Progress Updates which provide the agency's formal justification and record for the current safety plan and all case plan actions. Per requirements in s. [39.701](#), F.S., judicial reviews must be conducted by the court at a minimum of every six months from the date of a child's removal to review the child's status as to placement stability, progress towards permanency, and other aspects of well-being.

6-2. Purposeful Case Management Contacts.

a. Contacts are one of the primary methods used by case managers to evaluate family progress as well as to evaluate the sufficiency of a safety plan. Contacts regarding safety management are outlined in CFOP 170-7, Chapter 11, [paragraph 11-2](#), "Monitoring Responsibilities."

(1) The case manager 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. The primary case manager is responsible for monitoring that the child's needs, as defined in Chapter 3 of this operating procedure, are being met whether the child remains with a parent/legal guardian or is in an out-of-home placement.

(2) At least every 90 days, or more frequently if warranted based on the safety plan, the case manager shall make an unannounced visit to the child's current place of residence.

(3) Contacts with parent(s)/legal guardian(s) must occur at a minimum every 30 days. The frequency of face-to-face contact with parent(s) should be driven by safety management as well as what the case manager needs to achieve as a result of the contact. When meetings with parent(s) occur at least every 30 days or more frequently, the case manager is better able to assist parent(s) with moving through the stages of change and progressing towards goal achievement. Refer to Appendix A to this operating procedure, "Progress Evaluation Facilitative Objectives," for further discussion as to the progress evaluation objectives with parent(s), children, and providers.

(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)/legal guardian(s) have outcomes and/or tasks that have been added to the case plan, face-to-face contacts shall be every 30 days.

(6) When an out-of-county services case manager is responsible for courtesy supervision or when another case manager conducts the contact with the child or parent on behalf of the primary worker, the primary case manager remains responsible for reviewing the contacts made to determine the quality of the contact and addressing any concerns.

b. The case manager is responsible for ongoing communication and collaboration with the family, team members involved, and the court to effectively evaluate family progress. If the case plan is targeting the correct issues and casework 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 or permanency.

c. The case manager is responsible for helping the parent(s)/legal guardian(s) and the team identify how to measure change in behavior, family conditions, or dynamics. This includes:

(1) Identify how the other persons, including any out-of-county services workers involved in the case plan, will determine if adequate progress is being made.

(2) Explain to the parent(s)/legal guardian(s) that every service provider involved in the case plan will be asked to provide certain information including:

(a) Notify the agency immediately when it is believed a child is in danger or threat of harm.

(b) Provide updates to the parent(s)/legal guardian(s) about progress or lack thereof in meeting outcomes or in meeting the child or family's needs at the time of parent contacts.

(3) Identify expectations for when team meetings will occur and what the team will address.

(4) Follow local operating procedures for periodic team meetings with the parent(s)/legal guardian(s), providers, and the family resource network to discuss progress towards case plan goals, and any safety plan and case plan modifications needed.

d. Monitoring activities of the case manager to evaluate family progress include, but are not limited to:

(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. This includes the following:

(a) Have a conversation with a verbal child; the focus of the conversation should be the child's feelings regarding his or her safety in the home or current placement.

(b) Getting feedback from the child as to whether they are visiting the persons that they wish to see, with adequate frequency and quality of the visitation setting, and transportation arrangements.

(c) Providing the child with information that is age-appropriate as to the progress of their parent(s)/legal guardian(s), case plan goals and outcomes.

(d) Assessing the quality of the child's placement setting in terms of meeting their basic needs for care including routine health care and supervision.

(e) Assessing whether the child's special medical or mental health and educational needs are being adequately addressed. Additional information may be needed from treatment providers or other persons to assess the whether the child's special medical and mental health needs are being adequately addressed. The child's school attendance, review of school records, and any educational assessment may be necessary to ensure the child's educational needs are being met. If the child is younger than school age, developmental needs shall be addressed through an assessment should be conducted of any records from a child care program, early education program, or preschool program, including attendance requirements.

(f) Determining whether the out-of-home caregiver for the child has any needs for support, including services or training that might be critical to the child's placement stability.

(2) The case manager must complete the following actions to evaluate the current status of caregiver's protective capacities and to confirm the sufficiency of any safety plan. These actions will be a combination of in-home visits, parent contacts for the child in an out-of-home plan, and on-going communication with any current safety plan providers.

(a) Have face-to-face contact with parent(s)/legal guardian(s) and any non-maltreating parent or alternate caregivers that a child has been released to or placed with.

(b) Provide the parent(s)/legal guardian(s) with information as to their progress towards achieving case plan outcomes. Feedback should begin with the positive findings and praise, reinforcement, and encouragement. When information has been gathered from providers, other team members, or the case manager's own observations and concerns that reflect a lack of progress, it is the obligation of the case manager to share that information as well. The case manager should explore the caregiver's perception as to the quality of treatment services including any barriers, interpersonal conflicts, or other safety management or case management challenges.

(c) Assess whether there have been any changes in the parent(s)/legal guardian(s) conditions, attitude, ability or willingness to support the current in-home plan, or to create an in-home plan to achieve reunification.

(d) Determine whether the parent(s)/legal guardian(s) continue to be cooperative, or would now be cooperative, with safety services necessary for an in-home safety plan as evidenced by:

1. The parent(s)/legal guardian(s) is agreeable to the safety services necessary for an in-home safety plan.

2. The parent(s)/legal guardian(s) is cooperative with all participants in the safety plan.

3. The parent(s)/legal guardian(s) is participating as expected in the actions and the time requirements of the ongoing safety and case plan.

4. The parent(s)/legal guardian(s) is meeting the expectations detailed in the ongoing safety plan.

5. Whether the home environment continues to be, or has become, stable enough for safety service providers to be in the home and be safe.

6. Determine whether the condition of the child is satisfactory and danger threats to the child are being actively managed.

6-3. When a New Progress Update Is Required.

a. 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 the FSFN file cabinet under the relevant Image Category and Image Type to ensure that the child's record is current.

b. 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:

(1) When safety 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 family member, including intimate partners.

(4) Before changing the case plan to include unsupervised visits.

(5) Before recommending or implementing reunification as Conditions for Return are met.

(6) Before a recommendation for case closure.

(7) When a case has been dismissed by the court.

c. The case manager shall seek a supervisory case consultation to review case dynamics when case circumstances include any of the following. The case consultation will determine if a Progress Update should be completed prior to the 90-day period based on the discretion of the supervisor.

(1) When significant changes in family members' and/or family circumstances warrant review and possible revision to the safety plan and/or case plan, such as a change to unsupervised visitation.

(2) When an emergency change in a child's out-of-home safety plan placement is needed.

(3) When the children and/or caregivers are making little or no progress toward the established outcomes and/or an immediate change in the case plan is needed.

(4) After any review (i.e., judicial, administrative, state, or county QA) recommends or directs that changes be made.

(5) At receipt of a new investigation or report of domestic violence in the home.

d. Before every required judicial review hearing or citizen review panel hearing, the Progress Update must also include pertinent details relating to the child that includes, but is not limited to:

(1) Documentation of the diligent efforts made by all parties to the case plan to comply with each applicable provision of the plan.

(2) A description of the type of placement the child is in at the time of the hearing, including the safety of the child and the continuing necessity for and appropriateness of the placement, any concerns for the stability of the placement, and what efforts have been undertaken to ensure the child's stability.

(3) The amount of fees assessed and collected from parent(s)/legal guardian(s) during the period of time being reported.

(4) The services provided to the foster family or legal custodian in an effort to address the needs of the child as indicated in the case plan.

(5) The number of times a child has been removed from his or her home and placed elsewhere, the number and types of placements that have occurred, and the reason for the changes in placement.

(6) The number of times a child's educational placement has been changed, the number and types of educational placements which have occurred, and the reason for any change in placement.

(7) If the child has reached 13 years of age but is not yet 18 years of age, a statement from the caregiver on the progress the child has made in acquiring independent living skills.

(8) Copies of all medical, psychological, and educational records that support or indicate a change is needed to the terms of the case plan, and that have been produced concerning the parent(s)/legal guardian(s) or any caregiver since the last judicial review hearing.

(9) Copies of the child's current health, mental health, and education records.

(10) When children are in out-of-home care, visitation and family time opportunities are evaluated for quality and frequency using the ratings in CFOP 170-1, [Chapter 2](#), "Core Safety Concepts." The case manager should determine if the frequency and quality of family time arrangements need to be modified to provide more sufficient opportunities to meet any of the following or other objectives:

(a) Provide an opportunity for parent(s)/legal guardian(s) to practice new skills and if using a parenting coach, to acquire new skills and improve parent-child interactions.

(b) Provide critical information about parental capacity to safely meet the needs of their child in a less restricted form of family time such as unsupervised or overnight visitation.

(c) Ease the pain and potential damage of separation for all.

(d) Help the child to eliminate self-blame for removal.

(e) Support the child's adjustment to a new caregiver's home.

(f) Reinforce the parent(s)/legal guardian(s)' motivation to change.

(g) Offer a potentially therapeutic intervention, rather than just "a visit."

(h) Provide a unique opportunity for the parent(s)/legal guardian(s) to observe the parenting skills of foster parents who are willing to co-parent.

(i) Help parent(s)/legal guardian(s) gain confidence in their ability to care for their child.

(j) Provide opportunities for parent(s)/legal guardian(s) to be up-to-date on their child's developmental, educational, therapeutic, and medical needs as well as their child's religious and community activities.

(k) Family time may provide an opportunity to heal damaged or unhealthy relationships between the parent(s)/legal guardian(s) and other family members who may be caregivers.

(11) In all court supervised cases, the case manager is required to provide the court with an overall evaluation of case plan compliance at each judicial review. The overall case plan compliance evaluation will be based on the case manager's assessment of progress on all of the outcomes, and when a child is in out-of-home care, the quality and frequency of family time. The case manager will choose from the following:

(a) The parent(s)/legal guardian(s), though able to do so, did not comply substantially with the case plan, and the agency recommendations;

(b) The parent(s)/legal guardian(s) did substantially comply with the case plan; or,

(c) The parent(s)/legal guardian(s) has partially complied with the case plan, with a summary of what has been partially completed, additional progress needed, and the agency recommendations.

(12) In out-of-home cases, a statement from the foster parent or legal custodian providing any material evidence concerning the return of the child to the parent or parents must be provided to the court along with the Progress Update.

6-4. Progress Updates for Dependent Children 17 Years Old.

a. At the first judicial review hearing held subsequent to the child's 17th birthday, the department shall provide the court with an updated case plan that includes specific information related to the independent living skills that the child has acquired since the child's 13th birthday, or since the date the child came into foster care, whichever came later.

b. For any child that may meet the requirements for appointment of a guardian pursuant to Chapter [744](#), F.S., or a guardian advocate pursuant to s. [393.12](#), F.S., the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court-appointed guardian ad item; the temporary custodian of the child; and the parent(s)/legal guardian(s), if parental rights have not been terminated.

c. At the judicial review hearing, if the court determines pursuant to s. [393.12](#), F.S., or Chapter [744](#), F.S., that there is a good faith basis to believe that the child qualifies for appointment of a guardian advocate, limited guardian, or plenary guardian for the child and that no less restrictive decision making assistance will meet the child's needs:

(1) The department shall complete a multidisciplinary report which must include, but is not limited to, a psychosocial evaluation and educational report if such a report has not been completed within the previous two years.

(2) The department shall identify one or more individuals who are willing to serve as the guardian advocate pursuant to s. [393.12](#), F.S., or as the plenary or limited guardian pursuant to Chapter [744](#), F.S. Any other interested parties or participants may make efforts to identify such a guardian advocate, limited guardian, or plenary guardian. The child's biological or adoptive family members, including the child's parent(s)/legal guardian(s), if the parental rights have not been terminated, may not be considered for service as the plenary or limited guardian unless the court enters a written order finding that such an appointment is in the child's best interests.

6-5. Actions Following Progress Updates. 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 case manager will determine whether any changes are needed to:

- a. The safety plan.
- b. Case plan goal(s).
- c. Case plan outcomes.

- d. Case plan activities and tasks.
- e. Case plan services provided and/or service providers.

6-6. Supervisor Consultation and Approval. The supervisor is responsible for a case consultation and the approval of any completed Progress Update.

6-7. FSFN Documentation.

a. 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 of the relevant supporting documentation for a new Progress Update. The child's case record in FSFN should be reviewed and updated as follows:

- (1) Ensure that all chronological notes are current.
- (2) Update information about case participants including their relationship to the child and contact information.
- (3) Ensure that Living Arrangement/Child Placement information is correct and that most current safety plan is in the child's record.
- (4) Update Medical/Mental Health information which documents all primary health care and any specialty providers, child health conditions and/or diagnoses, services received including immunizations, and any medications prescribed.
- (5) Update Education information which includes current school information (case manager can enter school information which reflects past school attendance history). This section of the child's record is used to document any child's Exceptional Student Education/Individualized Education Plan, as well as diploma and certificate information.

b. It is important for the case manager 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. When a new Progress Update is created, it will prefill with information from the most recent version which should be edited and updated to provide current progress information.

- (1) For cases opened prior to implementation of the updated Child Welfare Practice Model (formerly known as "Safety Methodology"), the Family Assessment in FSFN was utilized and may continue to be used until case closure.
- (2) For all cases opened after implementation of the updated Child Welfare Practice Model, the FFA-O and Progress Update will be used.
- (3) The case manager will confirm that the parent(s)/legal guardian(s) whose behaviors need to change are the primary focus of the Progress Update and will determine which other persons will be associated with, and described in, the information domains for the parent/legal guardian. See CFOP 170-1, Chapter 2, [paragraph 2-3](#), "Focus of Family Assessment."

(4) When a new Progress Update is created, it will be pre-populated with information already entered in any previous FFA-O or Progress Update for ease of review. The case manager will delete, edit, and add information to compose a new description, based on further information gathered and assessed which will support any progress or change in protective capacities and the child needs. The new Progress Update prepared by the case manager will provide a current status description for child functioning, adult functioning, parenting approach and discipline: based upon case manager observations, conversations, and information gathered from other team members involved including all service providers. The status description will provide:

(a) A description of what each family assessment area (child functioning, adult functioning, parenting, and discipline) looks like currently based on assessment information gathered from the different sources which are included.

(b) When pertinent for an in-home case, and for all out-of-home cases, the case manager is responsible for incorporating a summary of relevant information about the child's educational status, medical/mental health, and independent living skills into the child functioning domain.

(c) The information in the family assessment areas should support the case manager's scaling of Caregiver Protective Capacities and Child Strengths and Needs.

c. The case manager will ensure that information received from any of the parent(s)/legal guardian(s) treatment providers informs their current assessment of protective capacities. If there have been improvements or a decline in any of the protective capacity ratings, the basis for those changes must be described in the information domains, current status descriptions.

d. The case manager will update the scaling of Caregiver Protective Capacities using the ratings in CFOP 170-1, Florida's Child Welfare Practice Model, [Chapter 2](#), "Core Safety Concepts," and establish the baseline ratings for any new parent/legal guardian. If there is a diminished capacity rating of "C" or "D" that will not be addressed in the case plan, the reasons need to be provided.

e. For any new household members who have significant caregiver responsibilities, the case manager will provide assessment information specific to that person and rate their caregiver protective capacities.

f. The case manager 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 case manager should update the scaling of "Child Strengths and Needs" indicators using the ratings in CFOP 170-1, [Chapter 2](#), "Core Safety Concepts," and establish the baseline ratings for any new child in the home.

(1) If a child has a need that is scaled at a "C" or "D" there should be a narrative description as to whether or not the parent(s)/legal guardian(s) is adequately meeting the need.

(2) When parent(s)/legal guardian(s) with an in-home safety plan are adequately meeting child needs, they do not need to be addressed in the case plan.

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

h. Each time a Progress Update is completed, each case plan outcome will be evaluated to determine the extent to which the parent(s)/legal guardian(s) is making progress. The case manager will rate progress with each outcome using the ratings provided in CFOP 170-1, Chapter 2, [paragraph 2-12](#). Given progress, or lack thereof, case plan outcomes might need to be adjusted.

i. FSFN functionality is designed to support the case manager in preparing a Judicial Social Study Report (JSSR) that meets all of the statutory requirements. The case manager will complete the Judicial Review Worksheet in FSFN to capture additional information for court cases involving a child in out-of-home care. FSFN will create a final JSSR for the court that pulls all necessary information from both the Progress Update and Judicial Review Worksheet.

j. The following FSFN resources are located on the [Center for Child Welfare](#) website under the FSFN “How Do I Guide” page:

- (1) [Progress Update – How Do I Guide](#).
- (2) [Judicial Review Worksheet – How Do I Guide](#).