Module 8:
Family Engagement Standard – Case Plan

Florida Department of Children and Families
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Unit 8.1:

Building a Case Plan for Change

Learning Objectives:

1. Identify statutory requirements for the Case Plan goals for children.
2. Review the purpose and outcomes associated with the Case Planning intervention stage.
3. Describe how the FFA-Ongoing informs the Case Planning process.
4. Describe the SMART criteria for outcomes.
5. Evaluate case information to develop Case Plan outcomes.
6. Develop individualized tasks to achieve Case Plan outcomes.

References:

- Section 39.6011, F.S., Case Plan Development
- CFOP 170-9, Chapter 5, Family Assessment and Case Planning
- CFOP 170-1, Chapter 2-7, Caregiver Protective Capacities
- CFOP 170-9, Chapter 5-5 Case Planning
- Section 39.6012 (1)(b)1-7, F.S., Case Plan Tasks
- Section 39.6012 (1)(a), F.S., Case Plan Services

What did we learn about the Exploration stage?

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The purpose of Exploration was to identify and discuss with caregivers what must change with respect to diminished caregiver protective capacities associated with danger threats and to determine what caregivers are willing to work on in treatment.

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Activity A: Sander/Braun Exploration Results

Instructions:

1. In small groups, using flip chart paper, answer the assigned questions.
2. Use your notes and training materials from the previous module.
3. Be prepared to discuss as a group.

What is the Danger Statement?

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_____

What are the parent's identified strengths?

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_____

_____

What are the parents' existing Caregiver Protective Capacities?

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_____

_____

What are the parent's Diminished Caregiver Protective Capacities?

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_____

_____

What are the children's Strengths and Needs?

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_____

What must change?

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What is the Change Strategy?

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Activity B: Key Points: Law and Policy

Instructions:

1. Read Chapter 39.6011, F.S. and CFOP 170-9, Chapter 5.
2. Highlight or underline any words that you find important, new or surprising.
3. Be prepared to discuss.

Case Planning

Case Planning is the act of establishing outcomes and motivation for change with families.

What is the reason (purpose) for the Case Plan?

_____

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Family Functioning Assessment-Ongoing Decisions

- Are danger threats being managed with a sufficient safety plan?
- How can existing protective capacities – STRENGTHS – be built upon to make changes?
- What is the relationship between danger threats and the diminished caregiver protective capacities – What must change?
- What is the parent's perspective or awareness of his/her caregiver protective capacities?
- What are the child's needs and how are the parents meeting or not meeting those needs?
- What are the parents ready and willing to work on in the Case Plan to change their behavior?
- What are the areas of disagreement with the parent(s) as to what needs to change?
- What change strategy will be used to address the diminished protective capacities?

How do you think the FFA-Ongoing helps to inform the Case Planning process?

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Outcomes

The Case Plan identifies the services associated with the outcomes. It is the “roadmap” or method by which change will be addressed.

The Case Plan results from the ongoing family functioning assessment and is the “blueprint” for building enhanced caregiver protective capacities.

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Activity C: What Do Protective Capacities look like?

1. In small groups discuss and create a sentence that describes what a protective capacity for Melanie and Bruce should look like.

    - ***Identify diminished CPC's for Bruce and diminished CPC's for Melanie.***
    - ***Describe how it will look when the CPC's are no longer diminished.***

2. Use CFOP 170-1, Chapter 2-7 and the CPC's that you scaled for Melanie and Bruce.

Bruce:

Diminished CPC	How it will look when capacity no longer diminished.

Melanie:

Diminished CPC	How it will look when capacity no longer diminished.

Case Plan Components

The Case Plan should be a "living," dynamic, practical document:
Agreement - The Case Plan serves as a record of what will occur in order to effect what must change. The Case Plan documents what has been **agreed upon** and prioritizes the delivery of services. As a formal agreement, the Case Plan should communicate expectations and commitments regarding the approach to change intervention.

Responsibility - The Case Plan lays out **who is responsible for what** in order to achieve outcomes. At a practice level, the plan serves to meet the requirements of accountability for the agency, providers, and families.

Outcomes - The Case Plan is intended to provide direction for the **achievement of outcomes**: enhancing caregiver protective capacities.

Organized - A well thought-out Case Plan should provide caregivers, providers, the agency, and the court with a precise roadmap for change.

Focused - The Case Plan **corresponds specifically with expected results**. The Family Functioning Assessment-Ongoing intervention stages result in the identification and **focus** of what must change to create a safe environment. The Case Plan services and activities, providers, timeframes, etc. are directed at enhancing diminished caregiver protective capacities that are associated with safety influences. The Case Plan serves as a baseline for evaluating the suitability or effectiveness of change interventions by measuring progress

toward enhancing caregiver protective capacities. The Case Plan is used as a primary basis for progress evaluation.

Communication - The Case Plan helps to **frame conversations with families throughout the life of the case**—discussions related to the progress toward change, effectiveness for change strategies, and caregiver involvement and caregiver willingness and commitment to participate in the Case Plan and change.

Developing Case Plan Outcomes

An effective Case Plan requires critical thinking about the outcomes and the timing for change interventions.

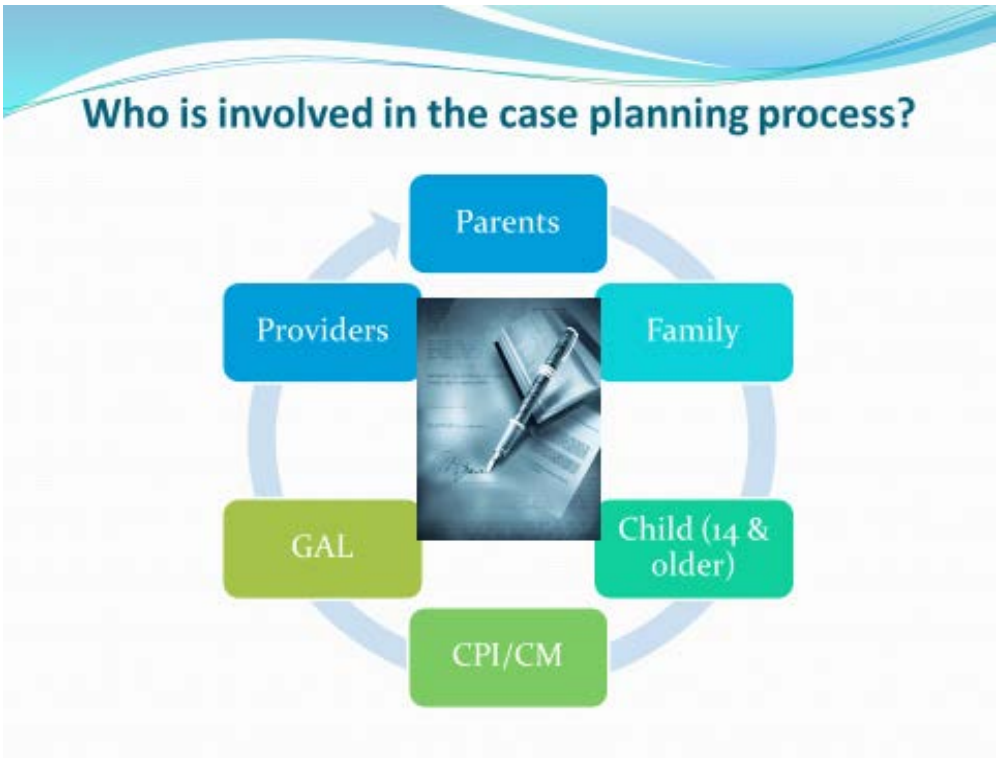
The graph above identifies several things to consider when **prioritizing** outcomes and the focus of treatment and services in the Case Plan.

> ***What do both the Case Manager and parents mutually agree must change? Or, at least, what do caregivers agree to do?***
>
> ***What outcomes related to diminished caregiver protective capacities are most likely to address child safety?***
>
> ***What first steps can stimulate progress for change and could establish a foundation for further change?***
>
> ***What issues, that if addressed, might have the greatest impact on enhancing caregiver protective capacities?***

_____

_____

Co-Constructing Case Plans with Caregivers



Some items to consider in co constructing the Case Plan include:

- The Case Manager must make continuous efforts to engage the parent(s)/legal guardians whether the case is non-judicial or judicial.
- Children 14 years of age and older must be allowed to actively participate in their own Case Plan and transition plan, as well as any revision or addition to the plan.
- Explain the purpose of the Case Plan and benefits of working together to build the plan and that the plan will describe what the parent will do and what the other team members will do to support the parent.
- Explain that agency and parent will monitor how the plan is working and determine when it needs to be modified.
- 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.
- Discuss with the family who they would like to invite to the meeting.

Case Management Leadership in Change Process

- Understand and leverage family resources
- Who, and when, to ask about progress with family change
- Making sure all providers involved are on same page

In addition to being a provider in a safety plan, what are some other benefits to having a working relationship with a family member?

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The Case Manager is responsible for:

- Knowing and leveraging the family's support system.
- Knowing when and who to ask for feedback on what is working/not working to support families in achieving change.
- Communicating with the other providers involved in the family's Safety and Case Plan, ensuring that they know assessment information learned and what interventions are expected.
- Ensuring that each person involved in assisting the family, Safety Plan or Case Plan, knows their roles and responsibilities.
- Knowing whether everyone working with the family is "on the same page" or not with family goals for change.
- Knowing what is happening currently with family conditions and dynamics, and that other team members know as well in order to carry out their roles and responsibilities.

Activity D: Observation of Case Planning Stage Interview

Instructions:

1. Take notes as you are watching the Russell video.
2. In your small group, answer the questions on your worksheet.
3. Be prepared to discuss as a class.

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1. What skills did you identify Brandy (Case Manager) utilizing during the interview.

_____

_____

_____

_____

2. What did the mother want to do differently?

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3. What is the mother willing to do to achieve these changes?

_____

_____

_____

_____

Criteria for Outcomes

Specific
Measurable
Attainable
Reasonable
Timely

Case Plan Outcomes are precise and clearly worded statements.

- Outcomes should be developed that are specific, measurable, attainable, reasonable and timely.
- If the Outcomes do not meet these criteria, they are wrong.
- If the Outcomes are wrong, everything that follows is wrong.
- If the Outcomes are wrong, they cannot be measured in relationship to the reason you are involved with parents/caregivers.

Specific

What is the desired result?

- Who ?
- What?
- When?
- Why?
- How?

_____

_____

_____

Measurable

- How will you know the degree to which the Outcome is achieved?
- Can you quantify completion (numerically or descriptively)?
- How will you measure progress toward Outcome achievement?
- Can the Outcome be measured through use of the CPC's scaling?

_____

_____

_____

Attainable

- Is it realistic that this Outcome can be achieved within a reasonable timeframe of days?
- What resources are needed to support Outcome achievement?
- Does the outcome require the right amount of effort given the family member's readiness to make this change?
- Bottom line, is it realistic that the family member can achieve the Outcome through the services and supports you will provide or arrange to be provided?

_____

_____

_____

Reasonable

- Do the Outcomes align with the reason for involvement with the family?
  If this outcome is achieved, will child safety be achieved?
  Does the family member express that achieving this outcome is important to the family?
- To be reasonable, an Outcome must represent an objective which the family and the agency are willing and able to work on.
- An outcome is probably reasonable if the family truly believes that it can be accomplished.
- In considering the reasonability of the Outcome, we also must consider if the Outcome is reasonable in relation to the time we have to achieve change.

_____

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_____

Timely

- Congruency with families' needs & strengths;
- Realistic target date for completion.

Case Plan Outcomes

1. Angela is able to set her own needs aside in favor of meeting Angel's needs and demonstrate that she is able to control herself, her impulses, and her personal habits including avoiding substances when she is in the presence of Angel or has responsibility for the care and protection of Angel and avoiding exposing Angel to inappropriate activities in the home or allowing the presence of people who cause Angel to be fearful of her home environment.

2. The Case Manager will work with Ms. Kelly on developing short-term strategies for managing her household and providing for the basic needs of her children. Additionally, referral will be made to Home Again to assist Ms. Kelly in securing adequate and stable housing for her and her children.

Activity E: Creating Outcome Statements for the Sandler/Braun Family

Instructions:

1. Identify the diminished CPC's that must change from the Sandler/Braun FFA-Ongoing and create **one** outcome statement for Bruce and **one** outcome statement for Melanie.

Developing SMART Outcomes Worksheet

Outcome for Bruce:
Go through the criteria to ensure SMART:

Evaluate with the 5 Criteria

Specific • What is the desired result? (who, what, when, why, how)	
Measurable • How will you know the degree to which the outcome is achieved? • Can you quantify (numerically or descriptively) completion? • How will you measure progress?	
Attainable • What skills are needed? • What resources are necessary to support outcome achievement? • How does the environment impact outcome achievement? • Does the outcome require the right amount of effort given the caregiver's/child's readiness to make this change in behavior or condition? • Bottom line, is it likely the participant will achieve the outcome in the time allotted?	
Reasonable • Is the outcome in alignment with the selected outcome? • If this outcome is achieved, will the overall purpose of your work be at least partially achieved? • Given the resources available, is it likely this outcome can be achieved in the short term? • Would the outcome be more realistic if other outcomes were achieved first?	
Timely • What is the deadline? • Is the deadline realistic? • Is it likely the outcome can be achieved by or before 90 days?	

Outcome for Melanie:
Go through the criteria to ensure SMART:

Evaluate with the 5 Criteria

Specific • What is the desired result? (who, what, when, why, how)	
Measurable • How will you know the degree to which the outcome is achieved? • Can you quantify (numerically or descriptively) completion? • How will you measure progress?	
Attainable • What skills are needed? • What resources are necessary to support outcome achievement? • How does the environment impact outcome achievement? • Does the outcome require the right amount of effort given the caregiver's/child's readiness to make this change in behavior or condition? • Bottom line, is it likely the participant will achieve the outcome in the time allotted?	
Reasonable • Is the outcome in alignment with the selected outcome? • If this outcome is achieved, will the overall purpose of your work be at least partially achieved? • Given the resources available, is it likely this outcome can be achieved in the short term? • Would the outcome be more realistic if other outcomes were achieved first?	
Timely • What is the deadline? • Is the deadline realistic? • Is it likely the outcome can be achieved by or before 90 days?	

Tasks and Services for Outcomes

What is a task?

_____

_____

_____

Tasks – F.S. 39.6012(1)(b)1-7

Case plan must include:

- description of the parents' tasks and
- services for parent & child, that specifically address identified problem:
  - services/treatment types
  - date each service/referral will be provided
  - date parent must complete each task
  - services/treatment frequency
  - service delivery location
  - accountable agency staff or service provider

Tasks Identification Steps

For each Outcome:

- Describe available community services and resources available
- Brainstorm additional resources (e.g., family, friends, etc.)
- Select best options to meet each desired outcome
- List tasks, clarify who is to do what, when, where & how often

The services described in the Case Plan must be designed to:

- improve the conditions in the home
- aid in maintaining the child in the home
- facilitate the child's safe return to the home
- ensure proper care of the child
- facilitate the child's permanent placement.

The services offered must be the LEAST INTRUSIVE POSSIBLE into the life of the parent and the child and must:

- focus on clearly defined Outcomes
- provide the most efficient path to quick reunification or permanent placement given the circumstances of the case and the child's needs for safe and proper care.

A service or a program is an organized, long-term approach to help solve complex problems, such as addictions or mental illness.

Judicial In-Home Services is considered an agency service to help solve the problems associated with child maltreatment.

Prioritizing Outcomes and Tasks

Stagger Outcomes and Tasks.

- Families become overwhelmed if given too many "assignments."
- Success is much more likely when things are kept manageable for the family.

Prioritize Outcomes and Tasks.

- Each family is unique; therefore,
- There are no firm rules for how to prioritize for all families.

Suggestions for Prioritizing Outcomes and Tasks:

Top priority is child safety.

- Request a court injunction to keep the perpetrator away from the child.
- Arrange for treatment or exams (i.e., psychological tests for child, parents, or caregivers).
- Ensure that the Safety Plan is in effect and that it is understood.
- Follow court orders.

Keep the order logical.

- Some desired outcomes or tasks must be completed before other related outcomes.
- Example: learning to complete an application must occur before one can find a job.

Select a task that might result in immediate success to be performed early.

- If a behavior or situation can be changed without too much difficulty, select this task early and at the same time another more difficult task has begun.
- Then, the family will feel a sense of control and accomplishment prior to beginning the difficult task.

Prioritize your own tasks as you work with families:

Meet time frames established by legislation and court action.

- Several of the deadlines in Florida legislation are based on federal legislation: Title IV-B and Title IV-E assurances.

Put the most complex cases first.

- This criterion is useful when the caseload is heavy.
- As families become more self-sufficient, they will not need as much guidance.
- Families with complex or numerous issues may need help more often, especially when the involvement first begins.

Some tasks require on-going work.

- Some tasks may be started by another PI or CM and then continued by you.
- Examples: updating of health and educational information for each child, diligent searches for a missing parent, or searches for and home studies of family members who could become temporary or permanent caregivers for the child.

Listen carefully to the family.

- Everyone may want the same results but may be expressing the outcomes differently or with varying degrees of emphasis.
- Compromise when possible.

Focus on the child, and be aware of the child's sense of time.

- Stress the urgency of resolving the child's temporary and uncertain status, and give high priority to those outcomes that are crucial for permanent status.

- Those working with the family can influence court-ordered tasks because they understand the conditions, factors, and traits that led to intervention.

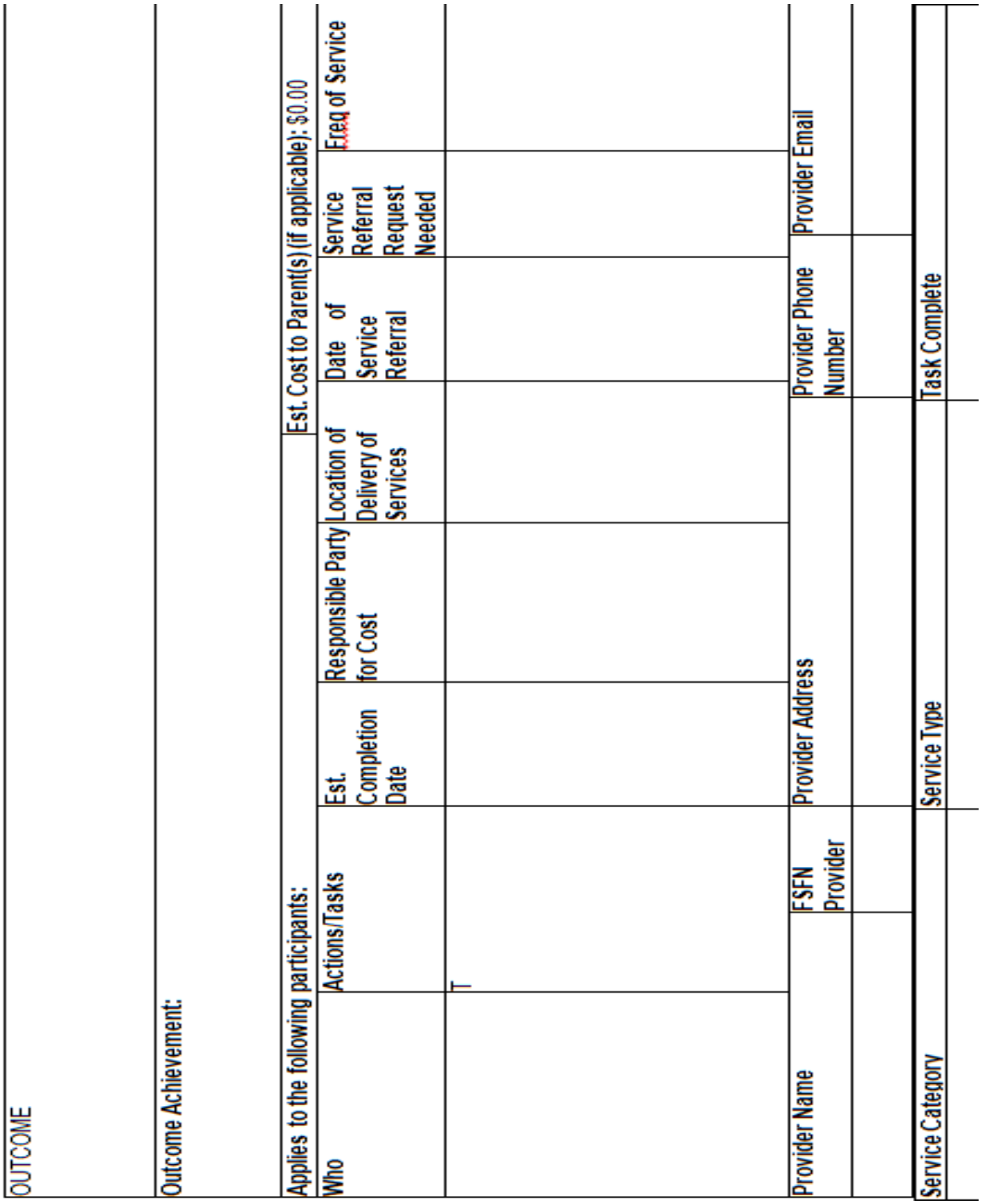
Work intensely with the family prior to filing the plan with the court.

- If the PI and/or you work intensely with the family prior to filing the plan with the court, the family's willingness to work on tasks in the Case Plan is increased.
- Consider what to do when your priorities for the family and the family's own priorities don't match.

Activity F: Writing the Case Plan Tasks

Instructions:

1. Prepare the Case Plan tasks associated with the outcome your group was assigned.
2. Be prepared to discuss.



Unit 8.2:
Addressing Child's Needs in the Case Plan

Learning Objectives:

1. Learn how to integrate the child's needs into the Case Plan.

References:

- Section 39.6012 (2), F.S., Information in Case Plan
- CFOP 170-9, Chapter 3, Child Needs

Law and Policy

Chapter 39.6012(2), F.S.

2) The Case Plan must include all available information that is relevant to the child's care including, at a minimum:
   (a) A description of the identified needs of the child while in care.
   (b) A description of the plan for ensuring that the child receives safe and proper care and that services are provided to the child in order to address the child's needs. To the extent available and accessible, the following health, mental health, and education information and records of the child must be attached to the Case Plan and updated throughout the judicial review process:
      1. The names and addresses of the child's health, mental health, and educational providers;
      2. The child's grade level performance;
      3. The child's school record;
      4. Assurances that the child's placement takes into account proximity to the school in which the child is enrolled at the time of placement;
      5. A record of the child's immunizations;
      6. The child's known medical history, including any known problems;
      7. The child's medications, if any; and
      8. Any other relevant health, mental health, and education information concerning the child.

Assessment of Child Strengths and Needs

- CM responsible to ensure Child's needs are being met.
- CM responsible for monitoring
- Determine whether needs need to be addressed in the Case Plan.
- A rating of C or D must be addressed in the Case Plan.

Why do you think it is important that the child's needs are addressed in the Case Plan?

_____

Activity G: Creating Outcome Statements and Tasks for James Sandler

Instructions:

1. Identify one of the child needs that should be addressed from the Sandler/Braun FFA-Ongoing and create an outcome statement.
2. Once an outcome is developed, create a task or tasks (based on local service array) to achieve the outcome.

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1) Identified Child Need

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2) Outcome Statement

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Unit 8.3:

Concurrent Case Planning

Learning Objectives:

1. Explain the permanency options for Florida's children.
2. Define concurrent Case Planning.

References:

- Section 39.6221, F.S., Permanent Guardianship
- Section 39.6231, F.S., Placement With a Fit and Willing Relative
- Section 39.6241, F.S., Another Planned Permanent Living Arrangement
- Section 39. 01(6), F.S., Adoption
- Section 39.01 (65), F.S., Reunification Services
- CFOP 170-9, Family Assessment and Case Planning
- 65C-30.012, F.A.C., Permanency Goals
- Section 39.8055, F.S., TPR Petition
- Section 39.806, F.S., Grounds for TPR
- Section 39.01 (19), F.S., Concurrent Case Planning
- 65C-30.001(30), F.A.C., Concurrent Case Planning
- H.R. 867- Federal Adoption and Safe Families Act
- 65C-30.006 (3), F.A.C., Case Planning
- 65C-28.004 6), F.A.C., Placement Matching
- 65C-28.006(2), F.A.C., Permanency Staffings
- Section 39.806(1)(d)1-3, F.S., Incarcerated Parents

Permanency is both a process and a result that includes a permanent connection with at least one committed adult who provides:

- A safe, stable and secure parenting relationship.
- Love.
- Unconditional commitment.
- Lifelong support in the context of reunification, a legal adoption, or guardianship, where possible, and in which the youth has the opportunity to maintain contacts with important persons including brothers and sisters.
- A broad array of individualized permanency options exist; reunification and adoption are an important two among many that may be appropriate.

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Chapter 39

The permanency goals available under this chapter, listed in order of preference, are:

- Reunification;
- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship of a dependent child under s. 39.6221;
- Permanent placement with a fit and willing relative under s. 39.6231; or
- Placement in another planned permanent living arrangement under s. 39.6241.

Adoption

Reunification Services

Activity H: Permanency Options

Instructions:

1. Create a teach-back of the permanency option assigned to your group.
   - *Permanent guardianship of a dependent child under s. 39.6221;*
   - *Permanent placement with a fit and willing relative under s. 39.6231; or*
   - *Placement in another planned permanent living arrangement under s. 39.6241.*
2. Be prepared to discuss your findings.

Determining the Best Permanency Goals

- Will interventions alleviate the causes of removal.
- Current family/others relationships that provide stability.
- Ability to provide from the child's needs on a long term basis.
- Family-like placement options.
- Childs preferences.

CFOP 170-9, Family Assessment and Case Planning

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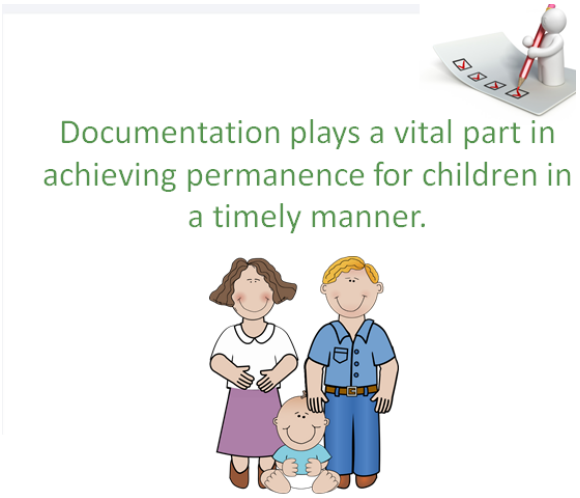

Activity I: Which Permanency Option Would You Choose

Instructions:

1. Individually read the 4 scenarios and choose which permanency option you think is the best.
2. Discuss with your table group and see if you agree.

Scenario 1

Mr. and Mrs. Smith, 60-years-old, have been foster parents of 2 1/2-year-old Jerome since he was 12-months-old. The conditions resulting in placement continue to exist. The Smiths have foster-parented a number of children throughout the past 25 years. Approximately 15 years ago, they adopted three of their foster children. These children are now in their late teens/early twenties; two of them graduated from high school. The other child quit school when she became pregnant. These children had a stormy adolescence due in part to the rigidity of their parents.

Jerome is healthy, but receives little to no stimulation in this home. It is only after reminders that the Smiths take Jerome to the doctor for his checkups and immunizations. He is often left to play alone with the TV on. Mr. Smith is on disability. Mrs. Smith spends much of her time sitting in the living room. Her health is ok. The Smith children are not a resource for Jerome.

Jerome seems to have a warm affectionate relationship with both Mr. and Mrs. Smith.

Permanency Option:_____

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Scenario 2

Frank, age 14, has lived with his present caregivers, family friends, for two years. Prior to that, he lived in four foster homes after entering the child welfare system when he was eight years old. All of his homes have been in the same city area in which he grew up. His mother is a drug addict. After three in-patient attempts at rehabilitation, she has entered a halfway house where she is reportedly doing well. She recently resumed visitations with Frank every other week.

Frank's father is a very passive individual who rents a room in a boarding house and sees Frank about every other month. Parental rights were terminated two years ago. Frank's caregivers do not want to adopt him, but have indicated an interest in caring for him until

he is 18 if they can receive financial assistance. An adoptive home in the county has been identified for him, but Frank is adamant that he does not want to be adopted. He wants to remain with his family.

Permanency Option: _____

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Scenario 3

Two children, ages 2 1/2 and 18-months, were placed in foster care fifteen months ago due to the mother's homelessness which is continually caused by poor relationship choices. Medical neglect of the baby has also been documented. Family preservation services were offered prior to entering care. Since placement, reunification services were offered. Mother has visited sporadically.

Chyanne, 18-months old and Robert, age 2 1/2, have had three unsuccessful foster home placements.

Permanency Option:_____

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Scenario 4

Krista, age 10 years, was placed in foster care when her father killed her mother in a violent rage. She loves her father and visits him regularly in prison. She also has regular visits with an older half-sibling (mother's child by another relationship). Both paternal and maternal grandmothers have said that Krista could come to live with them, but they do not wish to adopt her. Also, Krista is opposed to adoption.

Permanency Option:_____

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Timely Permanency

Do you think there are times when it may seem evident that reunification may not be successful?

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Have you heard about children being in foster care for long lengths of time with no permanency or lifelong family?

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Concurrent Case Planning

Chapter 39.01(19), F.S.

- Establish Case Plan permanency goal using reasonable efforts to reunify the child with the parent, while at the same time establishing another goal.
- Concurrent efforts to more quickly move children from foster care to a permanent family.

65C-30.001(30), F.A.C.
"Concurrent Case Planning" means working toward a primary permanency goal while at the same time establishing an alternative permanency goal for the child to be utilized in the event reunification does not occur within a time period that is reasonable with the child's sense of time.

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F.A.C. 65C-30.006(3) Every case involving a child in an out-of-home placement shall be evaluated to determine if concurrent Case Planning is appropriate.

F.A.C. 65 C-28.004(6) When a concurrent Case Plan is in effect, the child shall be placed in a setting where the caregivers are willing to both assist the biological family in successfully completing required tasks, which shall allow for the safe return of the child to his or her home, and be willing to provide a long-term, permanent and stable living arrangement in the event that reunification is not achieved. In the event that reunification is not an option, all efforts shall be made to find an adoptive placement for the child as expeditiously as possible if adoption is the goal of the Case Plan.

F.A.C. **65C-28.006** (2) When there are concurrent goals, an early decision making evaluation shall be part of each permanency staffing.

Activity J: Reunification Prognosis

Instructions:

1. Read each scenario.
2. Read, "***Reunification Prognosis Assessment for Concurrent Planning***"
3. In small groups, reflect upon the information and decide if concurrent Case Planning is appropriate for the 3 scenarios.
4. Be prepared to discuss as a class.

Directions: Read each of the scenarios and decide if concurrent Case Planning is appropriate.

Scenario 1: Tanya and Derrick

Toddler Left with Neighbors

Derrick was 20-months-old when his mother left him with a neighbor while she "went to work to pick up her check." Three days later, the neighbor called the Hotline and Derrick was placed in emergency shelter care while CPI searched for the mother. The mother finally returned in five-days. Two-weeks later a maternal aunt was located who agreed to care for Derrick temporarily. The following information was gathered for the intake:

According to the closed case file

- Derrick was born addicted to crack-cocaine and was reported to be difficult to calm and soothe in the first three months of his life, when the maternal aunt often cared for him.
- Following Derrick's birth, services, which included substance abuse treatment were court ordered and successfully completed in 18-months.
- Tanya, 28-years-old, has been abusing crack-cocaine for three-years.
- Tanya participated unsuccessfully in a substance abuse program when she was pregnant with Derrick.
- She has one older son who lives with his paternal grandmother who was asked by Tanya to provide care when Tanya didn't have food or shelter.
- Tanya is separated from Derrick's father, Derrick Sr. He is not the father of the oldest child, and abuses alcohol and does not maintain sobriety despite support from his mother and his sister.

According to an interview with the maternal aunt

- Since the termination of court ordered services, Tanya often disappeared for several days, and sometimes up to a week's time; the maternal aunt finally became too frustrated by Tanya's erratic behavior and refused to take Derrick just prior to his being left with the neighbor.
- The maternal aunt is open to consideration of long term relative placement if necessary.

According to Tanya

- At the time of the intake, Tanya admitted that she ran into old friends and relapsed.
- Derrick, Sr. does not work, and lives on and off with his mother and his sister who has recently said he could not stay with her any longer.
- Tanya told the CPI that she loves Derrick and wants him to be returned to her.

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Scenario 2: Jordan Rogers

CPI responded to an intake alleging that Cindy Rogers had been using cocaine and marijuana, sometimes in the presence of her six-year-old son, Jordan. When PI arrived at the apartment of Ms. Rogers, she admitted that she had a drug problem and desperately needed help. Jordan also spoke to CPI and said that his mom smokes funny cigarettes and does drugs with her friends. The apartment had very little furniture and no food. Cindy told PI that she had sold the furniture to buy drugs.

Cindy has a sister, named Mary who lives in the area. Mary agreed to help support Cindy and agreed to take custody of Jordan provided she had a Court Order that gave her temporary custody. Jordan was placed with his Aunt Mary at a shelter hearing held the following day.

At the time of the Case Plan conference, Cindy was already enrolled in a residential drug treatment program. She has been having and attending at least one supervised visit a week with Jordan. She calls him regularly on the telephone.

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Scenario 3: Ricky Fernandez

An intake called in to the Abuse Hotline indicated that the local fire rescue squad was called to the home of Alex Fernandez. They were met by Mr. Fernandez, who was holding a limp nine-month-old boy, his son, Ricky. There were scratch marks on the left side of the chest and bruising on both sides of the neck. After administering emergency treatment, Ricky was transported to the hospital. He was diagnosed with a severe bleed in his cranium. Mr. Fernandez stated that he had put Ricky down for a nap and had gone outside for ten minutes. When he returned, he found the side of the crib lowered, and said that the baby had rolled onto the tile floor. He said he must have forgotten to raise the other side of the crib after he put the baby down for his nap.

Mr. Fernandez is the primary caregiver for Ricky since his wife, Maria died in a car accident six months ago. He is not employed at the present time, and his income is from a life insurance policy he had on Maria.

The child protection team was consulted, and the physician determined that the injuries to Ricky were a subdural hematoma and acute retinal hemorrhaging, consistent with "Abusive Head Trauma." X-rays revealed that Ricky had two fractured ribs, plus evidence of two older fractured ribs. There was also a partially healed spiral fracture of the long bone of the baby's right leg. The father denies causing any of the injuries to the baby. When asked about the fractured ribs and leg, he says he has no idea how that could have happened.

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Reunification Prognosis Assessment for Concurrent Planning

Based on *"Foster Care Drift: A Risk Assessment Matrix,"* Child Welfare by Linda Katz and Chris Robinson

Section A: Grounds for TPR

- child was voluntary surrendered by parent
- child was abandoned (60-day diligent search cannot identify/locate parent)
- severe or continuing maltreatment (continued involvement threatens the child regardless of services provided)
- incarcerated parent, under certain circumstances **F.S. 39.806(1)(d)1-3**
- parents have materially breached the Case Plan; **"materially breached"** means:
  - The parent(s) failed to substantially comply for 9-months after the child's adjudication or placement into shelter care, whichever occurs first.
  - Parent(s) are unlikely or unable to substantially comply with the Case Plan before the time for compliance expires.
  - The parents are able, but fail to maintain frequent and regular contact with the child through frequent and regular visitation or communication.
- egregious conduct or failure to prevent egregious conduct
- aggravated child abuse, sexual battery, sexual abuse, or chronic abuse
- parent committed the murder, manslaughter, aiding or abetting the murder, or conspiracy or solicitation to murder the other parent or another child, or a felony battery that resulted in serious bodily injury to the child or to another child
- involuntary TPR of the child's sibling
- Parent(s) have a history of extensive, abusive, and chronic use of alcohol or a controlled substance and have failed to complete available treatment during the 3 year period before the TPR petition was filed.
- The child's blood, urine, or meconium contained alcohol, controlled substance or metabolites of the substances that was not the result of medical treatment for the mother or infant. And, the child's mother has at least one other child adjudicated dependent due to exposure to a controlled substance or alcohol after she had the opportunity to participate in substance abuse treatment.
- On 3 or more occasions the child, or another child of the parent(s), was placed in out-of-home care due to conditions caused by the parent(s).
- The court determines by clear and convincing evidence that the child was conceived as a result of an act of sexual battery made unlawful pursuant to s. 794.011, or pursuant to a similar law of another state, territory, possession, or Native American tribe where the offense occurred. It is presumed that termination of parental rights is in the best interest of the child if the child was conceived as a result of the unlawful sexual battery. A petition for termination of parental rights under this paragraph may be filed at any time. The court must accept a guilty plea or conviction of unlawful sexual battery pursuant to s. 794.011 as conclusive proof that the child was conceived by a violation of criminal law as set forth in this subsection.
- The parent is convicted of an offense that requires the parent to register as a sexual

predator under s. 775.21.

Expedited TPR

TPR can be expedited (sped up) when any conditions in F.S. 39.806(1)(e)-(m) have occurred.

- You are not required to offer reasonable efforts to preserve and reunify the family.
- If expedited:
  - TPR petition is filed - not dependency petition.
  - Case Plan goal is Adoption, so that services continue until the court issues an order.
  - You do not have to offer a Case Plan with a goal of reunification to the parent(s).

Section B: Good Prognosis Indicators

Parent-Child Relationship

- Parent shows empathy for the child.
- Parent responds appropriately to the child's verbal and non-verbal signals.
- Parent has an ability to put the child's needs ahead of his/her own.
- When they are together, the child shows comfort in the parent's presence.
- The parent has raised the child for a significant period of time.
- In the past, the parent has met the child's basic physical and emotional needs.
- Parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.

Parental Support System

- The parent has positive, significant relationships with other adults who seem free of overt pathology (spouse, parents, friends, relatives).
- The parent has a meaningful support system that can help him/her now (church, job, counselor).
- Extended family is nearby and capable of providing support.

Past Support System

- Extended family history shows family members able to help appropriately when one member is not functioning well.
- Relatives came forward to offer help when the child needed placement.
- Relatives have followed through on commitments in the past.
- There are significant other adults, not blood relatives, who have helped in the past.
- Significant other adults have followed through on commitments in the past.

Family History

- The family's ethnic, cultural, or religious heritage includes emphasis on mutual caretaking and shared parenting in times of crisis.
- The parent's own history shows consistency of parental caretaker.
- The parent's history shows evidence of his/her childhood needs being met adequately.

Parent's Self-Care and Maturity

- Parent's general health is good.
- Parent uses medical care for self appropriately.

- Parent's hygiene and grooming are consistently adequate.
- Parent has a history of stability in housing.
- Parent has a solid employment history.
- Parent has graduated from high school or possesses a GED.
- Parent has employable skills.

Child's Development

- Child shows age-appropriate cognitive abilities.
- Child is able to attend to tasks at an age-appropriate level.
- Child shows evidence of conscience development.
- Child has appropriate social skills.
- Major behavioral problems are absent.

Section C: Poor Prognosis Indicators

- Child experienced physical or sexual abuse in infancy.
- Treatment of offending parent may be so difficult and lengthy that child would spend years in foster care.

Dangerous Lifestyle

- **Parent's only visible support system and only visible means of financial support is found in illegal drugs, prostitution and street life.
- Parent is addicted to debilitating illegal drugs or to alcohol.
- Pattern of documented domestic violence between the spouses of one year or longer and they refuse to separate.
- Parent has a recent history of serious criminal activity and jail.
- Mother abused drugs/alcohol during pregnancy, disregarding medical advice to the contrary.

Significant CPS History

- The agency and or law enforcement has intervened regarding three or more serious separate incidents, indicating chronic pattern of maltreatment.
- In addition to emotional trauma, the child has suffered more than one form of maltreatment.
- Parent's other child(ren) have been placed in foster care or with relatives for periods of time over six months duration or have had repeated placements with agency intervention.
- This child has been abandoned with friends, relatives, hospital, or in foster care, or once the child is placed in subsequent care, the parent does not visit of his or her own accord.
- Agency preventive or family preservation measures have failed to keep the child with parent. (Intensive Crisis Intervention, Family Builders, homemakers, therapeutic child care).
- Parent is under the age of 16 with no parenting support system, and placement of the child and parent together has failed due to parent's behavior.
- Parent has asked to relinquish or place the child on more than one occasion following initial intervention. (Child may suffer repeated voluntary placements).

Inherent Deficits

- **Parent diagnosed with severe mental illness (psychosis, schizophrenia, borderline personality disorder, sociopathy), which has not responded to previously delivered mental health services. Parent's symptoms continue, rendering parent unable to protect and nurture child.
- Parent has a diagnosis of chronic and debilitating mental illness; psychosis, schizophrenia, borderline personality disorder, sociopathy or other illness that responds slowly or not at all to current treatment modalities.
- Parent is intellectually impaired, has shown significant self-care deficits, and has no support system of relatives able to share parenting.
- Parent grew up in foster care or group care, or in a family of intergenerational abuse. (Unfamiliarity with normal family life can severely limit parent's ability to overcome other problems in life).
- Lack of prenatal care for other than financial reasons. (May indicate parent is unlikely to bond with child).

Instructions

Use of Section A

If any one of the grounds for expedited TPR grounds 6-9, a reunification Case Plan is not required. In rare instances, if good prognosis indicators offset one of the grounds (e.g., item 9) the ground may then become a poor prognosis indicator and trigger a concurrent plan. Consult with legal staff immediately if any of the grounds are present to determine whether a TPR petition is the appropriate course of action.

Use of Section B

Good prognosis indicators are used as strengths on which to build, in a traditional or concurrent Case Plan in which reunification is the goal or the primary goal.

Use of Section C

Asterisked items are EXTREME conditions that make reunification a very low probability. Only one indicator is necessary to classify the prognosis as poor. Non-asterisked items are SERIOUS conditions that make reunification a low probability. Two or more SERIOUS conditions have the same weight as one EXTREME condition. Two SERIOUS conditions are necessary to classify the prognosis as poor. The more SERIOUS conditions that are present, the less likely it is that safe reunification will occur. A determination that a particular EXTREME or SERIOUS condition is present must be based on accurate verified information that, if challenged, can be proven in court. Attach verification to the Reunification Prognosis Assessment and consult immediately with legal staff to discuss a concurrent plan.

Recommended Course of Action:

- Expedited TPR Petition
- Engage family in a traditional Case Plan
- Engage family in a concurrent Case Plan

Permanency Goals

- Reunification
- Adoption
- Permanent guardianship
- Permanent placement with a fit and willing relative
- Placement in another planned permanent living arrangement

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