

## GLOSSARY OF DEFINITIONS

### Actively Involved:

- The agency involved the parent in: (1) identifying strengths and needs, (2) identifying services and service providers, (3) establishing goals in the case plans, (4) evaluating progress toward goals; and (5) discussing the case plan in case planning meetings.
  - For in-home services cases, “parents” are defined as the child’s biological parents or primary caregivers with whom the child lives, or a non-custodial parent who is involved or wishes to be involved in the child’s life. **See definition of caregiver**
  - For out-of-home cases parents would include (1) the child’s biological parents, (2) the primary caregiver, other than a biological parent, from whom child was removed or (3) the pre-adoptive parents or persons designated to be guardians for those cases in which, during the **period under review**, the only plan for the child was adoption of guardianship.
- The agency consulted with the child (as developmentally appropriate) regarding: (1) the child’s goals and services, (2) explained the plan and terms used in the plan using language the child can understand; and (3) included the child in periodic case planning meetings, particularly if any changes were being considered in the plan.

**Behavioral Health Needs:** Needs related to a child’s behavioral problems not always specified as mental health needs. Specifically:

- Extraordinary Needs – A dependent child with serious behavioral problems or determined to be without the option of reunification with family or adoption.
- Serious behavioral problems in a child assessed by a licensed master’s-level human services professional and determined to minimally need intensive services but not meeting the criteria in 394.492(7), F.S.
- A child with an emotional disturbance as defined in 394.492 (5) or (6), F.S. may be served in residential group care unless a determination is made by a mental health professional that the setting is inappropriate.
- A child having a serious behavioral health problem must be determined, in the assessment, to have at least one of the following risk factors:
  1. An adjudication of delinquency and be on conditional release status with the Department of Juvenile Justice.
  2. A history of physical aggression or violent behavior toward self or others, animals, or property within the past year.
  3. A history of setting fires within the past year.
  4. A history of multiple episodes of running away from home or from placements within the past year

5. A history of sexual aggression toward other youth

**Cites:** 39.407, 39.523 and 409.1676, F.S.

- A child qualifies for residential group care if all of the following criteria apply:
  - 11 years of age or older;
  - In licensed care 6 months or longer;
  - Experienced more than one placement during the current removal episode;
  - Has serious behavioral health problems as defined above;
  - Has a case plan/permanency goal of Another Planned Permanent Living Arrangement; and
  - Is not placed in therapeutic group homes or residential treatment centers. (39.523, F.S. excludes children provided for in 39.407, F.S., when they are placed under the recommendation of a suitability assessment, in therapeutic group and residential treatment centers).

**Caregiver:** Defined as the person, other than a biological parent, with whom the child was living at the time of removal and placement in out-of-home care. This may be a relative, adult sibling, legal guardian, adult household member or other person responsible for a child's welfare. For the purpose of this review, caregiver refers to the person from whom the child was removed and does **not** apply to the out-of-home care provider defined on page 7.

**Case Plan:** This is a document, as described in 39.6011, F.S. which is prepared by the department or a community-based care provider with input from all parties. The case plan follows the child from the provision of voluntary services through any dependency, foster care, or termination of parental rights proceeding or related activity or process.

**Close Proximity:** As a general rule, the reviewer should consider a travel distance of less than 1 hour as being close enough for face-to-face visitation/contact between parent and child. However, the reviewer should consider all relevant circumstances in determining whether the location of the child's placement allows parents to visit the child on a frequent basis.

**Comprehensive Assessment or Assessment:** The information gathered for the evaluation of a child's and caregiver's physical, psychiatric, psychological or mental health, educational, vocational, and social condition and family environment, as they relate to the child's and caregiver's need for rehabilitative and treatment services, including substance abuse treatment services, mental health services, developmental services, literacy services, medical services, family services, and other specialized services as appropriate.

**Concerted Efforts:** Defined as reasonable efforts on the part of the agency to:

- Provide the assessment and services necessary to ensure children are safe and to assist children and their families in achieving goals, and
- Assist in overcoming any internal or external barriers that may interfere with achieving goals.

**Concurrent Planning:** Establishing a permanency goal in a case plan that uses reasonable efforts to reunify the child with the parent, while at the same time establishing another goal that must be one of the following:

- a) adoption when a petition for termination of parental rights was filed or will be filed,
- b) permanent guardianship of a dependent child under 39.6221, F.S.,
- c) permanent placement with a fit and willing relative under 39.6231, F.S.; or
- d) placement in Another Planned Permanent Living Arrangement under 39.6241, F.S.

**Dental Care:** When answering the standards related to dental health care, the reviewer should consider the following information as a guide. The Agency for Health Care Administration, Florida Medicaid Summary of Services 2006-07, Section VI Medicaid Covered Services July 2006 provides:

“A dental referral is provided for recipients beginning at age three, or earlier if indicated. Subsequent examinations by a dentist are recommended every six months or as prescribed by a dentist or other authorized provider”.

**Diligent Search:** Efforts of a social service agency to locate a parent or prospective parent whose identity or location is unknown. Diligent search is initiated as soon as the social service agency is made aware of the existence of such parent, with the search progress reported at each court hearing until the parent is identified and located or the court excuses further search.

**Discharge from Foster Care:** The point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency. If a child returns home on a trial home visit and the agency retains responsibility or supervision of the child, the child is not considered discharged from foster care unless the trial home visit is longer than 6 months, and there was no court order extending the trial home visit beyond 6 months.

**Entry into Foster Care:** A child’s removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the state or the local Title IV-E/IV-B agency. Children

are considered to have entered foster care if the child was in substitute care for 24 hours or more.

**Father:** For in-home services cases, the biological or adopted father with whom the child lives or a non-custodial father who is involved, or has indicated a desire to be involved, in the child's life. For out-of-home cases, the biological or adopted father from whom the child was removed.

**Focus child:** The child in an out-of-home care case who is the focus of the case review.

**Informed Consent:** When considering the use of psychotherapeutic medications, the following guidelines are provided:

1. Used only when the expected benefit of the medication is greater than the potential risk of possible side-effects.
2. Psychotherapeutic medications should not be the only medical/behavioral service provided because these medications are best utilized in conjunction with other services both natural and provider based.
3. Psychotherapeutic medications should only be administered after informed consent has been given by the child's biological parents or legal guardian or a court order has been obtained authorizing the administration of the medications to the child.

These guidelines are intended to assist foster parents and other caregivers to be well-informed when caring for those children in the department's care and custody who are prescribed a psychotherapeutic medication by their attending healthcare practitioner.

- **Informed consent:** Florida law requires the agency to obtain informed consent to protect the child and make sure the family understands and agrees with the medical evaluation and treatment. There are many parts to informed consent. Consent for children and youth living at home with their parents is different than the laws that direct consent for children and youth in the custody of the state.
- There are three types of medical care and treatment, each of which requires a different method to receive consent for medical treatment. The primary care physician will determine the type of care needed.
  - Methods of obtaining consent include:
    - (a) Medical Care and Treatment. If the health care provider determines that an illness or injury requires routine treatment, but providing such treatment is not an emergency, the consent of the

child's parent for the treatment must be sought. If the parent is unavailable, unable, or unwilling to provide informed consent for the medical care, the department or agency must seek and obtain a court order authorizing the treatment, before the treatment is given.

(b) **Emergency Medical Care and Treatment.** Although parents should be involved whenever possible, obtaining consent is not required for emergency care and treatment. If the emergency care and treatment is provided without parental consent, the family services counselor must make sure the parent is notified as soon as possible after the treatment is completed.

- **Routine treatment** - means ordinary and necessary medical and dental examinations and treatments; included in this definition are blood testing, preventive care including ordinary immunizations, tuberculin testing, and well-child care.
- **Emergency** - care or treatment of a child who has been injured or is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of medical care or treatment would endanger the health or physical well-being of the child.
- **Court order** – order or direction obtained through the court system by a judge.
- **Extraordinary medical treatment** - care or treatment of a child that is outside of the routine medical and dental care included in the definition of medical care and treatment. Included in this definition are surgery, anesthesia, or psychotherapeutic medications and any other procedures not considered by the child's medical provider as routine

(c) **Extraordinary Medical Care and Treatment.** Prior to a child in care receiving any extraordinary medical treatment, the child's parent must give a specific consent. If the parent cannot be located or refuses to give consent, a court order must be given prior to the extraordinary medical procedure.

- **What Is Included in Informed Consent?** Informed consent should include information about the child or youth's condition and the proposed treatment. Clinicians must share the medical information that would lead to a decision by the family, or whomever is responsible for giving the consent to treat the child or youth, as to whether or not to go forward with a proposed treatment. This information should include:

- symptoms,
  - possible and expected benefits of treatment,
  - risks of the medication, including side effects
  - what might be expected without treatment,
  - other options to the proposed treatment,
  - results of stopping the treatment, and
  - how the treatment will be monitored.
- **How Is Informed Consent Documented?** The medical record needs to document the consent process, including who participates, what information has been shared, any concerns, and the giving of consent for the treatment itself. The consent should be specific to that child or youth and their particular needs.
  - **When Is Informed Consent Done?** Consent for treatment must be done before treatment is begun, unless the treatment is an emergency. If treatment is an emergency, consent must be obtained as soon as possible; treatment cannot continue beyond an emergency without consent. New consent must also be obtained before a different medication is started. Such changes include new side effects, the development of a medical problem, or other developments affecting the risk/benefit of the treatment. Consent for treatment is not a one-time event, but a process that requires ongoing discussion with parent, consenting child or youth, or other consenter.
  - **Where Is Informed Consent Done?** Consent should be given by the parent in a face-to-face visit with the treating clinician. This will allow careful discussion of the questions needing attention. Sometimes, however, it is necessary to discuss the treatment and get consent by telephone.
  - **To Whom Is Informed Consent Given?** Consent should be given to the clinician prescribing medication.
  - **Involuntary Treatment** Although this guideline is written as if medication treatment always occurs through consent by the child, youth or guardian to a proposed treatment, involuntary treatment also happens, under specific circumstances. A child's parent/guardian has the right to not give their consent for treatment. In cases when a child is in the care and custody of the Department of Children and Families and the parent or legal guardian is not available to give consent, or refuses to give consent, treatment may only be given when the court has found that the treatment is in the best interest of the child. In cases such as this, the child welfare

Involuntary treatment is given through an order from the court system by a judge when determined to be necessary to protect the safety or health of an individual without the consent of the parent, child, or youth.

**Life of Case:** The entire time a case is known to a state child welfare agency. The life of the case begins with the first recorded maltreatment report received by the agency on any child in the family.

**Mother:** For in-home services cases, the biological or adopted mother with whom the child lives or a non-custodial mother who is involved, or has indicated a desire to be involved, in the child's life. For out-of-home cases, the biological or adopted mother from whom the child was removed.

**Other Responsible Party:** Contracted service provider who has full responsibility for case planning and case management (for example, fully or partially privatized child welfare systems where full case management responsibilities are delegated to a contract agency).

**Out-of-Home Care:** A placement outside of the home of the parent(s).

**Out-of-Home Care Episode:** The timeframe between a child's entry into out-of-home care and the child's discharge from out-of-home care and termination of supervision services.

**Out-of-Home Care Providers:** Related or non-related caregivers who are given responsibility for care of the child by the agency while the child is under the care and placement responsibility and supervision of the agency. This includes pre-adoptive parents.

**Period under Review:** The period of time the reviewer will evaluate activity in cases selected for the onsite review. The period under review begins on the first day the foster case sample is drawn and continues until the first day of the onsite review. Cases are reviewed for the period under review unless instructed to rate a review standard for the life of the case.

**Permanent Guardian:** A relative or other adult having permanent guardianship of a dependent child under 39.6221, F.S.

**Permanent Guardianship of a Dependent Child:** The legal relationship a court creates under 39.6221, F.S., between a child and a relative or other adult approved by the court, which is intended to be permanent and self-sustaining

through the transfer of parental rights with respect to the child relating to protection, education, care and control of the person, custody of the person, and decision-making on behalf of the child.

**Preventive Health Care:** See attachment “Recommendations for Preventive Pediatric Health Care”.

**Professional Judgment:** Discretion used by the reviewer based on his/her experience, education and knowledge of the field of child welfare. Use of professional judgment occurs when considering the following factors:

- Results or outcomes of services or interventions for children and families,
- Extent to which the children’s critical needs were met; and,
- Appropriateness of the agency’s actions relative to the children’s and family’s needs.

**Relative:** Grandparent, great-grandparent, sibling, first cousin, aunt, uncle, great-aunt, great-uncle, niece, or nephew, whether related by whole or half blood, by affinity, or by adoption. The term does not include a step-parent.

**Risk:** The likelihood a child will be maltreated in the future.

**Safety Assessment:** The process developed by the agency and the family to ensure the child(ren) is safe and the strategies to address safety threats. Specifically, it is the ongoing manner by which it is managed by the caregiver, the caregiver’s capacity to implement the safety plan and report safety issues to the agency, and the family’s involvement in the implementation of the safety plan.

**Safety Plan:** An approach to evaluate the emerging danger, potential safety threats, and the likelihood of serious harm before they become immediate, serious, and pose a present danger. The approach should assess the underlying conditions and contributing factors and their future likelihood to re-emerge as present danger, as well as identifying conditions and contributing factors that lead to effective case planning,

**Siblings:** Children with one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his/her foster care placement or with whom child would be expected to live if the child was not in foster care.

**Visit:** Face-to-face contact between the case manager or other responsible party and the child. Visits also defined as face-to-face contact between the case manager or other responsibility party and the parent(s), and/or the out-of-home care provider as relevant.