

CIRCUIT 4
FAMILY PRESERVATION PROTOCOL
FOR MODERATE TO NEAR HIGH RISK FAMILY PRESERVATION CASES

Guiding Principles for Family Preservation:

The creation of the Family Preservation Protocol was in response to the need for high quality, family centered services to help maintain children in their own environment **SAFELY**. We must always evaluate the services we are providing to the family to ensure the service is appropriate, timely and clearly needed. Waitlists, lack of transportation, access to a telephone, or a similar issue should never be a reason that a family is not receiving the services they need to keep their children **SAFE** and in their own home.

- I. **PURPOSE:** This protocol is to outline processes for moderate to near high risk cases and cases where there is an imminent risk of removal to assure safety and follow up. (Circuit 4 Family Preservation Processes - Diagram Attachment A)
- II. **SCOPE:** This protocol is applicable to all Department of Children and Family employees and its contractors/subcontractors for Child Welfare services in Circuit 4.
- III. **FAMILY PRESERVATION OBJECTIVES:**
 1. **To maintain children safely in the home** utilizing assessments and services that address safety risk and children protective factors
 2. **To provide effective mechanism(s) for the Case Manager and others to “stop the bus”** when Family Preservation is no longer appropriate
 3. **To secure parental written agreement for their responsibilities/actions along with accountability** for non compliance or future circumstances or events.
 4. **To ensure case ownership is clearly defined** as to “Who Owns it” from investigation commencement to services case closure. The Department (i.e. CPI/CPIS) own front-end decision-making and need to make sure all of the family issues can be mitigated before opening a Family Preservation Services Case in FSFN. The Service Provider/Case Manager will own the services case following engagement or official case transfer.
 5. **To allow for in-home court involvement**
 6. **To involve Case Management services** for moderate to near high risk Family Preservation cases and cases where there is an imminent risk of removal.
 7. **To document and track services Case Management activities in the Florida Safe Families Network (FSFN)** including all referrals, contacts, services and results, and assessment and service summaries
 8. **To provide on-going review of the Safety Plan and Case/Services Plan** to determine the effectiveness of the plans and the services being provided.
 9. **To effectively engage our community partners** for local collaboration and partnership
 10. **To ensure SAMH services documentation is evidence based** and that all services comprehensively address the family’s immediate and long term risks and service needs.
 11. **To integrate Quality Control (i.e. within the process) and Quality Assurance (i.e. after the process)** for monitoring Family Preservation participant compliance with protocol, service case outcomes and results
- IV. **PROCEDURES FOR FAMILY PRESERVATION CASES:**

1. A report alleging abuse or neglect is received from the Florida Abuse Hotline and assigned to a Child Protective Investigator (CPI). The CPI conducts a risk and safety assessment to determine if a child can safely remain in his home. If so, a determination is made as to what supports are necessary for the family to stay together safely and if not, who within the family can provide temporary care. Note: This does not include the use of Power of Attorney or any other voluntary parental “placement” as this has no bearing on child safety and does not allow for actual custody of the child. Based on the assessment of safety and risk issues, if the CPI determines there is moderate to near-high risk there are 2 options: leave the child in the home with supports and appropriate services or remove the child from the home. When removal is recommended by the CPI, CPIS, PA and approved by CLS, the case should be staffed with the Integrated Practice Team (IPT) (in Duval County only at present) to determine if additional resources and supports will mitigate the risk so that removal does not have to occur.
2. If the allegations and subsequent findings include substance misuse (parents test positive or admit to substance misuse), a referral is made to the Family Intervention Specialists (FIS) for assessment to determine treatment and services.
3. If the allegations and subsequent findings include domestic violence, the case is either assigned to a Domestic Violence Subject Matter Expert (SME) or the CPI seeks consultation from a SME. The Domestic Violence Protocol is followed utilizing the DV Initial Assessment Checklist and Safety Planning Procedures.

INTEGRATED PRACTICE TEAM (Duval County only)

The IPT members consist of partners from community agencies, Family Support Services and the Department of Children and Families. The IPT members bring a wealth of knowledge and expertise from various backgrounds. The goal of the IPT members is to staff cases with Child Abuse Investigators (CPI), CBC Case Managers, STEPS Case Managers and Supervisors to assist with the development of a comprehensive family services plan with innovative ideas based on areas of expertise and to ensure the individual needs of the family are met while safely maintaining children in their own homes.

The IPT will be available to Child Abuse Investigations to **staff cases involving a recommendation for removal. If a removal occurs due to immediate child safety issues or after-hours situation, it is recommended the case be staffed with the IPT, but it is not required** – this includes some High Risk cases, ungovernable children, children who have been ordered into DCF care by the Judge presiding over the Department of Juvenile Justice case and other cases as identified. The IPT, CPI, CPI Supervisor and Program Administrator will participate in “Team Decision Making” process when deciding whether to keep child(ren) in the home or pursue court intervention.

The IPT will staff cases with Prevention and Family Preservation programs on an “as needed” basis to assist with the development of a comprehensive service plan to ensure safety of the child and to ensure individualized services and supports have been identified for the family.

The IPT will also be available to the Community Based Care (CBC) Agencies to staff families who are ready to reunify with their children to ensure a comprehensive service plan has been developed and adequate supports are in place to ensure the reunification process is successful and reduce the recidivism of children returning to care after reunification has occurred.

FAMILY INTERVENTION SPECIALISTS (FIS)
Cases Managed by CPI or FAST Program and Notes Entered in FSFN

Family Intervention Specialists (FIS) are staff positions who perform screening, assessment, referral, linkage and case management for individuals with severe substance abuse disorders with a goal of improving both substance abuse and child welfare outcomes. The logic model for the FIS Initiative assumes that if caregiver substance abuse is identified, and if the caregiver engages in successful treatment, then prognosis is improved for the family to stay together or be reunified. In order to ensure that the goals of the program are met, as well as the logic model followed, the following operating procedures have been developed for the Circuit 4 Family Intervention Specialist program. Circuit 4 has Family Intervention Specialists co-located with CPIs in Duval, Nassau and Clay County. Duval has a supervisor position to oversee the FIS and manage the referrals for services.

A referral to the FIS program shall be made when it is suspected that the parent(s)/caregiver(s) alcohol and/or drug abuse may be contributing factors in a situation where a child's safety or well being is at risk. All timelines for referrals and reporting information back to family safety are in accordance with the Florida Guidelines for Family Intervention Specialists.

REFERRAL PROCEDURES FOR FIS

1. Upon suspicion that substance abuse issues are affecting the safety and well being of a family involved with a Child Welfare Investigation, a Referral for FIS Services and supporting documentation will be given to the FIS Supervisor or to the FIS in the areas that do have a Supervisor. The referral will contain the following information:
 - DCF Referral Form which includes reason for referral
 - Copies of drug screen results that are conducted by Family Safety
 - Any relevant history of substance use/abuse known to DCF
 - Information regarding a referral to another agency for further supervision (Prevention, Family Preservation, or Court Ordered Services)
2. Upon receipt of the completed referral packet, the FIS Supervisor will assign the referral packet to FIS Staff. If no Supervisor is on staff then the FIS will accept the referral and begin the process. The following steps will then be taken to make contact and assess the client.

If the client is readily available the FIS will conduct the screen/assessment immediately. The recommendations of the screen/assessment will be entered into FSFN. If the client is not readily available either, in the office or at the client's home if on a home visit, the FIS will contact the client within one (1) business day of receipt of the referral and schedule an appointment to meet with the client within ten working days of receiving the referral. If contact is not made after 3 documented attempts within ten working days, the FIS will advise Family Safety to assist with engaging the client.

Once the client has an appointment scheduled the appointment information will be entered into FSFN. Once the screen/assessment is complete the outcome will also be entered into FSFN along with future appointment times and dates. If the client does not attend the scheduled appointment the FIS will attempt to reengage the client and if unsuccessful will work with the CPI or FAST Case Manager if open to the FAST program to engage the client. All attempts and contact information will be noted in FSFN by the FIS worker.

If all attempts at engaging the client fail after 30 days the referral may be closed and the information documented in FSFN stating that the client refused to participate in FIS

services. Information regarding each attempt to engage the client will be entered into FSFN. It should be noted that the FIS should be working with Family Safety throughout this time period to engage the family and Family Safety should be consulted prior to closing the referral.

PREVENTION PROGRAMS:

STEPS (Strengthening Ties and Empowering Parents

(Duval and Nassau counties)

REFERRAL PROCEDURES FOR STEPS

1. FSS Prevention Specialist receives the Prevention Referral form from the CPI. They review the referrals for completion and compliance to STEPS Prevention requirements.
2. After review, the Prevention Specialist assigns the case to appropriate agencies providing STEPS services: Jewish Family and Community Services (JFCS), Children Homes Society (CHS), Northside Community Involvement (NCI), Daniel Memorial or FSS. Assignments are prioritized by zip code, however caseload supersedes zip code.
3. The Prevention Unit Supervisors monitor caseloads to ensure maximum utilization.

INTAKE & ASSESSMENT PROCEDURES – Case Managed by CBC and Notes Entered in FSFN

1. The STEPS Prevention process begins when the FSS Prevention Specialist receives the initial referral. Within one business day after the referral review, the Prevention Specialist assigns the referral to a STEPS Case Manager.
2. If the initial referral indicates the client was referred to the Child Protection Team (CPT), FSS Program Evaluator must request the CPT report and distribute to the Prevention Coordinators. The Prevention Coordinators will give to their appropriate STEPS Case Manager and discuss at the initial case supervisory review, which must take place within the first thirty (30) days after the case opens.
3. The STEPS Case Manager must contact the family within five (5) calendar days (including weekends) of receiving the referral. All attempts to visit/contact the family must be documented in a chronological note. Currently, all notes must be entered into the FSS database (CoBRIS) within seventy-two (72) hours from time of contact. Additionally, the STEPS Case Manager must enter the initial note, showing ownership of the case, into FSFN within forty eight (48) hours, to include the Case Manager's name and contact information.
4. The following procedures must be followed by the STEPS Case Manager when they are unable to contact the family:
 - At least three (3) attempted Phone Contacts to the family
 - At least one (1) attempted Home Visit will be made with a contact information card left for the family
 - At least one (1) Introductory Letter will be sent whereby the family is given ten (10) days to respond and non-response is considered service refusal

If at ten (10) days from referral date the family has not been engaged or found, the STEPS Case Manager must contact the CPI or CPIS via phone and follow-up email. The STEPS Case Manager and CPI will staff the case with CPIS and determine next steps. The CPI will document the STEPS Case Manager's contact(s), staffing results and pertinent information in FSFN.

5. During the initial home visit, the STEPS Case Manager performs the following tasks:
 - Explains the STEPS program, its requirements, and determines if the family is willing to participate in STEPS.
 - Reviews the Child and Family Guide information packet with the family. This packet contains information on the HIPAA Privacy Requirements.
 - When necessary, completes the Authorization for Release of Information Form to obtain information regarding treatment services such as alcohol or drug treatment, mental health treatment, and medical treatment.

- Collects and/or verifies the family's demographic information using the STEPS Client Data Form.

The STEPS Case Manager also performs the following tasks, though not necessarily during the initial home visit:

- Assess the family's needs and children's safety status using the Structured Assessment for STEPS Involved Families Assessment Form (SASIF). Within the general category of intervention services, the STEPS Case Manager will be able to use the SASIF scores to vary the intensity and duration of services based upon each family's assessed needs. STEPS provides an Assessment Form Guide to help complete the form. If Staff need to override the results of the SASIF, they must complete the Risk Assessment Override Form.
- Discuss and develop a STEPS Prevention Family Plan with the family. This plan should be updated every thirty (30) days.
- If In-Home Parenting training has been identified as a need, the STEPS Case Manager will complete and score the Adult-Adolescent Parenting Inventory (AAPI-2) Assessment twice: once at the opening of the case and once before case closure. The two (2) AAPI-2 scores should be noted on the Family Plan.

6. All initial assessments are completed within seven (7) calendar days of the first home visit. The STEPS Case Manager enters the initial home visit chronological notes into FSFN and provides feedback to the CPI on the family's compliance.

7. STEPS services will be available to the family upon the first scheduled in-home meeting. These services include Case Management, In-Home Parenting Training, In-Home Behavior Modification Training, In-Home Budgeting skills training, and financial assistance as appropriate for achieving the Family Plan goals. STEPS also make available our Family Team Conference Facilitators who assist families in achieving their Family Plan goals and with basic coaching services. All cases that score high on the STEPS SASIF assessment must be referred for a Family Team Conference. Staff should complete the Referral for Family Team Conferences Form or the Referral for Coaching Services Form to access these client services. A note is entered into FSFN regarding engagement of services.

8. For non-English speaking families, Staff can complete an Interpreter Request Form to assist them with the initial visit and subsequent home visits.

VISITATION AND CONTACT PROCEDURES FOR STEPS

1. The SASIF appraises the family's risk as High, Medium and Low. Depending on the evaluated risk, the following contacts must be made with the family:

SASIF High Score Case

- Three (3) Face to Face In-Home visits every thirty (30) days (Supervisors are to ensure that visits are adequately space)

SASIF Medium Score Case

- Two (2) Face to Face In-Home visits every thirty (30) days (Supervisors are to ensure that visits are adequately space)

SASIF Low Score Case

- One (1) Face to Face In-Home visit every thirty (30) days

If a child of age five (5) or younger is in the home, the case risk level is automatically overridden and increased one (1) risk level. If a case has an assessed low risk level but has at least one (1) child of age five (5) or younger in the home, the risk level is increased for the case to a medium risk level. Likewise, if a case has an assessed medium risk level but has at least one (1) child of age five (5) or younger in the home, the risk level is increased for the case to a high risk level. Completion of the Risk Assessment Override Form is not necessary, however, documentation of increased level should be noted on the SASIF.

If a child is born into a STEPS family, a reassessment must be completed within three (3) business days of knowledge of child being born. The case risk level should be overridden following the above protocol. STEPS Case Manager will enter the change in number of children in CoBRIS.

At a minimum, any child(ren) in the family must be seen every thirty (30) days. If possible, the child(ren) should be seen every home visit. If the child(ren) is not at home during any visit, staff may see the child(ren) at their school only after completing the Authorization for School Visitation Form.

2. If the family disengages services, the following procedures should be followed:

- If the family misses two (2) consecutive appointments without contacting the STEPS Case Manager, attempt to contact family will be made by phone
- If phone contact is unsuccessful, a Continued Participation Letter will be sent whereby the family is given ten (10) days to respond and non-response is considered service refusal.
- A note is entered into FSFN regarding engagement of services.

3. If at any time during the program the family expresses disinterest or unwillingness to participate in the STEPS program, the STEPS Case Manager informs the CPI/CPIS and the STEPS Case Manager's Supervisor. The STEPS Case Manager enters detailed closure note into FSFN and follows case closure procedures. If a new maltreatment is identified, a call to the hotline is made.

INTERNAL CASE PROCEDURES

1. Within ten (10) days of the initial visit, the STEPS Case Manager develops a Family Plan. The Family Plan should reflect the original referral and any assessments the Case Manager has conducted. If the Family Plan differs from the original referral, the Case Manager must provide written justification in the "Needs from Referral Form" area on the Family Plan.

2. Throughout the duration of the case, STEPS Case Manager re-assesses the family to elevate or reduce their assumed level of risk. At a minimum, this re-assessment takes place every ninety (90) days.

3. If the STEPS Case Manager completes any community referrals, they are required to keep a copy in the case file and document in chronological notes in FSFN.

4. If the family needs financial assistance to achieve their Family Plan goals, STEPS Case Manager follows his/her agency policy for emergency assistance payments. Documentation of assistance must be placed in the case file and documented in CoBRIS.

SUPERVISOR REVIEWS

1. Currently, the Prevention Active Cases Report is created from CoBRIS every day. STEPS Case Manager must check the Prevention Report to insure all cases are assigned correctly and

followed up on. Every Friday, the STEPS Supervisor receives a prevention report to review program compliance. Two (2) main performance measures are monitored to ensure child safety – Home Visits Report and Supervisory Review Report.

2. The STEPS Case Manager meets every thirty (30) days with their direct supervisor to ensure proper case documentation and that services are meeting family needs. The Case Manager maintains a summary of this Supervisory Review Form in the case file, including date and summary of case. Only Supervisors are allowed to input Supervisory Reviews.

3. Direct supervisors conduct case reviews of all new cases no later than thirty (30) days after the case opens and every thirty (30) days thereafter, until case closure. FSS Quality Assurance also conducts quarterly audits of STEPS cases and sends summary to each agency.

CASE CLOSURE PROCEDURES FOR STEPS

1. Direct supervisors must approve all Case Closures. Supervisors must review all case closures at or before case closure to ensure all tasks have been completed.

2. For Standard Case Closure Procedures, the STEPS Case Manager completes a case closure summary and note in CoBRIS and in FSFN. Within three (3) business days, the STEPS Case Manager sends a Case Closure Referral Form to the Prevention Specialist. The Prevention Specialist then forwards the Case Closure Summary form to the CPI/CPIS.

3. A case may be closed when any of the following situations occur:

- The family's needs have been met and the level of risk is low
- The family refuses services and no longer resides in Duval or Nassau County
- The family has discontinued contact
- The child(ren) has been removed from the home

4. STEPS Case Manager will write a summary, currently in CoBRIS and in FSFN, that includes how the Family Plan reflects the Initial Referral, what services were provided to address client needs, what client needs were met, and if client risk was lowered. For client risk, Staff can reference the two (2) AAPI-2 scores or write a summary assessment.

Family Preservation Program (Clay County)

FAMILY PRESERVATION PROGRAM PROCEDURES: - Clay County Subcontract with KFF and Notes Entered in FSFN

REFERRAL PROCEDURES:

Preservation services are available to clients who are referred by the following sources:

- a) In-Home Parent Education and Support - DCF, KFF, self referrals, community private or public agencies, including but not limited to, medical, educational, or social service organizations.
- b) Preservation/Therapeutic Services – DCF, KFF, Clay County School District, or Clay Behavioral Health Center.
- c) In-home Support Services/Case Management – DCF CPI Unit

The following are general guidelines for appropriate referrals:

- a) Children residing in Clay County, who are identified by the Protective Investigator or Family Services Counselor as being at risk of imminent placement unless short term, intensive, in-home, crisis intervention services are provided that teach skills and provide supports for families.
- b) The family is at risk of abuse or neglect.
- c) The family is at HIGH risk of abuse or neglect, i.e., teenage parents or parents to be, history of family violence in their family of origin.
- d) Failure to thrive infants and their families, when medical evidence indicates that no neurological/physical factors are primary causal factors.
- e) The family has a confirmed report of abuse/neglect as determined by the CPI.
- f) The family has confirmed sexual abuse and the perpetrator has been removed from the home and no longer has private access to the child(ren).
- g) The family has a parent incarcerated for crimes against society.
- h) The family consists of an adoptive or foster parent requiring additional parenting skills and supports.

Services are requested through the established KFF Preservation Program referral process. A Preservation Program referral form is completed by the referring party and, during normal business hours, is given or faxed to the KFF Administrative Assistant coordinating referrals. The Administrative Assistant logs all referrals and within one (1) business day of receipt provides notification to CBHC of a pending referral. The referral is then hand delivered or interoffice mailed to the CBHC Intensive Family Services Manager.

The CBHC Manager of Intensive Family Services determines the availability, or if there is a waiting list, determines the length of wait, and notifies the appropriate referral source and KFF Contract Manager of the waiting list and length of wait, if applicable.

INTAKE AND ASSESSMENT PROCEDURES:

An attempted telephone contact is made with the family to make the initial determination of the family's appropriateness for services within 1 business day of CBHC receiving the referral. If contact is not made within one business day of receiving the referral, CBHC notifies the referring party by the end of the business day. During the initial telephone contact, CBHC attempts to schedule an initial home visit within 6 business days of receipt of the referral and completes the Biopsychosocial Assessment during that initial visit. The determination of eligibility for the program will be based on assessed needs of the family as determined by the Biopsychosocial Assessment and the availability of qualified staff to perform the service. If the services are not appropriate or are unavailable, the referring party is notified within 1 business day of the decision, in order for the referring party to provide for the child's safety. Within 2 weeks of intake, CBHC utilizes the North Carolina Family Assessment Scale for General Services (NCFAS-G) or North Carolina Family Assessment Scale (NCFAS), to further assess

the family's needs. CBHC notifies the referring party of the family's appropriateness for services within 2 business days of the completion of the assessment, utilizing a Referral Feedback Form.

The CBHC counselor or therapist will staff the family's case with his or her immediate supervisor, if it is determined that, after the completion of the Biopsychosocial Assessment, the family is not in need of services or is in need of another type of service. For example, the family is referred to Preservation services but CBHC determines that the family is in need of In-Home Parent Education and Support services.

LENGTH AND FREQUENCY OF SERVICES:

The length of service, and frequency of visits, for the program depends on the family's level of need, as assessed by the program.

The length of service for In-Home Parent Education and Support is:

- a) Level 1 - Once every two weeks for 12 weeks
- b) Level 2 - Once a week for 12 weeks, then one time in a month
- c) Level 3 - Twice a week (one can be a telephone contact) for 12 weeks, then every other week, for one month

The length of service for In-Home Support Services / Case Management is:

Level 1 - Once every two weeks for 12 weeks

- a) Level 2 - Once a week for 12 weeks, then one time in a month
- b) Level 3 - Twice a week (one can be a telephone contact) for 12 weeks, then every other week, for one month

The length of service for Preservation / Therapeutic Services is:

Level 1 - One hour, once per week for 8 weeks

Level 2 - Two hours, one to two times per week for 8 weeks

Level 3 - Two to four hours, two times a week for 8 weeks

Any request for a change in levels, is submitted to the referral source, prior to the change.

In certain circumstances, the period of service can be extended with the submittal, by CBHC, of a completed Extension Request Form and with the written approval of the KFF Contract Manager.

A file is maintained on each client in the Family Preservation Program in the medical records department at CBHC.

PROGRAM SERVICES:

Services are delivered primarily in the family's home. Case staffings and family meetings are held in a location large enough to accommodate all parties in attendance.

When a family participates in Preservation/Therapeutic Services, the parent(s) signs a treatment plan agreeing to specific conditions that will enhance the effectiveness of the service. An aftercare/transition plan will begin at admission and be completed upon termination of services

When a family participates in In-Home Parent Education and Support or In-home Support Services/Case Management Services, the parent signs a prevention plan agreeing to specific conditions that will enhance the effectiveness of the service. An aftercare/transition plan will begin at admission and be completed upon termination of services.

The Prevention or Treatment Plan is developed with the family within 30 days of intake and is updated quarterly, if applicable. CBHC delivers or arranges for the delivery of the services identified in the Prevention or Treatment Plan. Monthly Observation Forms, summarizing the family's progress during services is sent to the referring party. If a DCF CPI or is the referring party and the family is involved with KFF, a copy of the summary is forwarded to the referring party and the KFF FSC assigned to the case.

The following are some of the services provided or arranged for by the Preservation Program:

- a) arrange transportation
- b) counseling services related to domestic violence, substance abuse, and mental health
- c) case staffings
- d) parenting
- e) communication building skills, life skills training, teaches behavior management and relapse prevention
- f) advocacy

Home visit notes are entered into FSFN within 2 business days of the visit, for all families referred to the program by DCF CPI's and KFF.

Crisis Counseling is provided via telephone through the CBHC Access Center 24 hours a day, 7 days a week. If Crisis Counseling services are utilized, the family's therapist or counselor will contact the family for follow-up, the next business day.

CASE CLOSURE PROCEDURES:

Prior to the closure of an In-Home Support Services / Case Management case, the case will be staffed with the referring DCF CPI or their supervisor. If the case needs to be extended beyond 12 weeks, it will be staffed with the referring party, prior to the Extension Request Form being submitted by CBHC. The date and outcome of the staffing will be identified on the Extension Request Form.

Preservation Staff complete an End of Service Summary within two (2) weeks of case closure for all services and when transitioning from one preservation program to another. The summary is sent to the referring party. The counselor or therapist will enter closure information into FSFN within 48 hours of case closure for all cases referred by a DCF CPI or KFF.

FAMILY ASSESSMENT SUPPORT TEAM (FAST) PROGRAM:

Case Managed by CBC and Notes Entered in FSFN. (Duval, Nassau and Clay County)

FAST PROCEDURES:

The Child Protective Investigator (CPI) will commence the investigation and staff the case with the CPI Supervisor and then CLS for legal sufficiency. The CPI must obtain approval from their Supervisor before referring a case for FAST In-Home Services. The CPI is responsible for opening A FSFN Services Case and must input all documentation into Florida Safe Families Network (FSFN), including living arrangement and child interim information. Information must be accurate and complete.

The CPI Supervisor will verify that all documentation and required information is input into FSFN prior to case transfer. (Clay County's Process conducts an immediate verbal staffing and FAST Case Manager and the CPI visits the family within one calendar day) In Duval County, the CPI will give the referral packet to Family Support Services (FSS) to immediately be assigned within two (2) hours to a FAST Case Manager. The FAST In-Home Services packet will consist of the following documents:

- FAST In-Home Services Cover Checklist
- FAST Referral Form
- FAST In-Home Services Agreement
- CLS Attorney Staffing Conference Form
- TANF Form
- ICWA Form
- Local Background Check

The CPI and FAST Case Manager will conduct a joint visit within one (1) business day of Referral Packet receipt. An extended time frame can be approved by the CBC Director and the CPIS. If the CPI has an emergency and/or is unable to participate in a joint visit, the FAST Case Manager will still conduct the visit. The CPI is responsible for completing the FAST In-Home Services Agreement. The FAST Case Manager will accept primary Case responsibility for the case at the initial home visit. The agreement must be signed by the CPI and the parent(s) or legal guardian. When possible, the CPI and the FAST Case Manager will complete the FAST In-Home Services Agreement together when they conduct their home visit. The CPI agrees to keep the investigative case open for a period of ten (10) calendar days from the referral, so that the assigned FAST Case Manager can complete a family assessment in FSFN and determine the need for services/supervision. During this period, should the family refuse services after consenting to FAST In-Home Services with the CPI, the CPI will accompany the FAST Case Manager for a joint meeting with the family within twenty-four (24) hours.

FAST Case Manager must complete a Family Assessment within ten (10) calendar days of referral. A family reassessment must be completed every ninety (90) days in FSFN or when any substantial change occurs with the family. All case documentation is input in the FSFN system for FAST cases.

On all cases accepted for FAST In-Home Services, the assigned FAST Case Manager will schedule and conduct a family team conference and complete a case plan within fifteen (15) business days of the referral.

The Case Manager will make referrals as planned and the child(ren) and family will receive services from professionals and service providers. Professionals and service providers will send the results of the services provided and the Case Manager will record in FSFN. SAMH results should be evidenced based.

Visitation and Contact Procedures for FAST

On all active FAST In-Home Services cases the FAST Case Manager shall complete a minimum of four (4) weekly contacts with the family per month. Two (2) contacts must be in home. The other two (2) contacts may be telephonic, however in-home and telephone contacts must alternate weeks. The FAST program has created a Triage Assessment to assist in the determination of visitation requirements:

LEVEL I (Lower Risk)

Contacts: Four (4) weekly contacts per month. Two (2) must be in the home. The other two (2)

contacts may be telephonic; however, if telephone contact cannot be completed, a home visit must be attempted. Home visits and telephone contacts must alternate weeks.

- Includes all initial FAST referrals

LEVEL 2

Contacts: Four (4) weekly contacts per month. Two (2) must be in the home. The other two (2) may be face to face at another location. Home visits and face to face visits must alternate weeks.

- Domestic violence
- Severe Mental Health issues

LEVEL 3

Contacts: Two (2) contacts per week. One (1) contact must be in the home. The other contact may be telephonic; however, if telephone contact cannot be completed, a home visit must be completed.

- Critical injury to a child under the age of 5 and identified alleged perpetrator is not in the home
- Priors involving death of a child or critical injury to a child

All FAST cases must be reviewed by the FAST Case Manager's Supervisor every thirty (30) days. All cases must be staffed with the FAST Case Manager's Supervisor and approved by the FAST Case Manager's Supervisor for case closure. A case closure notification is emailed to CPI, CPIS, Program Administrator (PA), Circuit Operations Manager, Prevention Specialist and Case Management Organization (CMO) Director. All Chronological Notes must be entered within forty-eight (48) hours of the event taking place into FSFN.

If the DCF investigation is still open, and new or additional risk factors are identified, the FAST Case Manager will contact the CPI or CPIS immediately to discuss the additional information. Provided that the FAST Case Manager and CPI staff agrees that the child cannot safely remain in the home, the case will be immediately re-staffed with CLS to determine legal sufficiency. The FAST Case Manager, the CPI and the CPIS will attend the CLS staffing. CLS will sign the CLS Attorney Staffing Conference Form indicating the status of legal sufficiency. The recommendations regarding court action or FAST In-Home Services will then be followed. If at any time there is disagreement and the CPI/ FAST Case Manager feel child safety is at stake, the matter is to be immediately escalated to the next administrative level. The next administrative level would then consult with CLS and determine the next steps.

If the investigation is closed and there is a new suspicion of abuse, neglect or abandonment, the FAST Case Manager must immediately contact the Florida Abuse Hotline to generate a new report.

Change in Case Status

- If at any time during a FAST In-Home Services case there are increased risk factors, and/or the family does not make progress or comply with the case plan, the case must be staffed with the FAST Case Manager's Supervisor within twenty-four (24) hours to determine whether court ordered services are necessary. If it is agreed that court ordered services are recommended, the case will be staffed with CLS, CPI, CPIS and PA within three (3) business days of the decision to pursue court ordered services. The staffing will determine if there is legal sufficiency to file a dependency petition. The FAST Case Manager is responsible for scheduling the staffing and notifying CPI, CPIS

and PA of the staffing. If it is determined that court action will be pursued, the FAST Case Manager will provide CLS with all required information and documentation on the case.

- If a family requests FAST In-Home Services be terminated and the CPI has closed their investigation, the case must be closed provided a determination has been made that there are no child safety issues that rise the level to justify court action. If the child safety risk factors rise to the level of court action and the child can remain safely in the home, then a non-shelter petition for In-Home Court ordered services will be considered by CLS. If child removal is warranted then a new report to the Hotline will be generated.
- In all cases where a legal staffing is held, the CLS Attorney must provide written documentation regarding a legal determination, recommendation and reasons for the determination.

When the FAST Case Manager and their Supervisor agree the case plan has been accomplished and/or services are no longer required, the FAST Case Manager will provide written notification to the FSS Project Specialist in charge of closing cases and the DCF referring CPI, CPIS, Circuit Operations Manager and the Program Administrator within ten (10) business days of case closure.

IN-HOME NON-COURT ORDERED SUPERVISION

If a case does not meet legal sufficiency but the CPI determines the family would benefit from case management services, a referral for In-Home Non-Court ordered supervision can be made.

- The process requires an ESI case transfer staffing within 72 hours of the decision to refer being made/ or the next available staffing date. The CPI will keep their investigation open for ten (10) days following the ESI staffing in order for the CBC worker to establish contact.
- Visitation requirements will include a “minimum” of one (1) face-to-face home visit every 30 days.
- The CBC worker assigned will complete a home visit within (2) two working days of the

ESI staffing and will screen the family for risk factors utilizing the assessment tool approved by Family Support Services. If new or additional risks are identified, the CBC worker will contact the CPI or CPI Supervisor immediately to address those risk factors.

- If, at any time, there is an increased risk, the CBC worker should immediately staff with the CBC supervisor to determine if court ordered services are recommended. If so, the case should be staffed with CLS, within 5 working days of that determination, and the CPI and CPI Supervisor should be included in this staffing if their case remains open.
- If at any time the family requests that services be terminated, and no additional risk factors are identified or no legal sufficiency to file a petition is found, the case should be closed. If the closure is within 30 days of the case being opened, the CBC worker shall notify the referring CPI and CPI Supervisor of the closure.

IN-HOME COURT ORDERED SUPERVISION PROCEDURES

If the CPI has determined that abuse or neglect has occurred, the child is at near high risk and there is legal sufficiency to either remove the children or file a petition for dependency, but risk can be mitigated by intensive in home services, the case can be referred to Dependency Court for additional supervision. Determining cases that require court supervision can include the following:

1. The family is non compliant with FAST in home services and risk has not been mitigated. The children remain at near high risk but not found to be at imminent risk to warrant a removal.
2. One parent is determined as the caregiver responsible for abuse and/or neglect and the other parents is determined to be protective and passes a background history check and home study. In these cases the parent responsible requires more intensive court supervision to ensure protection of the child victim.
3. Cases involving the need for intensive supervision that can be provided by Dependency Drug Court. These cases involve substance abuse and provide additional in home support and drug screening to mitigate risk to the children in the home.
4. Cases involving domestic violence may require court supervision to assist with ensuring the safety of the victim children by ordering offending parents out of the home.
5. Cases can be reopened for in home court ordered services when reunification has occurred previously and new abuse/neglect is determined by CPI. These cases often involve teen children and the need for additional supports from the court to ensure appropriate services are in place.
6. Other cases as determined by CPI program and CLS may need this level of supervision.
7. The CPI will follow process of staffing with CPI Supervisor, Program Administrator and CLS to determine court ordered supervision is needed. Upon this decision being made the CPI will follow the current process flow for filing non shelter petitions or will file shelter petition with appropriate parent caregiver.

The ESI staffing will occur within no more than 72 hours per policy and at time of ESI, the case responsibilities transfer to the CBC. The CPI Supervisor shall transfer the case shell to the CBC Primary Worker within 24 hours after the staffing.

8. All information on the investigation and case will be documented in FSN and entered within 48 hours of contact.

9. The level of intense in home services being provided on court cases shall be similar to that provided in the FAST program. These cases are near high risk cases and require regular family contact, continual assessment of risk and safety in the home, and communication with the court on any new changes or concerns.

Level 1

Contacts: Two (2) contacts per month. One must be in the home and the other may be at another location or may be telephonic; however if telephonic contact cannot be completed a home visit must be attempted.

Level 2

Contacts: Four (4) weekly contacts per month. Two must be in the home. The other two (2) may be telephonic; however, if telephone contact cannot be completed a home visit must be attempted. Home visits and telephone contacts must alternate weeks.

Level 3

Contacts: Four (4) weekly contacts per month. Two (2) must be in the home. The other two (2) may be face to face at another location. Home visits and face to face visits must alternate weeks.

Level 4

Contacts: Two (2) contacts per week. One (1) contact must be made in the home. The other contact may be telephonic; however, if telephone contact cannot be completed a home visit must be attempted.

10. If at any time the CBC worker learns of new allegations of abuse and neglect, the CBC Case Manager will call the Florida Abuse Hotline. If the investigation is still open, the CBC worker will contact the CPI immediately to advise of the new concerns as well as CLS. The CBC worker will accompany the CPI on the investigation when appropriate to conduct a joint investigation.

The CPI and CBC worker will staff findings with their supervisors and with CLS to make safety decisions and ensure a status hearing is scheduled to update the court timely.

If it is determined that the child cannot safely remain in the home due to imminent risk, the CPI shall remove the child from the home with CBC worker present to handle the placement. If the removal occurs on the weekends or after hours the CPI will handle the placement. The CBC worker will provide the CPI with a summary of the case services to assist the CPI in writing the shelter petition.

If the CBC worker and supervisor feel the services intervention is not effective and placement of the children is recommended, but not imminent, they will file a shelter petition to CLS and hold a hearing requesting placement from the court.