

Policy: Case Supervision and Service Planning

ChildNet Number: CN 003.006

Original Approved Date: June 2, 2003

Policy Revised Date(s): August 25, 2006, July 26, 2010, November 17, 2010,

August 22, 2014 Policy Sunset Date:

COA Standard(s): AS 2.05, 4.01, 4.02, 4.03, FKC 2.01, 2.04, 2.05, 3.01, 3.02, 3.03, 3.04, 3.05, 4.01, 4.02, 4.03, 4.04, 4.05, 4.06, 8.01, 8.02, 8.03, 8.04, 9.03, 9.04, 9.06

12.01 CR 1.07, NET 5.01, 7.04, 7.05

Statement of Policy:

ChildNet provides case management supervision for children under our care to ensure safety, permanency, and well-being. ChildNet encourages family involvement and participation in the development of their Service/Case Plan and its successful implementation.

Board Chair's Signature:

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12.01

Definitions (If any):

Statement of Procedure:

This procedure identifies ChildNet's responsibilities for case supervision as required when the child is under the supervision of ChildNet. ChildNet also participates in or facilitates the planning process to promote stability and permanency.

- A. Initial responsibilities and assignment of case supervision to ChildNet upon determination by the Department of Children and Families (DCF) to remove a child:
 - Intake and Placement staff are responsible for prompt and timely initiation of services including:
 - a. Child's demographic information and court orders are provided to the Revenue Maximization Unit by the Shelter Court Liaison to facilitate:
 - Applications for Social Security Cards and Birth Certificates
 - 1. Birth Verification of Children.
 - (a) A copy of a birth certificate or birth verification shall be obtained for each child under court ordered in-home supervision within 15 days after the case transfer conference.
 - (b) A copy of a birth certificate or birth verification shall be obtained for each child entering out-of-home care within 15 days of initial placement.
 - (c) For children born out-of-state or out-of-country, verification of the child's birth shall be requested within 15 days from initial placement and documented in the case file. Refer to subsection 65C-30.007(12), F.A.C., regarding the necessary actions when it is determined that a child was born in another country and has not established legal alien status.
 - Application of Medicaid
 - The completion of all federal funding applications to include SSI, SSA, Title IV



- Comprehensive Child Welfare Information System (CCWIS) updated with initial removal note, placement efforts, shelter hearing information, and observation of initial 72-hour visitation, if applicable.
- c. Shelter Court Liaison or DCM provides the parents with the Parental Rights and Responsibilities Brochure which includes information on services provided by ChildNet, parental rights and responsibilities, the importance of parental involvement and contact with the child and the organization, according to the service plan; and the legal implications if reunification efforts are unsuccessful.
- d. Once the Shelter Order is received by ChildNet:
 - Refers to medical provider for a Well Child Care Screening.
 - Refers for Comprehensive Behavioral Health Assessment (CBHA).
 - Coordinates transportation to initial appointments.
 - Arranges and supervises the initial visitation between family and child within seventy-two (72) hours of removal.
 - Shelter Court Liaison gathers child's medical and social history, previous services, and all information about medical and social history of the birth parents and pregnancy.

B. Case Supervision

 Once a child is identified as in need of services through dependency and/or In Home Non- Judicial process, she/he is assigned a Dependency Case Manager. Case supervision responsibilities remain with the Dependency Case Manager until case closure. ChildNet provides three types of cases (categories):

Case Management is responsible for the following while cases remain open for services from ChildNet:

- a. Initial face to face contact with the minor child is to be conducted within two (2) working days of case assignment by Dependency Case Manager. The Dependency Case Manager is to provide referrals to the family within five (5) working days of identification of the service need and maintain documented face-to-face contact with the parents at least every 30 days to monitor the progress of services and status of their case plan tasks.
- b. After gathering all necessary information, the Dependency Case Manager completes the Family Functioning Assessment (Ongoing) within 30 days of the initial assessment and complete Progress Updates every 90 days.
- c. Fingerprints, copy of birth verification and monthly photos are to be obtained for each child and uploaded in CCWIS. Photographs must be updated every six (6) months for children under five (5) and annually for children over the age of five (5) and documented in CCWIS. (Please refer to CN 003.050 Photographing and Fingerprinting).



- d. At least once every ninety (90) days, the Dependency Case Manager shall make an unannounced visit to the child's current place of residence.
- e. All children under protective services are visited face-to-face separately and with the family in the home every thirty (30) days at a minimum. If the child is not in the serving county, an Out-of-County Services request is completed to ensure timely visits and services are provided.
- f. The Dependency Case Manager is to readily participate and attend all scheduled Team Meetings, Staffings, and supervisions to discuss the progress being made on the case and the effectiveness of implemented services. Discussions should also include pending services which are still needed, existing barriers that may prevent continued safety and permanency, documented compliance and follow-up needed to ensure that all ordered or recommended activities have commenced to assist the timely attainment of stability and permanency. These activities as well as other relevant efforts are documented in CCWIS within 48 hours of the completed activity.
- g. In the event that a family refuses to allow ChildNet or designee access to the child to ensure safety and well-being, the Dependency Case Manager will seek assistance from the Child Protective Investigator when the investigation remains open. If the investigation is closed, the Dependency Case Manager will consult with their supervisor regarding next steps.
- Current information about the child's placement is documented and available in CCWIS to all authorized personnel at all times.

C. Case Planning.

Families and children as developmentally appropriate are encouraged to participate in the development and ongoing review of the case plan that is the basis of delivery of appropriate services and support. An individualized case plan reflecting all desired goals and objectives must be developed in a timely manner, and expedited case planning will be available when crisis or urgent need is identified.

- The Case Plan must be a single identifiable document that is developed in partnership
 with the client, family, and caregivers, signed by all of these parties, entered into
 CCWIS, and approved by the Dependency Case Manager Supervisor. Children's
 participation in their own service planning is vital to the success of the case and their
 sense of connection and shall be included as developmentally appropriate.
- 2. Clients have the right to participate in all service decisions and to:
 - a. Request an in-house review of their case and service plan
 - Refuse any service, treatment, or medication, unless mandated by law or court order; and
 - Be informed about the consequences of such refusal.
- 3. Whenever possible extended family members who have direct contact and are



involved with the family shall be part of the Case Plan. Extended family members and significant others as appropriate, and with the consent of the family, are advised of ongoing progress, and participate in service planning.

- 4. During the development of the case plan, the Dependency Case Manager and the family are to explore the available options for stable placement and permanency, the services and resources that can support the achievement of the desired outcomes, the benefits, cultural relevance, alternatives of planned services, and the consequences for non-participation in services.
- 5. The case plans are based on the assessment and includes case plan goals, measurable objectives that reflect the desired outcomes, and the timeframes for achievement. It also outlines the services, education, and support to be provided, the culturally-grounding interventions, the traditional practices or customs of the child's culture, tribe, or faith-based community to the greatest extent possible and appropriate. The signatures of the parents are required and, whenever appropriate, the child or youth sign the service plan. The service plan shall reflect who is going to provide the needed support to achieve the goals and the activities that are to be undertaken on behalf of the client.
- 6. The recommended case plan goal(s) is/are created during this case planning process.
- 7. "Concurrent planning" means 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 options:
 - Adoption when a petition for termination of parental rights has been filed or will be filed:
 - b) Permanent guardianship of a dependent child under s. 39.6221;
 - c) Placement in another planned permanent living arrangement under s. 39.6241.
 - d) Factors for establishing a concurrent goal include the history of child welfare involvement, severity of any mental health diagnosis, severity of substance abuse/misuse, pattern of violence, significant criminal and/or incarceration history, severity of abuse or neglect on the child, level of parental engagement with the child and quality of parent's support system.
 - e) When establishing a concurrent goal, all permanency options, including expectations, available supports and required timelines must be shared.
 - f) When a goal other than reunification is considered, the parents must be provided information about alternative permanency options.
 - g) Every case involving a child in an out-of-home placement shall be evaluated to determine if concurrent case planning is appropriate.
 - h) Prior to approving case plan modifications, supervisors should determine whether there is a genuine concurrent plan that is being actively pursued and sustained in the event behavior change is not likely in a timely way.
 - i) When recommending a concurrent goal at a permanency hearing, the new case plan reflecting the concurrent tasks should be filed before the permanency hearing. If the case plan is not filed before the hearing and the concurrent goal is approved by the court, the new case plan must be filed no later than 10 calendar days after



the hearing.

- 8. The case plan shall address, as appropriate, the unmet services and support needs that impact safety, permanency, and well-being, how relationships are to be maintained and strengthened and the need for culturally responsive services and the support of the family's informal social network.
- 9. Culturally relevant services are available, directly or through referrals, to help parents meet their needs and to help the child return home, such as child care, homemaker and home health aide services, parent education, transportation services, vocational and educational assistance, health and mental health care, substance use treatment services, domestic violence services and housing referrals.
- 10. The case plan is to be reviewed during each monthly contact (every 30 days) with the child, parents, and caregivers separately to discuss the progress and deal with any barriers which are preventing the case plan from being completed, assess safety and well-being and support the achievement of permanency and other case plan goals.

President's Signature;

Date: 00-03-