



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**

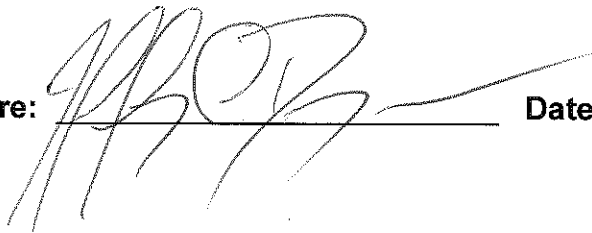
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**COA Standard(s): AS 2.05, 4.01, 4.02, 4.03, FKC 2.01, 2.04, 2.05, 3.01, 3.02, 3.03,
3.04, 3.05, 4.01, 4.02, 4.03, 4.04, 4.05, 4.06, 8.01, 8.02, 8.03, 8.04, 9.03, 9.04, 9.06
12.01 CR 1.07, NET 5.01, 7.04, 7.05**

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:



Date:

8/22/14



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Related Policies: CN 003-042 Behavioral Health Services for Children
CN 007-024 Staffing & Case Reviews
CN 003-069 Supervisory Reviews of Case Management Services
CN 004-016 Family Assessment
CN 007-022 Reunification and Use of Home Study Checklist
CN 004-002 Adoptions
CN 003-035 Independent Living
CN 003-068 Visitation - Development/Implementation Plan for all Children under ChildNet Supervision

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 Broward's Sheriff's Office (BSO) and The Department of Children and Families (DCF) in Palm Beach County to remove a child:

1. Intake and Placement staff is responsible for prompt and timely initiation of services including:
 - a. In Broward County, prompt, responsive screening practices to ensure equitable treatment, give priority to urgent needs and emergency situations (visual screening for bumps, bruises, cuts, disfigurements, coughs, lice etc.), support timely initiation of services or immediate contact with the referral source when the child and family cannot be served; and examine the child's ability to participate in family and community life without danger to themselves or others.



- b. Data search is to commence immediately to attempt to acquire information such as: prior history with dependency/agency, Medicaid, DJJ, Vital Statistics, relatives, and the School Board.
- c. At SafePlace, mental health screenings for current emotional status conducted on-site by contracted provider.
- d. At SafePlace, completion of child initial screening form.
- e. 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
 - Application of Medicaid
 - The completion of all federal funding applications to include: SSI, SSA, Title IV E
- f. At SafePlace, child photographed and fingerprinted (Please see CN 003.050).
- g. Process the Birth Certificate Application.
- h. Statewide Automated Child Welfare Information System (SACWIS) updated with initial removal note, placement efforts, shelter hearing information, and observation of initial 72 hour visitation, if applicable.
- i. Staffing with Child Protective Investigator (CPI) and ChildNet's Shelter Court Liaison or designee to occur within twenty four (24) hours of removal to facilitate: the transfer from investigation to case management. The following documentation/information is provided by CPI at the staffing:
 - An assessment of family strengths and risk as known at that time.
 - Medical release, Indian Child Welfare Act form, Notice of Parent Information form, Parents Rights and Responsibilities Brochure and Temporary Assistance to Needy Families form.
 - A list of possible relative placement resources in- and out-of-state and home study if already completed on possible relative/non-relative placement.
 - Any court or other documents relating to shelter.
 - Case notes.
 - Any other written material related to the report.
- j. Initial face to face contact with the minor child is conducted within two (2) working days of case assignment by ChildNet designee.
- k. Upon determination of placement, ChildNet transports child and provide daily living supplies as needed by substitute caregiver. Current information about the



child's placement is documented and available in SACWIS to all authorized personnel at all times.

- I. Shelter Court Liaison or CA/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.
- m. Once the Shelter Petition is filed 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, all information about medical and social history of the birth parents and pregnancy.
 - Completes Safety Contract if applicable, and creates the case file and give to Supervisor of Intake and Placement or designee for distribution to appropriate division.

B. Case Supervision

1. Once a child is identified as in need of services through dependency and/or voluntary supervision process, she/he is assigned a Child Advocate/ Dependency Case Manager. Case supervision responsibilities remain with a Child Advocate/Dependency Case Manager until case closure. ChildNet provides four types of supervision:
 - a. Voluntary In-Home Supervision
Refer to Policy and Procedure CN 004.013 Determinations of Voluntary Protective Supervision and Protective Supervision.
 - b. Court Ordered In-Home Supervision
 1. Initial face to face contact with the minor child is to be conducted within two (2) working days of case assignment by Child Advocate/Dependency Case Manager. The Child Advocate/Dependency Case Manager is to provide referrals to the family within five (5) working days of case assignment, and maintain documented contact with the parents every 30 days to monitor the progress of services and status of their case plan tasks.



2. After gathering all necessary information the Child Advocate/Dependency Case Manager and all parties involved in the case meet to complete the Family Assessment (Family Functioning Assessment) within 30 days of the initial assessment and updates every 90 days. (Please refer to CN 004.016 Family Assessment).
3. Fingerprints, copy of birth verification and monthly photos are to be obtained for each child and uploaded in SACWIS. 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 SACWIS. (Please refer to CN 003.050 Photographing and Fingerprinting).
4. At least once every three (3) months, the Child Advocate/Dependency Case Manager shall make an unannounced visit to the child's current place of residence.
5. All children under protective services or adjudicated to foster care 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.
6. The Child Advocate/ Dependency Case Manager is to complete an initial Service Plan within 60 days of petition being filed (as described in section C).
7. The Child Advocate/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 SACWIS within 48 hours of the completed activity.
8. In the event that a family refuses to allow ChildNet or designee access to the child to ensure safety and well-being prior to court ordered adjudication, the Child Advocate/ Dependency Case Manager will status the court and complete a legal request for a court order. Prior to the petition being filed the Child Advocate/Dependency Case Manager will seek assistance from the Child Protective Investigator.



9. Current information about the child's placement is documented and available in SACWIS to all authorized personnel at all times.

C. Out-of Home Supervision

1. Face to face contact with the minor child is to be conducted within five (5) working days of case assignment by the Child Advocate/Dependency Case Manager.
2. Child Advocate/Dependency Case Manager is to provide referrals to the family within five (5) working days of case assignment and maintain documented contact with the parents every 30 days (unless parent rights terminated) to monitor the progress of services and status of their case plan tasks.
3. After gathering all necessary information the ChildNet designee and all parties involved in the case are to meet to complete Family Assessment and determine appropriate services for the family and update every 90 days.
4. Conduct a diligent search for a missing parent(s) until they are found and/or the court releases ChildNet or designee for continuing efforts and for the exploration of possible relative placements. If an out-of-state placement appears possible, the Office of the Attorney General shall be immediately notified to initiate a request for a priority placement home study.
5. Face to Face contacts with any child, including their caretaker/legal guardian, shall occur every seven (7) days during the first 30 days after removal for children placed with a relative or non-relative. After the first 30 days the frequency of contacts may be modified to no less frequently than every 30 days for a child placed with a relative or non-relative. Children placed in a licensed home or facility shall be visited every 7 days while on shelter status. The child and caregiver should be seen separately and together during the visit.
6. All children in out-of-home care once adjudicated dependent are visited Face to Face 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. The child and caregiver should be seen separately and together during the visit.
7. The Child Advocate/ Dependency Case Manager is to complete an initial Service Plan within 60 days of removal (see section C).
8. The Child Advocate/ Dependency Case Manager is to complete the Visitation Plan within 60 days of removal to be included in the initial service plan being filed and is to update plan upon changes in court ordered visitation.



9. Child Advocate/Dependency Case Manager maintains regular contact with the child's family to keep the family informed and involved in decisions about the child and remains current about the family's circumstances.
10. Child Advocate/Dependency Case Manager assists parents in using organizational and community resources to prepare the family for reunification or other permanency options. ChildNet or designee encourages foster parents to maintain connections with parents to provide support for reunification or other permanency options, unless contraindicated.
11. The Child Advocate/ Dependency Case Manager is to update the Out of Home Plan each time child changes placement. Current information about the child's placement is documented and available in SACWIS to all authorized personnel at all times.
12. The Child Advocate/ Dependency Case Manager is to participate and attend all scheduled Team Meetings, Staffings, and supervisory meetings 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 to be documented in SACWIS within 48 hours of the completed activity.

D. Post Placement Supervision

Refer to Policy and Procedure CN 007.022 Reunification Process.

- E. Steps will be taken when perpetrators and victims of violent crimes are in the same facility or grounds. The interactions will be monitored in order to ensure psychological and physical safety.

F. Service Planning.

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

1. The Service 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 in to SACWIS and approved by the Child Advocate Supervisor/ 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.

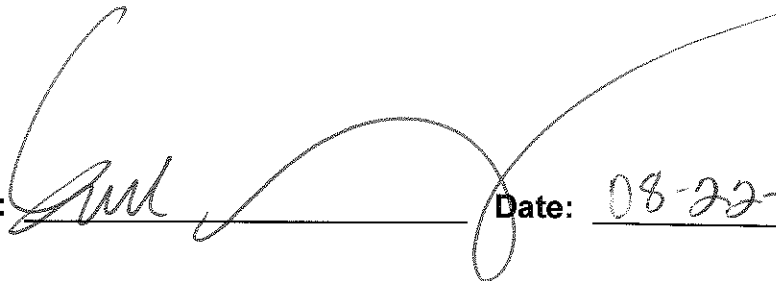
2. Clients have the right to participate in all service decisions and to:
 - a. Request an in house review of their case and service plan
 - b. Refuse any service, treatment, or medication, unless mandated by law or court order; and
 - c. Be informed about the consequences of such refusal.
3. Whenever possible extended family members who have direct contact and are involved with the family shall be part of the Service 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 service plan, the Child Advocate/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 service plans is based on the assessment and includes service 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 service 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.
7. 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.
8. The service 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 service plan from being completed, assess safety and well-being and support the achievement of permanency and other service plan goals.

9. The Child Advocate/ Dependency Case Manager, the client, family, and the caregivers are to review the case quarterly to assess the service plan implementation, the progress toward achieving service goals and desired outcomes, and the continuing appropriateness of the agreed upon service goals and reassessment. Timeframes for reviews should be adjusted depending upon issues and needs of persons receiving services, and the frequency and intensity of the services provided. The revision to service goals shall be signed and approved by the Child Advocate supervisor/ Dependency Case Manager Supervisor.
10. Addendums are to be added to the service plan when significant changes have occurred and have been identified and documented in the updated progress note (or Child Advocate/ Dependency Case Manager documentation). When addendums are added to the original service plan the Child Advocate/ Dependency Case Manager must also identify the services needed, the new goals and objectives, and the resources that are to be provided to the support for achievement.
11. The initial Service Plan is to be submitted to the courts within 60 days of the petition being filed or removal and updated as appropriate and available to authorized personnel at all times.

President's Signature:



Date:

08-22-14