I. **PURPOSE:** This policy describes the process to refer and serve families who have been determined by Child Protective Investigators to be safe but at high or very high risk of further maltreatment as well as Victims of Human Trafficking who have been determined to be safe or have no safety determination.

II. **REVIEW HISTORY:** This policy supersedes previously DCF approved policy UM-021 dated 9/25/15.

III. **CONTACT:** Children’s Network of Southwest Florida Utilization Management Director.

IV. **PERSONS AFFECTED:** Children’s Network of Southwest Florida staff and contracted providers delivering Family Support Services.

V. **POLICY:** Family Support Services will be provided to families referred by Child Protective Investigators who are considered safe but where there are factors which cause the family to be at risk for further maltreatment.

VI. **RATIONALE:** Providing voluntary family support services to eligible families will reduce the risk of further maltreatment while engaging the family in a collaborative approach to strengthen the caregiver protective capacities and enhance family functioning.

VIII. **PROCEDURES:**

A. The Referral Process

1. Families will be referred by Child Protective Investigators for Family Support Services. These services are voluntary and are provided by community providers.

2. The Family Support Services referral and the Family Functioning Assessment and Risk Assessment will be reviewed by the Children’s Network of SW Florida Family Resource Specialist who will authorize services to meet the needs of the family.

3. The Family Resource Specialist will participate in MDS staffings as requested.

4. The Specialist will forward the referral along with a service authorization to the Service Provider. Services may include:

   a. Behavior Modification- A Behavior Analyst provides in-home parent training and support in the area of applied behavior analysis. Treatment plans are based on a thorough assessment that is conducted in accordance with the Behavior Analysis Best Practice Standards. The assessment includes but is not limited to a review of the child’s school, home, substitute care, therapy, or medical records, interviews with individuals who know the child, observation of the child across all primary social settings, data collection, analysis and recommendations. A written plan is developed by a Board or Florida Certified Behavior Analyst utilizing the Behavior Analysis Best Practice Standards which incorporates the child’s presenting problems and findings from observations and data; and promotes change in the child’s challenging behaviors.

   b. In-Home Family Support Services- The provider will complete a Family Service Plan with each family. Qualified staff delivers intensive in-home services addressing circumstances related to the allegation of abuse or neglect. Staff that deliver services have a minimum of a Bachelor’s degree in Human Services field. Services that may be provided directly may include but are not limited to:

      i. Family Engagement
      ii. Initial and Continual Assessment
      iii. Case Management
      iv. Safety Management Services
v. Parenting Education
vi. Hands on assistance to increase home safety and sanitation
vii. Skills Training
viii. Linkage to Supports and Resources
ix. Discharge Planning

5. Service duration will be dependent on the individual needs of the family, the level of the family's engagement, and their compliance with services.

6. Number of in-home visits will be dependent on the needs of the family, but shall occur at least monthly.

7. Client services are monitored for adherence to contractual requirements, approved policies and procedures, as well as quality of service. Performance measures are developed and tracked to measure effective service delivery.

B. The provider authorized to deliver the Family Support services will conduct follow-up outreach and engagement efforts with the family to include:

1. Assess the needs of the family. This assessment may include a review of Child Protective Investigation’s FSFN documentation, utilization of various family assessment tools as well as family and collateral interviews.

2. Review and discuss the family situation and the current risk level.

3. Identify barriers to sustained safety and intervention choices and options that would be effective ways to lower current risk.

4. Develop a treatment plan to include specific goals and time frames for the completion of these goals.

5. Participate in any Multi-Disciplinary Staffing as needed.

C. The following information will be documented in the Family Support functionality in FSFN:

1. Date case is opened and date case is closed

2. An assessment date and any updated assessment dates will be documented in FSFN case notes.
3. A brief summary of the reason for the family referral, the recommendations from the assessment, and services to be provided with expected outcomes will be described in the “Status Begin Comments”.

4. A summary of the reason for case closure including family refusal to begin or continue receiving services offered.

5. If a case remains open after 12 months, a rationale for continuing Family Support Services.

D. The Family Support Provider will document in FSFN within 2 business days the contact notes to provide the essence of what happened during each contact as it relates specifically to the Family Support Services being provided.

E. Close-the-Loop Staffings: If a Family who has been determined to be high or very high risk, or is a Human Trafficking Case becomes unable or unwilling to participate after diligent efforts are made to engage the family, or it has been determined the family is not making progress, a Close-the-Loop Staffing shall occur as follows:

1. Prior to case closure the service provider will contact the designated CPI “Close the Loop Staffing” coordinator and request that a staffing is scheduled.

2. The CPI coordinator will contact the referring CPI and Supervisor or knowledgeable representative and schedule a telephone staffing to be held with the service provider.

3. The service provider representative and CPI representative will discuss the case including ongoing risk, services provided, unresolved service needs and benefits to the family and well as attempts to re-engage the family.

4. The service provider representative will document the staffing results in FSFN.

5. If the case is to be closed, the service provider representative will contact CNSWFL’s Family Resource Specialist who will close the FSFN Family Support Module.