



Series: 100: Case Management
Policy Name: **Individualized Case Plan**
Policy Number: 108
Regulations: F.A.C. 65C-30.006; F.S. 39.6011-39.6013; CFOP 170-9
Origination Date: 11/01/2013 **Revision Date:** 02/06/2023

Policy: It is the policy of Communities Connected for Kids to ensure that every child and family has an individualized Case Plan that accurately describes strengths, needs; behavioral changes required and targeted services that will be provided to ensure safety, well-being, and permanency for the child within established federal and state mandates.

Procedure:

1. The Case Plan is initiated by the Case Manager for all children at the time a decision is made by the Child Protective Investigator that a child is unsafe due to unresolved danger threats and lack of protective capacities on the part of parents/caregivers for ongoing judicial or non-judicial services. The Case Plan documents the overall risk; the critical needs within the family that caused agency involvement and the immediate objectives and activities that the agency will arrange with the family to address these needs and ensure the safety of the child.
2. All case plans will comply with standard format requirements, as driven by statute and guided by Child Legal Services.
3. The case manager should explain to the parent(s) what the purpose of a case plan is, including that:
 - a. The case plan is the roadmap for how the family will reach the family goal.
 - b. The agency and the parent(s) need to work together to build the plan.
 - c. The plan will describe what the parent will do and other team members to help the parent.
 - d. The agency and the parent will monitor how the plan is working and determine when it needs to be modified.
4. The Case Manager should explain the expectation that the most common goals of the case plan for their children is to make every reasonable effort to help the child achieve permanency with their family:
 - a. "Maintain (the child at home) and Strengthen" (develop caregiver protective capacity to keep child safe), or
 - b. "Reunification" which will occur when caregiver protective capacities are sufficiently improved to have child at home with an in-home safety plan.
5. There are time limits set by the Florida legislature that require us to make substantial progress to achieve permanency for your child in one year.



6. The case manager should explore with the parent(s) whether extended family members or others might be resources to participate in a family team meeting to develop a case plan.
7. In cases involving intimate partner violence, the case manager will discuss with the survivor any safety precautions necessary for the case plan conference, including whether it should be held jointly with the perpetrator
8. The case manager should co-construct the case plan with parent(s) and attempt to discuss case planning with children age 6 and over they are able to understand and participate.
9. Children 14 years of age and older must be allowed to actively participate in the development of their own case plan, as well as any revision or addition to the plan. Their participation in the actual case plan conference should be based on discussions and feedback from the child and parent/legal guardian.
10. Per s. 39.6035, F.S., children who are 17 years of age and older must participate in the development of the transition plan which must be in place six months after the child's seventeenth birthday.
11. Case planning meetings should always begin with a discussion focused on the family's strengths:
 - a. Review the protective capacities that are working well, that are a family strength.
 - b. Review the strengths of each child in the family.
 - c. Review what progress the parent has already made.
12. The case manager is responsible for re-stating the identified diminished protective capacities as an outcome, an observable, sustained change in behavior, condition, or circumstance.
13. The case planning team should review, discuss and agree on the case plan outcomes. The outcomes must reflect the:
 - a. The changed behavior, condition or circumstance of the parent
 - b. The child need that the change will address
 - c. Any additional child needs that require special attention in the case plan
 - d. Explore with the parents what they are willing to do, what is the best set of first steps they are ready to tackle.
14. Case managers will work with parent(s) to identify the initial actions, services and activities which the parents believe are the best match for them and discuss any barriers to the chosen actions, services and activities. Considerations shall include service needs of parents with disabilities.
15. Case Managers will identify and include all language and/or cultural considerations during assessment; planning and on-going service provision.



16. The case planning participants should determine appropriate case plan actions, tasks and services and completion dates to achieve outcomes. The case manager will explore with the parents the choices, if any, of interventions (supports, treatment providers, other services) that are available and that may be helpful to achieving the outcomes established.
17. A determination should be made if an expert evaluation for either a parent or the child is appropriate when there is a specific condition or behavior that requires additional professional assessment, including situations such as:
 - a. The parent or child is displaying unusual or bizarre behaviors that are indicative of emotional or behavioral problems, physical illness or disability, mental illness, trauma assessment, suicidal or homicidal ideation.
 - b. Other conditions where there is a need for additional information regarding an individual's functioning in the area of the professional's specialized knowledge; or to develop a better understanding of whether the individual's functioning impacts his or her protective capacity or child functioning.
18. Service or treatment needs of the parent(s) and child will be determined based on information that has been gathered up to this point. Services that are necessary for case plan tasks need to have descriptions as follows:
 - a. The type of services or treatment.
 - b. The date the service or referral for the service will be provided.
 - c. The date by which the parent must complete each task.
 - d. The frequency of services or treatment provided.
 - e. The location of the delivery of the services.
 - f. The provider responsible for the services or treatment.
19. In all cases the case plan must include:
 - a. The minimum number of face-to-face meetings to be held each month between the parents and the case manager to review the progress of the plan, to eliminate barriers to progress, and to resolve conflicts or disagreements; and
 - b. For judicial cases, the date that the case plan expires. The case plan must be limited to as short a period as possible for accomplishing its provisions. the plan's compliance period expires no later than 12 months after the date the child was initially removed from the home, the child was adjudicated dependent, or the date the case plan was accepted by the court, whichever occurs first.
20. Judicial case plans must be approved by the court. Any court-ordered changes to the case plan must be updated in FSFN.
21. All case plans (even if trial/disposition has not occurred) must be filed with the court within 60 days of removal or case transfer. The case plan must be signed by all parties, except that the signature of a child may be waived if the child is not of an age (under 6)



or capacity to participate in the case-planning process.

The case plan will be written in the primary language of the family.

22. Evaluation of the child and families progress will be made by the case manager, the service providers and at the Permanency Staffing, as needed.

23. The case plan will need to be re-written to reflect the child's changing permanency goals, including step-down to less intensive levels of care and an anticipated date for permanency.

24. The agency will make appropriate referrals for services if the parents agree to begin compliance with the case plan supportive services before the plan's

acceptance by the court. 25. The case plan used by Communities Connected for Kids:

- a) Documents the level of progress of the family toward reunification;
- b) Meets the requirements of Federal and State law;
- c) Provides documentation necessary to draw Federal IV-E funding;
- d) Provides documentation for the court; and
- e) Documents reasonable efforts by the agency, in preparation for termination of parental rights.
- f) Will include visitation plans for any children in out of home care with reunification as the goal.

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