




Policy and Procedures

<u>DEPARTMENT NAME:</u> Kinship		
<u>SUBJECT:</u> Formal Safety Management Services	<u>POLICY NUMBER:</u> KD-02	
<u>APPROVAL:</u> 	<u>EFFECTIVE DATE:</u> 2-16-2021	<u>REPLACES :</u> Policy dated 6-27-2019

- I. **PURPOSE:** This policy describes the process to refer and serve families through formal safety management services. Formal safety management services manage or control the condition(s) that make a child unsafe as determined by the Child Protective Investigator or Child Welfare Case Manager when an informal safety manager cannot be arranged or is insufficient to manage risk.

- II. **REVIEW HISTORY:** Last reviewed 6-27-2019..

- III. **CONTACT:** Director of Kinship Department

- IV. **PERSONS AFFECTED:** Children’s Network of Southwest Florida staff and contracted staff who deliver safety management services.

- V. **POLICY:** Safety management services (SMS) will be provided to families referred by Child Protective Investigators and Child Welfare Case Managers who are considered unsafe. The Child Welfare Professional responsible for the case is responsible for the overall management and monitoring of the safety plan. SMS Staff are responsible for specific safety actions in the safety plan.

- VI. **RATIONALE:** Providing safety management 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.

- VII. **CROSS REFERENCES:** CFOP 170-7, Chapter 8, dated March 15, 2018

- VIII. **SAFETY MANAGEMENT SERVICE CATEGORIES AND TYPES** to be used individually or in combination. The child welfare professional is responsible for:
 - Knowing which category and type of safety management service is necessary to manage the danger.

**Children's Network of Southwest Florida
KD-002 Formal Safety Management Services**

- Explaining to the SMS Staff the specific family conditions and circumstances that the service will manage and ensuring that the SMS staff's actions on the safety plan will sufficiently manage the danger.

A. Behavioral Management Category. This category is concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness, or poor self-control, anger, motives, perceptions and attitudes, the purpose of this action is only to control the behavior that poses a danger threat to a child. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – any of which threatens a child's safety. The following are safety management service types associated with the behavioral management category.

1. Supervision and monitoring is the most common safety service in safety intervention. It is concerned with supervising caregiver behavior, children's conditions, the home setting, and the implementation of specific activities in an in-home safety plan.
2. Stress Reduction. In-home safety service SMS Staff (relative, friend, or formal SMS Staff) comes to the home to engage in activities that relieve family stress or funds are provided for immediate, concrete needs. The in-home presence also allows for continuous monitoring of family conditions and dynamics.
3. Behavior modification as a treatment modality is concerned with the direct changing of unwanted behavior by means of biofeedback or conditioning. Behavior modification as a safety management service is concerned with monitoring and seeking to influence behavior that is associated with present danger or impending danger and is the focus of an in-home safety plan. This safety management service attempts to: limit and regulate caregiver behavior in relationship to what is required in the in-home safety plan; and influence caregiver behavior to encourage acceptance and participation in the in-home safety plan and to assure effective implementation of the in-home safety plan.

B. Crisis Management Category. The purposes of crisis management are crisis resolution and prompt problem solving in order to control present danger or impending danger. Crisis is a perception or experience of an event or situation as horrible, threatening, or disorganizing. The event or situation overwhelms the caregiver's and family member's emotions, abilities, resources, and problem solving. A crisis is an acute matter to be addressed so that present danger or impending danger is controlled and the requirements of the in-home safety plan continue to be carried out. Crisis management is specifically concerned with intervening to:

**Children's Network of Southwest Florida
KD-002 Formal Safety Management Services**

1. De-escalate and halt a crisis.
2. Mobilize problem solving.
3. Control present danger or impending danger.
4. Reinforce caregiver participation in the in-home safety plan.
5. Reinforce other safety managers participation in the in-home safety plan.
6. Avoid disruption of the in-home safety plan.

C. Social Connection Category. Social connection is concerned with present danger or impending danger that exists in association with or influenced by caregivers feeling of or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all manner of debilitating emotions: low self-esteem and self-doubt, loss, anxiety, loneliness, anger, and marginality (e.g., unworthiness, unaccepted by others). Social connection is a safety category that reduces social isolation and seeks to provide social support. This safety category is versatile in the sense that it may be used alone or in combination with other safety categories in order to reinforce and support caregiver efforts. Keeping an eye on how the caregiver is doing is a secondary value of social connection (see Behavior Management – Supervision and Monitoring). The following are safety management services associated with the social connections category:

1. **Friendly Visiting.** Friendly visiting is directed at reducing isolation and connecting caregivers to social supports. Friendly visiting can include professional and non-professional SMS staff/resources or support network. The child welfare professional will direct and coach any person responsible for friendly visiting in terms of:
 - a. The purpose of the safety management service.
 - b. How to set expectations with the family.
2. **Basic Parenting Assistance.** Basic parenting assistance is a means to social connection. Socially isolated caregivers do not have people to help them with basic caregiver responsibilities. The differences between friendly visiting and basic parenting assistance is that basic parenting assistance is always about essential parenting knowledge and skills and whomever is designated to attempt to teach, model, and build skills. Basic parenting assistance is concerned with specific, essential parenting that affects a child's safety. This safety management service is focused on essential knowledge and skill a caregiver is missing or failing to perform. Typically, this is related to children with special needs (e.g., infant,

**Children's Network of Southwest Florida
KD-002 Formal Safety Management Services**

disabled child) and the caregivers are in some way incapacitated or unmotivated. Someone brought into the in-home safety plan becomes a significant social connection to help the caregiver(s) with challenges they have in basic parenting behavior, which is fundamental to the children remaining in the home.

3. **Supervision and Monitoring as Social Connection.** Supervision and monitoring occurs through conversations occurring during routine safety management service visits (along with information from other sources). Within these routine in-home contacts, the social conversations can also provide social connection for the caregiver.
4. **Social Networking.** Social networking, as a safety management service, refers to organizing, creating, and developing a social network for the caregiver. The term "network" is used liberally since it could include one or several people. It could include people the caregiver is acquainted with such as friends, neighbors, or family members. The network could include new people that the child welfare professional introduces into the caregiver's life. The idea is to use various forms of social contact, formal and informal; contact with individuals and groups; and use contact that is focused and purposeful.

D. Resource Support Category. Resource support refers to the safety category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety. Activities and safety management services that constitute resource support include such things as the following.

1. Resource acquisition related specifically to a lack of something that affects child safety.
2. Transportation services particularly in reference to an issue associated with a safety threat.
3. Financial/Income/Employment assistance aimed at increasing monetary resources related to child safety issues.
4. Housing assistance that seeks a home that replaces one that is directly associated with present danger or impending danger to a child's safety.
5. General health care as an assistance or resource support that is directly associated with present danger or impending danger to a child's safety.
6. Food and clothing as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety.

**Children's Network of Southwest Florida
KD-002 Formal Safety Management Services**

7. Home furnishings as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety.

E. Separation Safety Category. Separation is a safety category concerned with danger threats related to stress, caregiver reactions, child-care responsibility, and caregiver-child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand, and daily pressure. Additionally, separation can include supervision *and monitoring* function. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action, which can occur frequently during a week or for short periods. Separation may involve any period from one hour to a weekend to several days in a row. Separation may involve professional and non-professionals and can involve anything from babysitting to temporary out-of-home family-made arrangements to care for the child or combinations. Separation services include:

1. Planned absence of caregivers from the home.
2. Respite care.
3. Day care that occurs periodically or daily for short periods or all day.
4. After school care.
5. Planned activities for the children that take them out of the home for designated periods.
6. Any arrangements to care for the child out of the home; short-term, weekends, several days, or a few weeks

IX. PROCEDURES:

A. Referral Process

1. Families will be referred by the Child Protective Investigator or Child Welfare Case Manager for Safety Management Services. These services are voluntary and are provided by contracted SMS staff in Lee and Charlotte counties, and by CNSWFL staff in Collier, Hendry and Glades counties.
2. In Lee and Charlotte counties the SMS referral submitted by DCF CPI staff will be sent to the contracted service provider who will assign staff to meet the needs of the family based on the issues identified in the referral and on the Safety Plan. In Lee and Charlotte counties the SMS referral submitted by case management staff will be sent to CNSWFL utilization

**Children's Network of Southwest Florida
KD-002 Formal Safety Management Services**

management staff for review and if authorized will forward the referral with a service authorization to the SMS provider. The contracted service provider will assign staff to meet the needs of the family based on the issues identified in the referral and on the Safety Plan.

3. In Collier, Hendry, and Glades counties the SMS referral submitted by DCF CPI staff and case management staff will be sent to the CNSWFL SMS e-mail box (CNSWFL_SMS@cnswfl.org) for review. If the referral meets eligibility criteria the SMS team lead will assign staff to meet the needs of the family based on the issues identified in the referral and on the Safety Plan.
4. Response Times:
 - a. Emergency/Crisis referrals -Shall be initiated within (4) hours of acceptance of the referral where a joint visit will be conducted with the CPI in the home face to face with the family.
 - b. Non-Emergency referrals- The family shall be contacted within 1 business day acceptance of the referral. All attempts to contact the family to schedule the face to face visit shall be documented in FSFN. If a family does not respond to telephone calls or messages within 48 hours, the SMS staff shall attempt a home visit. The first face to face visit shall be a joint visit with the referring CPI whenever possible. If a face-to face has not occurred within 7 calendar days of the referral regardless of the reason, the SMS Staff shall inform the referring agency of the delay in services delivery.

B. Service Provision

1. Services shall be available twenty-four (24) hours a day, seven (7) calendar days a week, and flexible service delivery times will be available for those families the SMS staff is serving. Families shall be informed of the SMS staff's emergency number for services afterhours during the initial intake response. During afterhours, SMS staff shall respond to CPI calls immediately, but no later than one (1) hour from receipt of call.
2. Safety Plan Modification. The SMS staff will ensure immediate communication with Child Protection Investigations or Case Management Organization when any of the following changes occur and assist with renegotiation of the Safety Plan to ensure danger threats are adequately managed: a new danger threat has been identified; danger threats have been eliminated; changes in any of the following: parents' willingness to cooperate with SMS staff, associated with a calm and consistent home environment, availability of a physical location in which the Safety Plan can be implemented, family dynamics or conditions which change the

**Children's Network of Southwest Florida
KD-002 Formal Safety Management Services**

types and or level of safety services needed, including but not limited to: new child is born or comes into the home, parent/legal guardian returns to the home, parent/legal guardian becomes involved in new intimate partner relationship, significant changes to household composition, a child is released to the other parent, relocated in a family arrangement or sheltered.

3. All meaningful contacts with the family must be entered into the chronological notes section of the FSFN within 2 business days of the activity. Case documentation will provide current and sufficient descriptive information on the child and family, including date, staff person, location of service, type and duration of service, and progress/outcomes.
4. Individualized Family Assessment: The SMS staff shall complete an Individualized Family Assessment utilizing the attached format with each family within 7 calendar days of acceptance of the referral for services. The SMS staff shall consult the CPI or CWCM for information related to the family and the case. The assessment shall be developed based on the family strengths, supports and needs to eliminate the critical crisis issue. The assessment should identify safety concerns, referral needs of the family and on-going tasks for the Family Service Plan. Ongoing assessment shall occur during service delivery to determine effectiveness of services and the ongoing family needs. The Assessment shall be uploaded in FSFN within 2 business days of completion.
5. Service Plan: SMS staff shall complete a Family Service Plan with each family within fourteen calendar days of acceptance of the referral for services. The Family Service Plan shall be signed by the parents and the SMS staff. The completed Service Plan shall be uploaded into FSFN within 2 business days of completion.
6. SMS staff shall provide the appropriate number of visits required to address safety factors and details outlined in the safety plan as well as the Service Plan. The SMS staff is required to respond to the needs of the family as necessary to mitigate the danger threat, which shall include unannounced visits. Ongoing visits shall occur with the family in the home at least weekly throughout service delivery until case closure. All visits and attempted visits shall be documented in FSFN within 2 business days. The SMS staff shall inform the CPI or CWCM of any safety concerns throughout service delivery.
7. Closing Summary: Regardless of the reason for case closure, SMS staff shall complete a closing summary. The closing summary shall be uploaded into FSFN within 7 days of case closure.

**Children's Network of Southwest Florida
KD-002 Formal Safety Management Services**

X. EXHIBITS:

- A. Referral Form
- B. Family Service Plan
- C. Family Assessment
- D. Discharge Summary



**SAFETY MANAGEMENT SERVICES
REFERRAL FORM
EXHIBIT A**

CPI Referral: <input type="checkbox"/> CNSWFL (serves Collier, Hendry and Glades) Send referral to: <input type="checkbox"/> Lutheran Services of FL (serves Lee and Charlotte) Send referral to: lsfsafety@lsfnet.org	CMO Referral: *only HIGH risk in home cases <input type="checkbox"/> CNSWFL (serves Collier, Hendry, and Glades) <input type="checkbox"/> Lutheran Services of FL (serves Lee and Charlotte) LSF Referrals – submit a JOS Request and attach referral form Was this approved at the ITR staffing? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Worker Name:	Worker Cell:
Agency:	Worker Email:

Date of Referral:	Time of Referral:	FSFN Case Name and #:
Street Address where services are to be provided:		
City:	State:	Zip Code:
Legal Guardian:	Relationship to Client:	
Phone (H):	Phone (W):	Phone (C):
Parent's Primary Language (s):		

Family Composition and Relationships:

NAME	DOB	RACE	SEX	RELATIONSHIP

Child Protective Investigations Eligibility	Case Management Eligibility
---	-----------------------------

(check boxes) <input type="checkbox"/> Open Investigation with DCF CPI <input type="checkbox"/> Present Danger <input type="checkbox"/> Risk of Removal (circle) Very High High <input type="checkbox"/> Family has been informed of SMS referral <input type="checkbox"/> Is the perpetrator in the home (circle) Y or N	(check boxes) <input type="checkbox"/> Open case with CMO/CNSWFL <input type="checkbox"/> Risk of Removal (circle) Very High High <input type="checkbox"/> Family has been informed of SMS referral <input type="checkbox"/> Is the perpetrator in the home (circle) Y or N
--	---

What is the Presenting Problem(s)?

What type of supports do you think the family needs to help them resolve the presenting problem(s)?

What is the current safety plan?

Is the family working with any other service providers?

Service Needs: Check all that apply

<input type="checkbox"/> Behavioral Management	<input type="checkbox"/> Basic Parenting Assistance
<input type="checkbox"/> Awareness of Community Resources	<input type="checkbox"/> Stress Reduction
<input type="checkbox"/> Supervision and Monitoring	<input type="checkbox"/> Social Networking
<input type="checkbox"/> Crisis Management	<input type="checkbox"/> Other:



EXHIBIT B

SMS Family Service Plan

Provider:

Case Name:

FSFN #:

SMS Counselor:

PROBLEM STATEMENTS: (Complete sentences in behavioral terms, not a mental health diagnosis)

- 1.
- 2.
- 3.

GOAL STATEMENTS: (Based on problem statements)

- 1.
- 2.
- 3.

OBJECTIVES: (What family members will do, specific and goal focused)

- 1.
- 2.
- 3.

Family Member Signature: _____ Date: _____

Family Member Signature: _____ Date: _____

Counselor Signature: _____ Date: _____



**EXHIBIT C
SMS Family Assessment**

Provider:

Case Name:

SMS Counselor:

Date of Assessment:

Date of Referral:

Family Composition and Relationships:

NAME	DOB	RACE	SEX	RELATIONSHIP

Situational Summary / Interview Notes

1. Presenting Problem(s)?

2. How motivated is the family to achieve goals related to resolving the presenting problem(s)?

Observation of Family Interactions and Conditions

1. What did interactions between the family and/or other household members look like during the assessment?

2. How did the surrounding home conditions appear during the initial visit?

Family Strengths and Culture

1. What resources and/or support systems did the family identify and/or can they access that are available to them to help resolve the presenting problem(s) (financial, transportation, other service providers involved, etc)?

2. Describe any skills and/or family strengths (parental/family resilience, nurturing and attachment, knowledge of parenting and child and youth development, coping skills) that could help resolve the presenting problem(s).

3. What type of assistance does the family feel is needed to help them resolve the presenting problem(s)?

Family Needs/Issues/Concerns

1. How are alcohol and/or other substance abuse issues affecting the family?

2. How are mental health and/or other psychiatric conditions affecting the family?

3. Did the family identify any physical health issues among family members that may be contributing to the presenting problem?

4. Are there any legal issues affecting the family at this time?

5. Describe any concerns regarding the safety of the child(ren).

SMS recommendations are as follows:

Counselor Signature: _____

Date: _____



**Exhibit D
SMS Discharge Summary**

Provider:

Case Name:

FSFN #:

SMS Counselor:

I. Reason for SMS involvement:

II. Services provided to address the risk and compliance (service plan tasks):

III. Effectiveness of services delivered:

IV. Changes in family circumstances / family strengths / improvements in family functioning:

V. Rationale for case closure:

VI. Aftercare plan/follow-up services needed by the family:

SMS Counselor Signature

Date