



Series: 100: Case Management

Policy Name: Newborns or Other Children Expected in Households with Active Investigation or On-Going Services

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Policy: Chapter 9 of CFOP 170-1 provides policy on situations that involve new children being added to open services cases. This includes children that move into a household or there is a shared custody situation where a parent/significant other is receiving on-going services. It also includes procedures for assessing for newborns in cases with ongoing services (both judicial and non-judicial cases).

Procedure:

New Children Added to Household (not newborn): When a new child joins a household that is currently under supervision, an assessment through either an open On-going FFA or progress update must be completed.

- The new child in the household needs to be added to the case in FSFN.
- Child Functioning and other domains need to be updated to include this child and the impact on family dynamics in a Progress Update within 14 days of the child joining the home.
- The Safety Plan needs to be updated to include this child and level of intrusiveness may need to change as well.
- Safety Analysis through the Progress Update needs to be completed for this child.
- Supervisor consultation must be done with the case manager to discuss and assess the impact of the child joining the household as well as safety of this child and other children in the home.
- If Judicial case the updated Progress Update and Safety Plan need to be submitted to CLS to be filed with the court.

Newborns in Ongoing Services Cases Pre-Birth:

- 6 months before the mother is due or as soon as case management is aware after that point that a mother is expecting on an open services case, a Pre- Birth Assessment must be completed.
- If the father of the newborn is non- offending or not a parent on the sibling's case, an Other Parent Home Assessment must be completed on that father prior to the Pre-Birth Family Team Meeting.
- Case manager will request a Pre-Birth Assessment Family Team meeting through the specialist for that county. **(Staffing #1)**
- The specialist will coordinate dates with the case manager.

- Both parents, unless there is a history of domestic violence between the two, will be invited to the Family Team Meeting and the case manager will confirm with the specialists the family's attendance.
- If a parent refuses to attend a Family Team Meeting or the case manager does not know about or does not request the meeting well prior to the birth, the case manager will be responsible for gathering the pre-birth assessment information from both parents in the field.
- The GAL on the sibling case may also be invited to the meeting but not attorneys at this point unless the sibling (or minor parent) has an Attorney Ad Litem. If the sibling or minor parent has an AAL they need to be invited. If the Attorney Ad Litem plans to attend then we must also invite GAL attorney, CLS and RCC attorneys like those that we do for permanency staffings.
- The family could also invite other supports, caregivers, potential caregivers, safety providers, etc.
- Case managers will invite current providers working with the family to participate.
- The Pre-birth Family Team Meeting will be chaired and documented on the form by the Specialist and attached to a meeting note in FSFN following the meeting.
- The case manager will document the pre-birth assessment information in a Progress Update within 14 days of the meeting.
- The case manager will request a Pre-Birth Legal staffing (**Staffing # 2**) through the Case Management Specialist **30-45 days prior to the due date** and upon completion of the Progress update which includes the pre-birth assessment information /OPHA and supervisory consultation .
- The Case Management Specialist will chair the Pre-Birth New Baby staffing and document the staffing information on the Pre-Birth Legal, CPI, and DCM Staffing Form, attach in FSFN to a meeting note.
- Participants will include the case manager, case manager supervisor, CLS, and CPI representative.
- CLS and CPI Point of Contact will access the updated Progress Update and OPHA if applicable through FSFN in preparation for the pre-birth staffing.
- The staffing will include discussions on:
 - The completed FFA Ongoing or Progress Update (which includes pre-birth assessment information in the domains)
 - The OPHA is there is a new father involved
 - Recommended case plan modifications
 - Whether there is a need to seek shelter of the new child, (Case management needs to determine if an in home, safety plan is viable for the newborn based on progress updates and safety analysis. This determination and the reasons why it can/cannot be done need to be articulated during the discussion).
 - Whether there is a legal basis to amend any pending dependency petition if there has not yet been a disposition
 - In cases of dependent minor parent, the requirements in 65C-28.010 and whether a petition for the newborn baby would be legally sufficient
 - Whether to file a supplemental or new dependency petition
- Regardless of the outcome of the staffing, in a judicial case, the case manager must send CLS the FFA-Ongoing or Progress Update and CLS will file with the court prior to the birth of a child, and after the birth of a child or new child entering the home.

Newborns in On-Going Cases Post Birth:

- When the baby is born the case manager will immediately re-evaluate the current safety plan to determine if new safety plan actions or tasks are needed to protect the new child. The case manager must modify or create a safety plan for a newborn PRIOR to the child's release from the hospital.
- A report should not be called into the Hotline unless there is suspicion the child has been abused, neglected or abandoned (i.e. infant tests positive for illegal substances)
- The case manager will immediately notify CLS (judicial case on sibling) and the GAL program, if currently involved of the birth of the new baby.
- If the newborn will receive care from non-offending parent, case managers need to follow CFOP 170-7 Chapter 5 Safety Plan Involving release with non-maltreating parent/guardian, including ensuring we have done the OPHA and required backgrounds.
- If the decision was made during Staffing # 2 that an in-home safety plan would not be sufficient, the case manager will contact CPI supervisor in the case county and CLS directly via phone as well as send a Case Opening Document (COD) requesting the newborn be sheltered. For St. Lucie County the Point of Contacts are Leslie Jones and/or Amy Gregory to have a CPI assigned. CLS and the case manager will staff based on the case opening document (**Staffing #3**). Case Manager will coordinate the physical shelter with investigations following the same process as we do on other open cases where shelters become necessary.
- If the decision was made to seek dependency on the new baby, the case manager will submit a Case Opening Document (COD) to CLS requesting a dependency petition be filed on the newborn. CLS and case manager will staff based on the COD. (**Staffing # 3**)
- The new baby will be added to the case in FSN as a child receiving services regardless of judicial/non-judicial status.
- The case manager will add the baby either to On-going FFA if not already approved or a new Progress Update.
- A new progress update will be completed within 14 days of the birth include the following assessment and information gathering:
 - Child Functioning
 - ❖ Was the child born full term?
 - ❖ Was the newborn a healthy weight?
 - ❖ Was the child substance exposed? If so effects?
 - ❖ If effects what should parents/caregivers monitor for the baby
 - ❖ For child functioning on siblings in the home how has new baby affected care, supervision, behavior of the siblings?
 - Adult Functioning
 - ❖ What are the parents concerns if any?
 - ❖ Plan for post-natal care? Any barriers?
 - ❖ Any signs of post-partum depression?
 - ❖ How has addition affected daily household routines?
 - ❖ Are adults able to provide necessary housing and resources?
 - ❖ Do parents have history that is of concern? Any history of violence? If yes any current indicators of violence or coercive control?



- ❖ Is there a young (age 25 or under) non-relative paramour or caregiver who will be around or care for baby?
- ❖ Does the parent have a history of current or past mental health or substance abuse disorder?
- ❖ Any parent taking prescribed medications for substance abuse or mental health disorder?
- ❖ Is parent with substance abuse history prescribed pain medications?
- ❖ Are parents currently in treatment? Are parents being drug tested?
- ❖ Are parents making progress on achieving changes and outcomes in the case plan on the siblings? If so describe.
- Parenting/Behavior Management
 - ❖ Any concerns by hospital staff about the infant or parents interactions with the infant? Any concerns about siblings or anyone that visited at the hospital?
 - ❖ Is there an agreement amongst household members regarding childcare?
 - ❖ Is there a parent in a separate household? What will custody, visitation be and has OPHA been completed?
 - ❖ If baby has special needs can caregivers meet those needs?
 - ❖ Do the caregivers need additional services or supports?
- The case manager will update the Safety Analysis to determine whether the criteria for an in-home safety plan are met and/or if any changes are necessary to the existing Safety Plan or case plan.
- The progress update will be completed and a supervisory consultation completed within 14 days of the birth. The completed Progress Updated will be provided to CLS to file with the court.
- A CLS request for staffing will be submitted within 20 days of the birth to have the post-birth staffing with CLS on any newborn who did not have dependency filed on (non-judicial) to ensure that there have been no significant changes and an in- home non- judicial safety plan is still the most appropriate action. (Staffing # 3)



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