Florida Chapter 39 (Dependency Statute) clearly outlines the importance of “prevention” and “early intervention” services in describing the scope of and intent of the State for working with families.

The purpose of the protocol is to clearly define the process and roles and responsibilities of individuals related to provision of community, Family Strengthening Services for children at “imminent risk of removal” and in home Family Preservation Services for cases that are also determined to require oversight by the Community Based Care Agency.

The Circuit’s philosophy surrounding imminent risk cases and emergency removals is that children will remain in the home only when it can be done so safely, and whenever possible the use of appropriate preventive preservation services for the purpose of averting the removal of children from the home and to promote family remediation and autonomy.

**Broward’s Philosophy**

Broward embraces the following key components found in FL statute 39.001(1) (b):

I. The health and safety of the children served shall be of paramount concern.

II. The Prevention and intervention should engage families in constructive, supportive, and non-adversarial relationships.

III. The prevention and intervention should intrude as little as possible into the life of the family, be focused on clearly defined objectives, and take the most parsimonious path to remedy a family’s problems.

IV. The prevention and intervention should be based upon outcome evaluation results that demonstrate success in protecting children and supporting families.

V. Provide a child protection system that reflects a partnership between the department, other agencies, and local communities.

VI. Provide a child protection system that is sensitive to the social and cultural diversity of the state.

VII. Provide procedures which allow the department to respond to reports of child abuse, abandonment, or neglect in the most efficient and effective manner that ensures the health and safety of children and the integrity of families.

VIII. Preserve and strengthen the child's family ties whenever possible, removing the child from parental custody only when his or her welfare cannot be adequately safeguarded without such removal.

In Broward County, the child protection system is based on an excellent partnership that has incorporated a community-based system for this large community with much diversity. The Broward Sheriff’s Office (BSO) has been providing Child Protective Investigations since 1999 and ChildNet, the Community Based Care Agency, has been in existence since 2003. The Children’s Services Council (“The Council”) was created by voter referendum in Sept. 2000 with an effective date of Jan 2, 2001. In 2007, the Council and ChildNet aligned services so that Council funding would provide front end services to families without out of home placements with low to “imminent” risk while ChildNet re-directed its funding toward programs aimed at Family Reunification.
This protocol is specifically targeted to families with children at “imminent risk of removal.”

Definitions/Key Terms

**Broward Sheriff’s Office Child Protective Investigative Section** – The Broward Sheriff’s Office is responsible for conducting all child protective investigations in Broward County pursuant to Florida statute.

**Child Protective Investigator** - An authorized agent in a professional position within the (department or) designated sheriff’s office with the authority and responsibility of investigating reports of child abuse, neglect or abandonment received by the Florida Abuse Hotline as defined in s. 39.01(58), F.S.

**Children’s Services Council of Broward County** - Independent taxing district, governed by an 11-member community board (6 members sit by virtue of their position, 5 are gubernatorial appointees). The mission of the Council is to provide leadership, advocacy and resources necessary to enhance children’s lives and empower them to become responsible, productive adults through collaborative planning of a continuum of quality care.

**Community Services** – Services available in the community that will support the unique needs of the family in order to stabilize the home environment. These services are not limited to, but could include childcare, domestic violence counseling, parenting classes, crisis counseling.

**Direct File** – This is a case in which the children remain in the home and a Petition for Dependency is filed. This is the vehicle for judicial (court-ordered) protective supervision services. A Direct File petition may be filed concurrently while using Intensive Family Strengthening Services.

**Family Intervention Specialists (FIS)** – Case workers funded by Substance Abuse and Mental Health (SAMH) designed to support substance abuse treatment for parents/caregivers who are subjects of an abuse report. Family Intervention Specialists are currently provided through a contract with Spectrum. One FIS is located at ChildNet, one works with the Dependency Drug Court and two collocated with BSO.

**Family Strengthening Programs** – (FS Providers) Through a competitive bid process, the Council has selected and funded multiple agencies to provide voluntary Family Strengthening prevention services which are designed to provide research-based, collaborative, innovative programming to reach families who have custody of their children and are at high risk for child abuse and neglect, families at risk for separation due to delinquent behaviors of their adolescent children, and families in crisis that will strengthen protective factors and reduce risk factors that would require removal. Services may be delivered in home or in a neutral location and may run anywhere from 3 months to 1 year depending on the model. Funding is provided at the sole discretion of the Council.

**Florida’s Safe Family Network (FSFN)** - The department’s statewide automated system containing all reports, investigations, special conditions referrals, child-on-child sexual abuse reports, parent needs assistance referrals and related child safety assessments and safety actions or plans and cases regarding child abuse, neglect or abandonment and pertinent information regarding all activities involved in investigative and some case management functions. FSFN is the state’s primary record for each investigation and case and all documentation requirements of the system shall be met.
Non-Judicial In-Home Protective Supervision Services (formerly Voluntary Protective Services) –
Non-court ordered services first offered for voluntary acceptance unless other high risk factors
require court ordered supervision. Such supervision is delivered to the family in home and has
a formal case plan. In Broward County, ChildNet handles Protective Supervision Service cases
as they require more oversight, monitoring, and are for a longer time than Family Strengthening
Services. However, both may run concurrently.

Preventive services – Social services and other supportive and rehabilitative services provided
to the parent or legal custodian of the child and to the child for the purpose of averting the
removal of the child from the home or disruption of a family which will or could result in the
placement of a child in foster care. Social services and other supportive and rehabilitative
services shall promote the child's need for physical, mental, and emotional health and a safe,
stable, living environment, shall promote family autonomy, and shall strengthen family life,
whenever possible. - FL Statute 39.01(59)

Safety Plan – The specific course of action that is determined necessary to control threats of
serious harm or supplement a family’s protective capacities, implemented immediately when a
family’s protective capacities are not sufficient to manage immediate or serious harm threats.
The safety plan is jointly developed by a CPI and/or a services worker and the family. The plan
may include, but is not limited to, interventions aimed at reducing the serious threat of harm or
sign of present danger, decreasing the child’s vulnerability and/or strengthening the family’s
protective capacities. The safety plan shall:
(a) Be agreed upon by the child’s parent or other legal custodian and the CPI or services
worker,
(b) Be signed by the parents or other legal custodian and the CPI or services worker,
(c) Contain specific tasks to be performed by the family or caretaker of the child and the CPI
or services worker,
(d) Be documented in the investigative and case files, and
(e) Address both immediate and long-term protection planning.

Referral for Family Strengthening Services

Child Protective Investigation (CPI) Responsibilities:
1. The CPI shall meet with family who is the subject of the investigation and determine the
protective, treatment, and ameliorative services necessary to safeguard and ensure the
child’s safety and cause the delivery of such services.
2. The CPI shall be listed as Primary in FSFN and is considered the “case owner” until the
investigation is closed.
3. The CPI shall discuss the service needs with the family.
4. If the CPI determines the child is at “imminent risk of removal” but is best served by
community preventive services, the CPI will contact one of the community based Family
Strengthening Programs specifically identified to serve that population.
5. The CPI will fax a “Family Strengthening Referral” form and follow up with a phone call
to the respective FS Provider’s Intake Coordinator.
6. The CPI shall provide a completed referral form and provide the provider agency all
relevant case information inclusive of the family’s prior history.
7. The CPI shall, when appropriate, negotiate a safety plan with the family to ameliorate
risk until the Community Services are initiated.
8. The CPIS may concurrently staff that same case for Legal Sufficiency with Children’s Legal Services, as the use of community preventive services does not preclude the CPI from taking additional safety actions.

9. If the CPI is alerted to non-compliance, inability to engage, new elevated safety concerns, or an inability of the FS Providers to locate the family, the CPI on open investigations shall take the lead to respond appropriately. When the investigation is closed the CPI, or in their absence their supervisor, will request a multidisciplinary staffing inclusive of the Office of the Attorney General (OAG), ChildNet and the FS Provider if relevant.

10. The CPI shall review the closing summary reports submitted via an email, to a secured website, for data entry by the FS provider (even after investigative closure) and they or the CPIS shall ensure entry of the summary report into the closed FSFN case.

Family Strengthening (FS) Program Responsibilities:

1. The FS Intake Coordinator shall let the CPI know of program availability upon receipt of the “Family Strengthening Referral” and advise whether they will OR will not be able to initiate services. This communication shall take place during the CPI’s follow-up call to the referral, as described in Bullet 5, above.

2. If the FS Provider communicates to the CPI that they will not be able to immediately initiate services, their involvement with the case is concluded and no further action on their part is expected. It is the CPI’s responsibility to attempt to find another FS Provider who can accommodate the family.

3. If the program has an opening, the FS Provider Intake Coordinator shall review the referral form, the current allegation, chronological notes of the investigation, prior history of the family who is subject of the investigation, and all other pertinent information provided.

4. Subsequent to the determination, an assigned FS counselor shall make contact with the family via telephone within 24 hours to discuss the family’s willingness to accept community services.

5. The FS counselor shall schedule and conduct a home visit with the family within 48 hours of acceptance of the referral. The FS Counselor will conduct a comprehensive assessment and more specifically discuss the service needs. The FS counselor shall obtain consent in order that the FS counselor and the CPI can discuss treatment progress.

6. The FS counselor will develop a service plan with the family.

7. The FS provider shall minimally conduct weekly home visits.

8. If applicable, the FS counselor shall make referrals to other community services.

9. The FS counselor shall notify the CPI that the service(s) have been initiated.

10. The FS counselor shall advise the CPI immediately via telephone and with a follow-up email if the client becomes non-compliant.

11. The FS counselor shall be the “case owner” following the CPI’s closure of the investigation.

12. The FS will complete a Closing Summary Report containing the client name, original referral allegation, summary of services provided and whether the client was successfully discharged. The Closing Summary Report is sent electronically to the secured CPIS email address (bso_cpis@sheriff.org) for entry into FSFN by BSO.

13. When the service provision is not successful, the FS Provider shall alert the CPI, or their supervisor, by phone and then note the non-compliance issues in their submitted Closing Summary Report.
14. The FS provider shall provide relevant information from their case management file and make efforts to attend any multi-disciplinary staffing that the CPI sets with the OAG and ChildNet if appropriate.

Referral to Family Intervention Specialists (FIS)

Child Protective Investigator Responsibilities:

1. The CPI shall determine if a substance abuse evaluation and related services are indicated for the family and notify the FIS through submission of their intake form, as applicable for their assistance.
2. The CPI shall be listed as primary in FSFN and is considered the investigator and “case owner” even with FIS involvement during the investigation.
3. When imminent risk for removal or high risk exists the CPI shall refer the family for Family Strengthening Services and the FIS shall share information with the FS provider as well as with the CPI.
4. The CPI shall, when appropriate, negotiate a safety plan with the family to ameliorate risk until service intervention begins and risk can be reduced. If Protective Services are initiated with ChildNet then the FIS case manager working with ChildNet shall assume the FIS duties. The CPI shall work with the family to negotiate the safety plan and FIS engagement is deemed to be short term and not for long-term case management.

Family Intervention Specialists Responsibilities:

1. The FIS contacts the parent/caregiver to schedule an assessment and obtain consent in order that the FS, CPI and when applicable the ChildNet child advocate can discuss treatment progress. In the event that consent is not obtained or the client is non-compliant, the FIS will notify the applicable FS Provider and the CPI. The CPI shall determine in conjunction with the OAG if legal action should be pursued in order to ensure safety of the children.
2. The FIS will make contact with the parent/caregiver and provide timely updates regarding actions and treatment progress to the CPI and any applicable FS provider.
3. Following assessment and provided that consent for communication is obtained, the FIS will confirm cooperation with the assessment, provide assessment recommendations and link the parent/caregiver to appropriate community treatment programs.
4. Following contact with the parent/caregiver, the FIS shall develop a treatment plan (i.e. in-patient vs. outpatient, AA meetings, drug testing and therapy).
5. The FIS shall provide progress updates to the CPI during their open investigation.
6. If the FIS intervention is not successful, the FIS will notify the CPI or their supervisor and the CPI shall take appropriate action, which could include requesting staffing in conjunction with OAG and ChildNet to determine further direction.
7. The Circuit is currently negotiating with FIS providers to input their notes directly into FSFN.

Protective Supervision (inclusive of Direct File)

Child Protective Investigator Responsibilities:

1. The CPI in conjunction with OAG and ChildNet shall make a multi-disciplinary staffing determination that protective services are necessary to ameliorate identified risk and if it
is appropriate to be offered on a voluntary basis and/or if there is legal sufficiency to file a petition.

2. The CPI shall be listed as primary in FSFN and is considered the “case owner” even after the Early Services Intervention (ESI)/Legal sufficiency-staffing outcome and up until there is a ChildNet unit and Child Advocate assignment. Then the ChildNet child advocate is listed as primary on the service case and the CPI is primary for the investigation component.

3. The CPI shall have consulted with the family on safety planning in the interim to ameliorate risk until service components were in place.

ChildNet Child Advocate Responsibilities:

1. Within two business days of case acceptance at the ESI/legal sufficiency staffing, the Child Advocate (CA) shall make contact with the family to discuss service needs and visit the child. At the time of this initial visit, the CA in conjunction with their supervisor shall identify frequency of visitation based on risk and provide service referrals.

2. For non-court ordered protective supervision service cases, the case plan is to be finalized and reviewed/signed off by the family within ten days.

3. The CA shall be listed as Primary in FSFN and is considered the “case owner” at the time the case is transferred.

4. The CA shall make referrals for services and document compliance in FSFN.

5. The CA shall staff the case with the assistant director of the in-home unit to review the parents’ compliance within 30 days of the transfer staffing.

Non – Compliance with Non Court-Ordered Protective Services and Direct File

In the event a family is non-compliant with protective supervision, services the ChildNet Child Advocate shall initiate a multidisciplinary legal sufficiency staffing to include any FS provider that was jointly working with the family. This is to determine if a Petition for Dependency should be filed (Direct File or “in home judicial”) or a Shelter Petition for removal is indicated.

New Abuse Report – Family-Strengthening Services

In the event that during the Family preservation service intervention a new abuse report with allegations of maltreatment are received by the Florida Abuse Registry and not deemed to be a duplicate, the assigned CPI shall include the FS Provider as a collateral contact in the new investigation. Additionally, the CPI shall request a legal sufficiency/ESI staffing with the OAG and ChildNet, FS Provider, and prior investigators (if applicable) to review the present circumstances, allegations and risk, and determine if enhanced or elevated service provision is indicated or whether a petition for dependency is necessary.

Domestic Violence

In Circuit 17, Women In Distress, Inc. (WID) a certified domestic violence center, shall in accordance with their Memorandum of Agreement with BSO, have a domestic violence advocate co-located at CPIS in order to more efficiently integrate domestic violence services for at risk families. The CPI may refer high-risk cases involving domestic violence for case consultation with the WID advocate and the WID advocate shall accept appropriate DV referrals for initiating voluntary referrals with the non-offending parent who is adversely affected by domestic violence.
Child Protective Investigator Responsibilities:

1. The CPI shall be responsible for assessing child safety and discussing safety planning with a family affected by domestic violence.
2. The CPI may refer the case to the WID advocate if the client is receptive to the engagement.
3. The CPI shall use other FS providers in conjunction with WID referrals. The investigation shall remain open until the FS provider and WID advocate are able to confirm service and referral initiation and acceptance.
4. Imminent risk factors affecting the child’s safety or welfare with the custodial caregiver in domestic violence cases shall require case management services beyond just a WID domestic violence advocate referral for services. FS providers shall be engaged for purposes of adding additional safety planning and services.

Nancy Merolla  
Circuit 17 Administrator

Perry Borman  
Southeast Regional Director
Broward County System of Care: Prevention

Community Early Intervention
- First Call for Help
- Family Strengthening Program
- Family Success Centers
- Community Centers
- Home-based Services
- Health Department
- Faith Based

Yes

Family Faces Challenges

Resolved

No Further Involvement

Issues not resolved

Abuse/Neglect Surfaces

Page 2
Broward County System of Care: Permanency

Case Closed When Permanency Goals are Achieved and Legal Issues Resolved

Yes

Compliance Achieved, Return Child Home?

No

TPR/Adoption
Independent Living
Long-Term Relative Care
Licensed Custody

Follow-up
6 Months
12 Months
18 Months

Judicial Reviews, Service Provided

Day Forty Five to One Year
Family Strengthening Referral System
For Intact Families

BSO identifies families in need of prevention and family strengthening services.

Referral is made to Henderson Family Resource Team (FRT).

Service Provider in consultation with Referring Agency, determine level of intensity of services needed.

Family needs high intensity services; children at risk of removal from home. Families are referred to:
- In-home 4-12 visits per month provided by Master's & Bachelor's level staff
  - Children's Harbor
  - Children's Home Society (Family Preservation Intervention Program)
  - Boys Town
  - Gulfcoast Community Care
  - Henderson Multi-Systemic Therapy (MST)
  - Institute for Family Centered Services
  - JAFCO MST
  - Kids In Distress (KID FIRST)
  - Memorial Healthcare Systems (Family TIES)

Family needs low to moderate intensity services; Family needs services to help maintain children in the home and prevent future abuse reports. Families are referred to:
- In-home 2-4 visits per month provided by Bachelor's and Paraprofessional staff
  - ARC
  - Children's Home Society (Family Preservation Intervention Program)
  - City of Deerfield/Friends of Children
  - Family Central-HPPI
  - Family Central-Nurturing Parent
  - Healthy Mothers Healthy Babies
  - Kids In Distress (KID FIRST)

Community sources identify families in need of prevention and family strengthening services.