Eckerc CONNECTS

Child Placement Agreements

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Today we will be reviewing:

- What Is A Child Placement Agreement
- How They Started
- What Is Their Purpose
- Key Players and Roles
- Time Frames and Requirements
- Care Precautions Vs. Behavioral Management Plans
- Advisories
- CPA FSFN Walkthrough
- FAQ's



What is a Child Placement Agreement

A Child Placement agreement is a plan put into place to control the threat/potential threat of a child's behavior that can be harmful to that child or others.

They are not to be confused with safety plans. A safety plan is to control the threat or potential threat of a caregiver.

When any child comes into OHC, the child's histories/ investigative reports should be reviewed and through that it should be determined if an advisory, care precaution, or behavioral management CPA is needed. The assigned worker (CPI or CMO) at time of discovery are to implemented a plan or advisory.

While child is in care, all caregivers are to be provided with Full **Disclosure** of child's histories at any new placement for the child.



Eckerd History of Child Placement Agreements (CPA)

In the early 2000's, WARD vs. Kearney was a federal class action lawsuit that alleged that Broward County's foster homes, shelters, and other residential facilities were crowded and children were not screened to determine if they present a risk to other children.

The results of this case led to establish: CFOP175-88: Prevention & Placement of Child Victims & Aggressors involved in Child-on-Child Sexual Abuse, Sexual Assault, Seduction or Exploitation.

The Provisions made were:

- CFOP 175-88 was created
- Evaluation of the behavioral background of kids.
- Mandated manner of placement for kids identified as victims or aggressors.
- Required that foster parents be provided with appropriate information regarding a child's history.
- Bi-lateral service agreements (More communication between service or treatment providers).



What Do Child Placement Agreements Replace?

Child Placement Agreements replace the following:

- Out of Home Plan (in FSFN)
- Sexual Safety Plan/175-88
- Child Safety Plan
- Family Safety Contract

New terminology moving forward is:

CFOP 170-11, Ch. 4- Child Placement Agreements

- Care Precaution
- Behavior Management Plan



If there is any children under your agencies supervision using the prior plans they must be converted into a Child Placement Agreement.



Why Do We Need Child Placement Aareements?

- All Caregivers must be provided with full disclosure of the child's past histories with behavioral and sexualized issues.
- Risk & Safety Assessment & Management
- Stability for Foster Placement, to supply assistance for support
- Needs & Assessments & Services to Foster Parents
- To educate the caregivers on the child's behaviors
- To identify strategies, triggers, court order restrictions, and deescalation techniques
- To list any changes to the use of space, routines, & house rules.



There are several Key Players in the role of CPA creation:

- **Qualified Assessor** Clinical professional with specific training & expertise to assess the child's symptoms/behaviors & can make recommendations based on their assessments. Their role is to provides consultation to help determine the safety & supervision necessary to allow a child to remain with siblings and/or in his/her current placement setting. As well as, provide a recommendation to alter or terminate an agreement.
- Child Welfare Professional This is the CPI, Case Manager, Licensing Staff, & Placement Staff involved with children in out of home care. Their role is to gather information about the child's behaviors & assess the caregiver's abilities to meet the child's needs. They must provide caregiver with all information regarding child, including sexual abuse, Human Trafficking, or other behaviors that could be harmful to other children in the home. Also they are responsible for providing the caregivers with all known information about the child: any advisories or CPA place requirements, any assessments completed, interventions needed, providing medication treatment information, discussing court order restrictions, listing interventions that have or have not worked in past, education and training recommended for caregiver.



- Child Welfare Professional Supervisor —They are all professionals directly responsible for overseeing/managing a CPI, CM, Licensing Staff, or Placement Staff. Their role is to review all initial CPA's, updated child placement agreements, participates in the decision to terminate a child placement agreement, ensure that the CPA are signed timely.
- Caregiver- They are any Licensed Placement, Relative Placement, and/or Non Relative Placements. Their role is that they are expected to discuss and enforce the placement rules, provide assistance to help further assess the child's behaviors/needs (identifying circumstances and actions that happened before or triggered an event or inappropriate behavior)
- Lead Agency- They are any additional staff from the Lead Agency to assist in the implementation, monitoring, and/or termination of Child Placement Agreements. Their role is to identify the Qualified Assessor, help determine if an agreement is necessary based on the child's behavior, the placement, & the treatment provider's recommendations. They are to establishes local protocols and identify which agencies are responsible for doing the child placement agreement.



Timeframes and Requirements

For All Child Placement Agreements, when need for plan is discovered or if the child moves to a new placement, the CMO or CPI, must:

- Complete verbal agreement, reviewing the plan and requirements on day of discovery, day of placement, or at placement coordination. (Must be documented in FSFN within 24 hours of placement or discovery of need)
- Creation of CPA in FSFN within 2 days of discovery and/or placement change
- Signatures Achieved Within 3 Days of discovery and/or placement change
- Signed CPA Uploaded in CPA Details tab within 5 days of discovery and/or placement change



Timeframes and Requirements

- If, for any reason, the timeframes for CPA are not met then the CMO's/CPI's barriers as to why it was not completed timely must be documented under the CPA Details Tab Comment Section. Examples are:
 - Signatures were not achieved as child left the placement within 2 days.
 - Signatures not achieved as child went on the run.
- CPA updates must be completed for each placement move; this includes interim placements and night to nights.
- The CMO/CPI is responsible for including that the child has a CPA on the placement intake forms when requesting change in placement. If this is not on the form then placement will not know to provide verbal agreement of CPA to the caregiver. If placement does not provide a verbal agreement, then the responsibility falls on the CMO/CPI to complete the verbal agreement within 24 hours of placement.



There are two types of Child Placement Agreements Behavioral Management Plans and Care Precautions.

Behavioral Management Plans are most restrictive, and are for children who have demonstrated juvenile sexual abuse and/or have behaviors that are a significant threat to themselves or others within the last twelve months.



Care Precaution Plans are least restrictive, and they are in place for shorter periods of time. They are a step down from a Behavioral Management Plan.



Behavioral Management Plans should be in place for children who:

- Are Alleged or Verified Sexual Aggressor within the last 12 months. This includes COC incidents
- Have Behaviors that are significant threat to themselves or others within the last 12 months. Behaviors can be but are not limited to: Physically Attacking Others, Severe Self-Harm, Fire Setting, Wounding or Killing Animals, Active Property Destruction on purpose with severity, A child with a communicable disease (one which is life threatening and cannot be cured) whether or not symptomatic who display behaviors that increase the risk of transmission.

The initial requirements will be the most restrictive until recommendations from a Qualified Assessor are received.

• If it is identified at time of discovery that the incident occurred more than 12 months prior, a discussion would need to be had with Utilization Management Specialist and the Clinical Supervisor to determine if it can be lessened to Care Precaution or advisory.



For Initial Behavioral Management Plans, the following must be included in the CPA:

- 1. The child is the youngest child living in the home
- 2. A physically or sexually aggressive child has a separate bedroom from any more vulnerable children.
- 3. The child's bedroom has an alarm or other alerting device for the door when there are concerns for the safety of the child or other children in the home during the times when caregivers are sleeping.
- 4. During awake hours the child must receive sight and sound supervision.
- 5. For Group Home or Relative/Non-Relative placements, the child can live in a home with all aged children with the following bedroom restriction: The child is the youngest in the room and can only be placed with a child who is not vulnerable nor been an alleged or verified victim of sexual abuse.
- 6. For Group Home Facilities, an exception to an alarm or alerting device can be utilized if the group home has protocols in place to prevent other children from room entry and an ongoing monitoring protocol. The protocol used must be explained for any placements in detail as to how monitoring will be implemented. The Group Home should list their protocols on the CPA form to show what will be in place in regards to monitoring in place of an alarm/alerting device. CMO/CPI must agree with protocol to meet the exception.
- 7. Whenever a child is residing in an ECA approved licensed foster home, an exception can be made. If the caregivers have ample experience and training working with children displaying the behaviors that warrant the need for this CPA, then the child does not have to be the youngest in the home.
- 8. For SIPP or STGH placements that have appropriate monitoring protocols of their own which supersede the protocols listed in this CPA, an exception can be made where the CPA serves as an acknowledgement only of the child's histories and behaviors and what to be aware of when monitoring this child. The STGH or SIPP placement should document their protocols in writing on the CPA form and signatures show acknowledgement of plan and how they meet criteria for this exception.



Rules 5-8 are pre-made exceptions approved by ECA to be added to all initial BMP Plans to allow for ease of transition between homes in regards to Placement Environment Changes and the CPA updating processes.

There is one exception for rules 1 and 5 that must be followed:

• If child is an alleged or verified aggressor towards an older child then the child cannot share a room with any aged child and must have own room in the home regardless if it is a relative/non-relative or group home setting

Additional Placement Requirements should be added if there are targeted concerning behaviors that need to also be addressed in regards to caregivers monitoring the child (Ex. Baker Act Behaviors, Elopement Behaviors, Drug Use Behaviors, Physical Aggression, Self-Harm, Harm to others). CMO/CPI must ensure that the CPA's are covering restrictions that apply further to any of the concerning behaviors of the child. These restrictions would be added in addition to the minimal requirements needed that were listed on prior slide.



No Changes can be made to a Behavioral Management Plan without approval supplied in a Qualified Assessment.

A Qualified Assessment by a Qualified Assessor must be completed within 45 days of the discovery of the need for a CPA, and the requirements in the CPA must be modified as necessary per results of the Qualified Assessment. The CMO/CPI should be referring the Child to the ECA Qualified Assessor upon date of discovery/creation of a new Behavioral Management CPA. Referrals should be set to the Utilization Management Specialist as a Point of Contact. Utilization Management Specialist will ensure the child is submitted for review to the ECA Clinical Supervisor and will report results from assessment to the CPI/CMO upon completion.



Care Precautions plans can be in place for, but not limited to:

- Children who have stepped down from a behavioral management plan
- Verified victim of sexual abuse within last 12 months with no current sexualized or significant concerning behaviors.
- An Alleged Victim of Sexual Abuse within the last 12 months with no current sexualized or significant concerning behaviors
- Verified CSEC victim with no current sexualized or significant concerning behaviors.
- Problematic Sexualized Behaviors.
- Had significant behaviors that were a threat to themselves or others that occurred more than a year ago, examples are but not limited to: fire starting, self-cutting, extreme physical aggression, frequent runner, harming animals, issues with law enforcement



All Care Precautions Plans must list the following placement requirements, at minimum:

- Caregiver is to monitor the child's behaviors
- Caregiver is to look for any future red flags and report them to CM/CMS or CPI/CPIS
- Child is to have own bedroom unless this is not possible and caregiver agrees to careful and frequent monitoring of sleeping arrangements in order to inform ongoing supervision needs.
- Child is to not share a room with any child who is sexually aggressive, displays problematic sexual behaviors, or has a history of sexual abuse.
- Caregiver is to monitor the child around other children



Care Precaution Plans should be tailored to fit the child's specific need and issues. The last two requirements only apply if the child is a victim of CSEC or Sexual Abuse.

Addition requirements are to be added per need of child and the behaviors displayed. For example, if a child is a known cutter the caregiver should be asked to monitor all sharp objects around child.

The need to have own rooming requirement can be ruled out in 2 other instances:

- If the child's current treatment provider deems that it is not necessary for the child to have their own bedroom, document this in the CPA placement requirement narrative box and then cease from adding requirement 3 to CPA plan.
- If the child is placed with their sibling group and there are no concerns for the safety of anyone in the sibling group, document this in the CPA placement requirement narrative box and then cease from adding requirement 3 to CPA plan.

If the child is placed in a relative/non-relative placement, a Care Precaution CPA will not be established when the relative/non-relative caregiver(s) have extensive knowledge about the child as the result of providing care in the past and there are not any concerns for the child's safety or safety of others in the home. If this is established CMO/CPI must document this in FSFN as to why no plan has been created and that a conversation was had with the caregiver agreeing plan was not needed.



These plans do not have to have a Qualified Assessment to terminate the plan or make modifications. It is the CMO/CPI's responsibility to implement CPP's and work to terminate or modify were needed. After 45 days of initiating a plan, any party involved that feels the plan's placement requirements need to be modified, lessened, increased to a BMP, or terminated then the agency can hold a staffing to look at modification of the plan. All parties must agree on any changes suggested in staffing before it can be implemented. All parties that directly work with this child should be involved in this staffing.

If looking to terminate a plan, a minimum timeframe must be in place where all parties have observed that the child has had no issues with behaviors that period of time. If it is decided this plan can be terminated; in the future the child would need an advisory provided to any future placement alerting them that the child had a plan prior (explaining the reasons for plan to caregiver) and that at this time the child is to be monitored by caregiver for any red/flags or changes in behaviors as well as to monitor around other children, especially known or alleged aggressors of sexual abuse. (last sentence to be edited per the CPA that was in place.)

Any changes implemented must be documented in the Reviews Tab of the CPA showing a staffing was held, listing why the CPA is being modified, and what determination was made.





Advisories are verbal agreements with caregivers about alleged behaviors/histories or behaviors/histories that have been deemed to no longer need a CPA.

An Advisory must be issued for children in situations where either:

- A child's histories were reviewed and there is a past incident where the child is an alleged victim of sexual abuse, alleged CSEC victim, or was an alleged/verified aggressor (only for aggressors where need for plan was ruled out by Qualified Assessment)
- If a CPA has been terminated either by a Qualified Assessment or a CMO/CPI Staffing, depending on the type of plan, an advisory will be required to be given to caregiver's moving forward.





The CPI and/or CMO are responsible for ensuring advisories are given on date of or before placement in the home and documentation is to be listed in FSFN.

Advisories must be documented in FSFN within 24 hours of placement in the home.

The CMO/CPI is responsible for including the specific advisory needed on the placement intake forms when requesting change in placement. This is to be documented in the Additional Information Section. If this is not on the form then placement will not know to provide an advisory to the caregiver. If placement does not provide an advisory, then the responsibility falls on the CMO/CPI to complete the advisory on day of placement.

Advisories may be adjusted by UM to fit the need of child in cases were QA's were completed and the need for a CPA was terminated.



Advisories for Caregiver's

The minimum statements to be provided to caregiver should be:

For sexualized victims only: "The child is listed in a report from (list summary of report and reason for advisory). The caregiver is to watch the child for any red flags, new behaviors, and the child is to be monitored around other children especially alleged/known aggressor of sexual abuse. Caregiver to report any concerns that arise to CMO/CPI."

For past behavioral only: "The child is listed in a report from (list summary of report and reason for advisory). The caregiver is to watch the child for any red flags, new behaviors, and the child is to be monitored around other children especially vulnerable children. Caregiver to report any concerns that arise to CMO/CPI.""

For past behavioral and sexualized issues: "The child is listed in a report from (list summary of report and reason for advisory). The caregiver is to watch the child for any red flags, new behaviors, and the child is to be monitored around other children especially vulnerable children and alleged/known aggressors of sexual abuse. Caregiver to report any concerns that arise to CMO/CPI."



Rule Out or Modification of CPA's

Instances where CPA's can be ruled out or modified:

- If a child is reunited with their biological parents or court ordered guardian however are still under CMO/CPI watch, the CMO/CPI can staff for both types of CPA plans to determine if these can be terminated. Any changes to the plans are to be documented in the CPA Review Tab and in FSFN.
- If a child ages out of care or if OHC Case is closed, CMO/CPI to terminate the CPA in the CPA Details tab on date of aging out of system or date of case closure.
- If the Child's Primary Therapist creates any type of safety requirements for caregiver to follow with the child, these should be added in the CPA placement requirement section as well as any court order stipulations the caregivers should be following in regards to a new incident.
- If any new self-harm incident, extremely behavioral incident, sexualized incident, CSEC incident occurs the CMO/CPI must implement a new CPA or update Current CPA for the new incident to meet code, show correct reasons for the plan, or modify for any Qualified Assessment Results on new incident. (See Slides 11-19)
- If a child returns to OHC and had a prior CPA, CMO/CPI to implement new CPA if concerns still exist on past behaviors.
- For Care Precaution Plan's only, If the child is placed in a relative/non-relative placement, a Care Precaution CPA will not be established when the relative/non-relative caregiver(s) have extensive knowledge about the child's past and there are not any concerns for the child's safety or safety of others in the home. CMO/CPI to document this in FSFN as to why no plan has been created and that a conversation was had with the caregiver about histories. (See Slide 18)



Rule Out or Modification of CPA's

Instances where CPA's can be ruled out or modified:

- For Care Precaution Plan's only, If the child is placed in a relative/non-relative placement, a Care Precaution CPA will not be established when the relative/non-relative caregiver(s) have extensive knowledge about the child's past and there are not any concerns for the child's safety or safety of others in the home. CMO/CPI to document this in FSFN as to why no plan has been created and that a conversation was had with the caregiver about histories. (See Slide 18)
- For Care Precaution Plans Only, if after a minimum of 45 days of initiating a plan, the child is having no further concerning behaviors where any party involved feels the plan's placement requirements could be modified, lessened, or terminated then the agency can hold a staffing to look at modification of the plan. Any changes implemented must be documented in the Reviews Tab of the CPA showing a staffing was held, listing why the CPA is being modified, and what determination was made. (See Slide 19 for more information)
- For Behavioral Management Plans Only, if there is a licensed therapist assigned or a Qualified Assessor that is willing to document in written a Qualified Assessment listing the need or lack of need for a CPA. The CMO can substitute the required placement requirements per code to meet the placement requirements provided in the Qualified Assessment. If a CPA is ruled out then CMO/CPI must provide a verbal advisory to caregivers moving forward of the incident. (See Slides 20-22 for verbal advisory information)
 - All Qualified Assessments should be documented in FSFN Narrative if they rule out the need for a CPA. All Documentation of the Assessment to be uploaded in the File Cabinet.
 - All Qualified Assessment that modify the requirements needed per code in a CPA for the child must be documented in the completed CPA's Review Tab to show why the CPA differs from the code requirements. (See slide 33 for identification of Review Tab in CPA)
 - Behavioral Management Plans can only be terminated or modified by a licensed therapist or Qualified Assessor.



Child Placement Agreement Components

Components found in a Child Placement:

General Information

Reason for Agreement

Agreement Type

Placement Requirements

Purpose

 Recommended caregiver specific supports

 Child's current behaviors/circumstances

Prevention Rules & Review

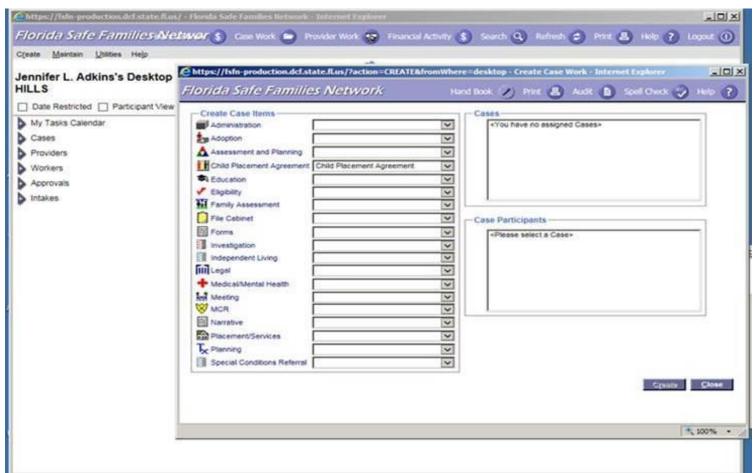


The CPA found FSFN has five CPA Tabs to explain all the above information. The First Tab's purpose is to displays all information entered from tabs 2-4



Child Placement Agreement FSFN Walktrhough

To create a new CPA: Go to Create - Case Work- Select Child Placement Agreement- Select Case- Select Child





Child Placement Agreement FSFN Walktrhough

In CPA Details Tab: This is where you create new plans, create plans due to changes or moves, insert reason for plan, launch word CPA, upload signed CPA's, document any barriers, and/or terminate the CPA when deemed no longer needed. All barriers must be documented by the Agency in the comment section as an update under that specific plan (Ex: Update as of 1/11/18- CMO did not receive signatures timely on the initial plan because the child moved within 1 day of creation of plan). Any barriers listed does not display on the document that prints for sigantures. It is for internal use only.

Florida Safe Families Network Hand Book 🕖 Print 📳 Audit 📋 Spell Check 🌍 Help 🕐 Status: Active Current Child Placement Placement Requirements Caregiver Supports Reviews Agreement Details Actions Initial Agreement Update to Agreement BILOTTA , VINCENT (158939) Insert Agreement Comments: Validating that the 03/02/2017 radio button Agreement Termination Reason Plan is no longer required Termination Date: 00/00/0000



Child Placement Agreement FSFN Walktrhough

In CPA Details Tab, continued: When creating a new plan, there is a "Reasons" hyperlink found next to area where you identify type of plan, this must be clicked every time a new plan or update is entered. Here is where all areas of concern are checked and in narrative box the reason for the plan is summarized. Once this is saved, unless changes are needed, the agency should be able in future plans to just open and hit save without having to re-enter information.

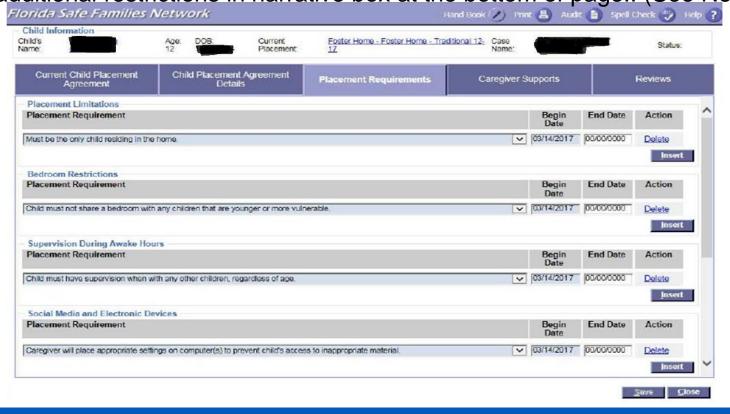
Behaviors that are a Significant Threat to Others	Severe Self Harm
✓ Animal Cruelty Destructive to Property Fire Setting Physically Assaultive Other Sexual Abuse Sexual Battery Sexual Exploitation Sexual Molestation	Eating disorders Punching or hitting to evince pain/ injury Runaway behavior Self-cutting Self-inflicted burns Sticking objects in skin Suicide Attempts Other
Other Human Trafficking (Commercial Sexual Exploitation of a Child) Describe the child's current behavior(s) or circumstance(s) that explain the	□ Direct Contact □ Non-Contact □ Other
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Child Placement Agreement FSFN Walktrhough

In Placement Requirement Tab: This is where all restrictions and requirements are entered and where restrictions can be end dated per updates to plan. Use the drop boxes for the general requirements listing the effective start date as the initial plan date. The last drop box, if other requirement exist you would select the drop down for this and then add additional restrictions in narrative box at the bottom of page.. (See Next 2

Slides)





Child Placement Agreement FSFN Walkthrough

Options in the Drop Down Selections are available. If they are selected in the drop down sections, then they do not need to be added in the additional placement requirement box:

I.	Placement Requirements:	
Placement Limitations		
	☐ Must be the only child residing in the home.	
	☐ Child has specific placement limitations with sibling(s).	
	☐ Must be the youngest child in the home.	
Bedro	oom Restrictions	
	☐ Child must have his/her own bedroom.	
	☐ Child must not share a bedroom with any children that are younger or more vulnerable.	
	☐ Child must not share a bedroom with any child who is sexually aggressive, displays	
	problematic sexual behavior or has a history sexual abuse.	
	☐ Child must have an alarm or other alerting device for his/her bedroom.	
	☐ All bedrooms must have baby monitors so caregiver(s) can investigate unusual sounds.	
Super	vision During Awake Hours	
	☐ Child must have supervision when with any other children, regardless of age.	
	☐ Child must have supervision when with younger or more vulnerable children.	
	☐ Child must have adult supervision on all outings.	
	☐ Child must have supervision of all interactions with peers.	
	☐ Child must have special contact restrictions beyond those listed in the visitation plan.	
Social	Media and Electronic Devices	
	☐ Child must not have access to social media.	
	☐ Child must not have a cell phone.	
	☐ Caregiver will place appropriate settings on computer(s) to prevent child's access to	
	inappropriate material.	
Other	Requirements	
	☐ Caregiver must lock up specific items such as knives, matches, lighters or other items that	
	child might use to start a fire or injure self.	
	☐ Special contact restrictions exist beyond those listed in the visitation plan.	
	Other placement requirements exist.	



Child Placement Agreement FSFN Walkthrough

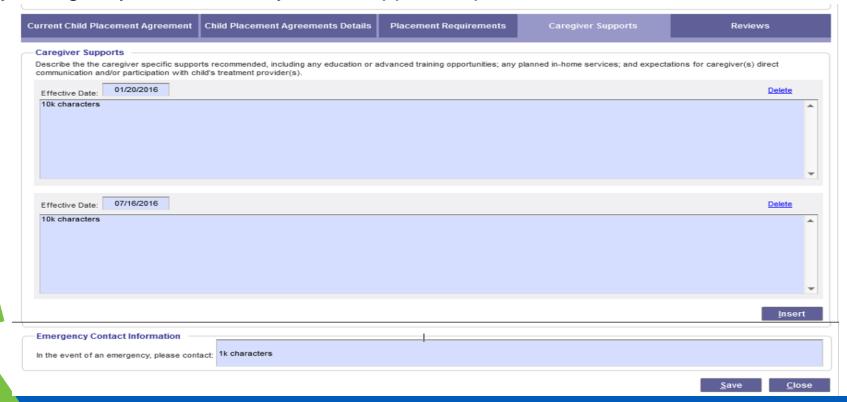
In Placement Requirement Tab, Continued: At the bottom of the page, there is a narrative section to add the group home exceptions and any additional requirement needs. Always check other requirements exist in the drop box category before adding to this box. The agency must insert a new narrative box if an update is made with the effective date matching date of change in restrictions.





Child Placement Agreement FSFN Walkthrough

In Caregiver Support Tab: This is where agencies enter the supports in place for each caregiver to help maintain the child in the home. It is also where the emergency contact information is listed. This should be updated with each move. Emergency contact information to consist of CM/CMS/On-Call name and numbers for your agency as well as any other supportive parties.

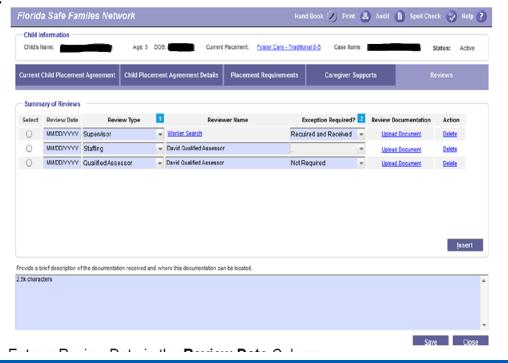




Child Placement Agreement FSFN Walkthrough

In Reviews Tab: This is where the Agency documents any review that is completed for the child involving the CPA (Ex. Qualified Assessment's, Supervisor Review for termination/modification on CP Plans, Sexual Abuse Assessments which may or may not modify plan, etc.). The Agency will insert a new plan, list the date the review occurred, provide type of review, full name and title of the reviewer, attach any documentation/reports, and in the narrative box list the Results verbatim from the review explaining how they effect the current plan. *This page is not shown on CPA when it is

printed for signatures.



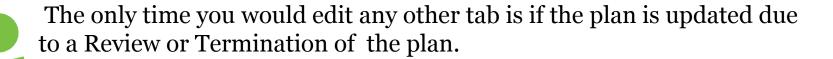


Child Placement Agreement FSFN Walkthrough

Once all tabs are completed correctly on the initial plan, it makes the transition in creating a new plan very simple.

The only two tabs that must be updated with any move or change of placement are the:

- CPA Details tab (Insert the new plan/explain)
- barriers)
- Caregiver support tab (provide supports listed for
- new caregiver).



The CPA severs as an internal timeline on FSFN database for every move the child makes.



Frequently Asked Questions

Q: Are CPA's Audited?

A: Yes, ECA performs an audit monthly of the CPA's due to children's moves during the prior month. DCF also will be performing audits.

Q:Do we wait until the Utilization Specialist emails us stating the need to create a plan or supplies email showing needs for current plans, before we do anything.

A: No the CMO/CPI Agencies are responsible for creating new plans timely with any new discovery of an incident or change in placement. Agencies only hear from the Utilization Management Specialist if a need was discovered that was unknown or if the CPA is out of compliance and/or no updates have been recorded.

Q:Where do we launch the CPA for Signatures and Upload the CPA when Signed? I have been uploading in the File Cabinet.

A:CPA are launched and also uploaded in the CPA Details Tab of the plan. The signed copies must be stored here as well as a hard copy in the child's file.

Q:Do I only need to obtain signatures or make updates if the child has a permanent placement? My child moves placements night to night right now.

A: NO!! You must update the CPA with every move including but not limited to night to nights, overnight visits to relative, etc. Any barriers are to be documented under the CPA Details tab comment section for that move.



Frequently Asked Questions

Q: What if there is not a barrier that is justifiable that explains why signatures or verbal agreements weren't completed timely?

A: If something were to happen to a child, a caregiver, or the child in care in a home and no verbal agreement nor signatures were achieved timely the Agency assigned to that child would have major compliance issues and possibly major repercussions if they are not able to explain the barriers. **Barriers must be explained** as to why State Statute Timelines were not met for every move. If the reason for missed Signatures or Verbal Agreements cannot be explained the CMO/CPI Staff would need to consult with their Supervisors and Leadership as to what barriers to list.

Q: Are Advisories forever?

A: Advisories must be given for the remaining time a child is in OHC. This means whether they are in a relative, non-relative, licensed placement, or return to parents all parties must receive an advisory of the child's past issues.

Q: Isn't Placement suppose to make verbal agreements and/or the initial advisories at placement coordination?

A: Placement will not complete an advisory or verbal agreement if the CPI/CMO does not list the need on the Placement Intake Form. This must be documented in the narrative section "Additional Comments" showing what the specific advisory is or the CPA needs. If it is not there and/or for some reason they do not complete it, then the CPI/CMO is responsible for completion as they are the lead on the case.



Frequently Asked Questions

Q: I am too swamped to get signatures timely and cannot keep up with all the CPA's, I do not want to get dinged on an audit. What can I do?

A: Unfortunately, CPA and Advisories are in place to ensure the safety of the children, other children in the home, and the caregivers. They must be completed timely. However, The CMO/CPI agency as a whole must assist to ensure this is complete. That means CM/CPI'S, Supervisors, APD's, and Leadership should be available to assist. Make sure to reach out to your team for help when it is needed,

Q: Why does ECA request signatures be completed by day three when statute states they can be achieved and uploaded by day 5?

A: ECA requires this because if a child has a CPA in place then there is a **high need** to ensure that all parties are aware of the past incidents, they understand the risks, and they are following the placement requirements. Therefore ECA requires signatures on day three to ensure timely delivery of the documentation and also to allow if there are any barriers to achieving signatures by day 3. This allows for two additional days to gain signatures and upload them before being out of compliance with State Statutes.





Handouts provided:

- Blank Child Placement Example
- Child Placement User Guide
- Child Placement Agreement Protocol Tool

Useful websites:

- The Center for Child Welfare At USF Child Placement Agreement Resource Page with additional trainings: <a href="http://www.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacementAgreement.centerforchildwelfare.org/childPlacement.centerforchildwelfare.org/childPlacement.centerforchildwelfare.org/childPlacement.centerforchildwelfare.org/childPlacement.centerforchildwelfare.org/childPlacement.centerforchildwelfare.org/childPlacement.centerforchildwelfare.org/childPlacement.centerforchildwelfare.org/childPlacement.centerforchildwelfare.org/childPlacement.centerforchildwelfare.org/childPlacement.centerforchildwelfare.org/chi
- CFOP 170-11, Chapter 4 Website:
 http://centerforchildwelfare.org/kb/DCF Pol/CFOP 170/CFOP170 11
 -Ch4.pdf



- The Center For Child Welfare at USF: CPA Agreements
 http://www.centerforchildwelfare.org/childPlacementAgreement.shtml
- CFOP 170-11, Chapter 4
- Florida Administrative Code
- ECA Child Placement Agreement Policies and Procedures
- Child Placement Agreement User Guide; FSFN Network, May 2017
- Chapter 39

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