

Chapter 2

PROCEDURES FOR MONITORING REFERRALS AND SERVICE PROVISION

2-1. Purpose. This chapter describes procedures for monitoring implementation of a Plan of Safe Care. Monitoring is intended to assess whether or not families are being provided appropriate referrals and to what extent the delivery of services is meeting the identified needs of affected infants, mothers, and family members. Consistent with s. 39.001, F.S., a Plan of Safe Care is to be developed through constructive, supportive, and non-adversarial relationships intruding as little as possible into the life of the family. Accordingly, a Plan of Safe Care is always voluntary. Monitoring is intended to ensure child welfare professionals are initiating timely and appropriate referrals to service providers who have developed a culturally sensitive, multi-faceted, and multidisciplinary approach to working with mothers and infants prenatally exposed to substances.

2-2. Legal Authority. The Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization (2010) and P.L. 114-198, Comprehensive Addiction and Recovery Act of 2016, Title V, Section 503, authorizes states to develop monitoring systems regarding the implementation of plans to determine how effectively local entities are providing referrals to and delivery of appropriate services.

2-3. Initiation of Referrals. As required by s. [383.14](#), F.S., all attending health care providers are required to refer infants identified as prenatally exposed to alcohol and controlled substances for early intervention, remediation, and prevention services. This process typically begins when Healthy Start staff offer universal risk screening for all pregnant women and infants to ensure that preventive care is directed as early as possible to prevent or minimize adverse outcomes. In some instances, child welfare professionals may determine a need for screening and services post birth or hospitalization.

a. At any point a child welfare professional identifies that an infant under one year of age has been affected by prenatal exposure to alcohol or controlled substances, a referral to a home visiting program for development and implementation of a Plan of Safe Care must be discussed with the parent or caregiver and the referral completed if the family accepts.

b. If the family declines the Plan of Safe Care, the child welfare professional must note the date the family declined the service in the case notes.

c. Concurrent with the engagement efforts, the child welfare professional shall consult with a substance abuse expert as provided in CFOP 170-5, [Chapter 11](#), to determine the most appropriate course of action to ensure child safety and to arrange for further assessment or intervention as necessary.

2-4. Service Provision.

a. When initiated on a voluntary basis, the Healthy Start coalition will collaborate with other stakeholders and partners to provide services for infants and families affected by prenatal exposure to alcohol and controlled substances including, but not limited to:

- (1) Other home visitor programs.
- (2) Healthy Families Florida.
- (3) Providers of Healthy Start services.
- (4) County health department(s).
- (5) Child Protection Teams.

(6) Prenatal and pediatric care hospitals and birthing centers.

(7) Children's Medical Services providers.

(8) Substance use disorder treatment providers.

(9) Department of Children and Families and their contracted providers (i.e., Community-Based Care Lead Agencies, Managing Entities).

b. In addition to the services provided by home visitor programs, infants diagnosed with Neonatal Abstinence Syndrome with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and/or poor feeding and sucking shall be referred to Early Steps. Early Steps is Florida's early intervention system that offers services to eligible infants and toddlers (birth to 36 months) with significant delays or a condition likely to result in a developmental delay. Early intervention is provided to support families and caregivers in developing the competence and confidence to help their children learn and develop.

c. When initiated as a component of judicial or non-judicial case planning activities, development of a Plan of Safe Care and initiation of service provision are the responsibility of the assigned case manager. The need for any or all components of a Plan of Safe Care should be identified and assessed in the FFA-Ongoing, Progress Updates, and incorporated into case planning and treatment services.