



State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

DATE: December 23, 2010
TO: Regional Directors
THROUGH: Peter Digre, Assistant Secretary for Operations
David L. Fairbanks, Assistant Secretary for Programs
FROM: Alan Abramowitz, State Director, Office of Family Safety
SUBJECT: Bilateral Agreement (Partnership Plan)
ACTION REQUESTED: Please disseminate broadly.
DUE DATE: January 3, 2011

PURPOSE: The purpose of this memorandum is to provide the revised bilateral agreement (Partnership Plan) for dissemination throughout your systems of care. The attached Partnership Plan and the implementation guidance were developed in collaboration with foster parents and Quality Parenting Initiative (QPI) participants to be consistent with the community-based system of care in Florida.

BACKGROUND: In working with QPI sites over the last year, foster parents and staff have raised policy and program issues needing revision to support the QPI brand. The Bilateral Service Agreement (CF-FSP 5226) was one of the forms identified for updating. While the core values of the original agreement are retained, the revised document is more consistent with the community-based system of care in Florida today. A group of foster parents, youth representatives, lead agency staff, Children's Legal Services and program staff worked together to develop the new partnership framework and the implementation guidance.

Carole Shauffer, Executive Director, Youth Law Center, presented the Partnership Plan and guidance to the Department's senior leadership team on December 13 and to the statewide management team on December 17, 2010. It was agreed that the attached Partnership Plan will be a replacement for the bilateral agreement specified in 65C-13, 65C-28, and 65C-30, F.A.C. The Policy Council (a collaborative rules revision oversight group) will meet in early 2011 to consider all proposed changes to the existing child welfare rules.

ACTION REQUESTED: Please disseminate to foster parents and staff/stakeholders serving children in out-of-home care. Thank you for your continued efforts to provide high quality care.

CONTACT INFORMATION: For additional information, please contact Gay Frizzell at Gay_Frizzell@dcf.state.fl.us or at (850) 921-3005.

cc: Carole Shauffer, Youth Law Center
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Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Partnership Plan for Children in Out-of-Home Care

All of us are responsible for the well being of children in the custody of the Department of Children and Families (DCF). The children's caregivers along with the Florida Department of Children and Families, community-based care (CBC) organizations, their subcontractors and staffs of these agencies undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need normal childhoods as well as loving and skillful parenting which honors their loyalty to their biological family. The purpose of this document is to articulate a common understanding of the values, principles and relationships necessary to fulfill this responsibility. The following commitments are embraced by all of us. This document in no way substitutes for or waives statutes or rule; however we will attempt to apply these laws and regulations in a manner consistent with these commitments.

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, caregivers and DCF, CBC and agency staff will work together in a respectful partnership.
2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his or her family.
3. Caregivers, the family, DCF, CBC and agency staff will participate in developing the plan for the child and family, and all members of the team will work together to implement this plan. This includes caregiver participation in all team meetings or court hearings related to the child's care and future plans. DCF, CBC and agency staff will support and facilitate caregiver participation through timely notification, an inclusive process and providing alternative methods for participation for caregivers who cannot be physically present.
4. Excellent parenting is a reasonable expectation of caregivers. Caregivers will provide and DCF, CBC and agency staff will support excellent parenting. This requires a loving commitment to the child and the child's safety and well being, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.

5. Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation including sexual orientation and family relationships. DCF, CBC and agency staff will provide caregivers with all available information to assist them in determining whether they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.
6. Caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.
7. DCF, CBC and agency staff will provide caregivers with the services and support they need to enable them to provide quality care for the child.
8. Once a family accepts the responsibility of caring for the child, the child will be removed from that family only when the family is clearly unable to care for him or her safely or legally, when the child and his or her biological family are reunified, when the child is being placed in a legally permanent home in accordance with the case plan or court order, or when the removal is demonstrably in the child's best interest.
9. If a child must leave the caregiver's home for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures they have all their belongings, and allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.
10. When the plan for the child includes reunification, caregivers and agency staff will work together to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.
11. Caregivers will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication. DCF, CBC and agency staff will provide caregivers with the information, guidance, training and support necessary for fulfilling this responsibility.

12. Caregivers will work in partnership with DCF, CBC and agency staff to obtain and maintain records that are important to the child's well being including child resource records, medical records, school records, photographs, and records of special events and achievements.
13. Caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. DCF, CBC and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.
14. Caregivers will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC and agency staff will share information with each other about the child's health and well being.
15. Caregivers will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the child's progress and needs.

Implementing

The Partnership Plan for Children in Out-of-Home Care

Background

All children need “normal” childhoods as well as loving and skillful parenting. This is no different for children who enter out-of-home care settings due to abuse and neglect. In fact, maintaining normalcy, providing loving and skillful parenting, and honoring the child’s loyalty to their biological family becomes even more challenging due to the abuse, neglect, and/or trauma experienced by the child which necessitated the child’s removal from their home.

The key to ensuring the type of parenting necessary to provide the level and quality of care we would expect for our own child includes recruiting, training, supporting, empowering, and ultimately retaining committed and skilled caregivers who can provide excellent care, work with biological families, and collaborate with agencies in a manner that promotes child safety, well being, and expedites permanency. In essence, caregivers are *not* the sole responsible party for ensuring quality care to children who enter out-of-home care. Rather, it is a shared responsibility between the biological family, the caregiver, Community-Based Care agencies, and the Department.

Success in this endeavor will be contingent upon the nature and quality of relationships between these key stakeholders throughout the child’s stay in care. The current mechanism commonly used to set the framework for this relationship is the Foster Parent Bilateral Agreement. The agreement was originally designed to capture, document, and communicate mandatory (by rule or statute) responsibilities and requirements to foster parents. Because foster parents sign the document it is commonly used by many areas of the state as a foster parent “contract”. This has proven to be problematic in some areas and with some foster parents as it is sometimes perceived as a punitive tool used to inappropriately “control” or retaliate against foster parents. This in turn has created some trust issues between some foster parents, licensing, and case management which have at times resulted in adversarial relationships regarding child placement and other child-specific issues. While issues such as these may not be systemic in nature, it does present a significant opportunity for improvement.

The creation of a more inclusive, collaborative environment that embraces caregivers as partners is an integral step in improving and ensuring quality parenting for those children we serve in out-of-home care settings including foster families and relative and non-relative care. The Partnership Plan for Children in Out-of-Home Care provides a framework that strengthens the depth and quality of the relationship between caregivers, case management, and licensing and refocuses organizational culture on partnership and open communication rather than simply on compliance and oversight.

The Partnership Plan in no way substitutes for or waives statutes or rule. Mandatory requirements will remain intact and will be communicated to caregivers through a single source as determined by local Community-Based Care Lead Agencies, e.g. a caregiver handbook. We will attempt to apply these laws and regulations in a manner consistent with the commitments and framework established through the Partnership Plan.

Feedback and Evaluation Loop

The Partnership Plan defines and sets expectations with regard to core values, principles, and relationships necessary for ensuring quality parenting experiences for children. To make these expectations meaningful an ongoing systematic feedback and evaluation loop is necessary. Such an evaluation would be used to assess implementation progress, to objectively identify potential opportunities for improvement, and to identify and eliminate barriers to implementation. Evaluation approaches should allow for both responses to child or caregiver-specific issues in real time and the aggregation of data to overall performance.

Feedback from three main stakeholders (children in care, caregivers, case management / licensing) will be needed to assess the effectiveness of relationships within the system of care. Tools are currently in place for each of these areas and their use is already required as part of the annual relicensing process. These are:

- Feedback from all foster parents is solicited during relicensure regarding their perception of the support of the case management organizations (Form CF-FSP 5223)
- Feedback from children exiting a placement is solicited regarding their experience while in a particular foster home (Youth Exit interview)
- Feedback from the case management staff who had a child placed in a licensed home under review is solicited regarding the care provided by the out-of-home caregiver (Form CF-FSP 5224)

These tools could be modified to incorporate the principles outlined in the Partnership Plan. As these tools are used now, child or caregiver specific issues identified are addressed on a case by case basis within appropriate timeframes. With some planning, the feedback could be aggregated to provide continuous review and analysis of the information at a systemic level which could support systems improvement.

Because each Circuit/CBC has different needs and resources the evaluation process should be developed and supervised locally although it would be most efficient if all of the CBCs and Circuits in each region could agree upon the evaluation instruments to be used. Circuits could then develop their own systems for using the aggregate data for systems improvement. For example, a cross functional, multidisciplinary workgroup comprised of stakeholders such as representatives of the CBCs, licensing, case management, foster parents, GALs, DCF and any other party that the local community feel is appropriate could review this feedback, data, and information, to identify and prioritize improvement opportunities, and to develop improvement strategies. The review could include a discussion regarding the strengths and challenges of the local system of care and provide an action plan to overcome any identified barriers. This approach would help to ensure that continued assessment of the provision of services to the children in care will be an ongoing and collaborative process.