

Final Annual Progress and Services Report

The **mission** of the Department of Children and Families is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. Our **vision** is that every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections.

June 30, 2019



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**Florida's Child and Family Services
Final Annual Progress & Services Report
CFSP 2015-2019**

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The Final APSR
will address:

Collaboration

Performance
Assessment
and Progress
to Improve
Outcomes

Service
Description

Monthly
Caseworker
Visits

Adoption
Incentive
Payments

Child Welfare
Title IV-E
Waiver
Demonstration

Promoting Safe
and Stable
Families

Consultation
and
Collaboration
with Tribes

Child Abuse
Prevention
and
Treatment Act
(CAPTA)

Training

Final Annual Progress and Services Report

Child and Family Services Plan 2015-2019

INTRODUCTION

The mission of the Florida Department of Children and Families is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

The Department strives to create and support a highly skilled workforce committed to empowering people with complex and varied needs to achieve the best outcomes for themselves and their families. As embodied in Florida's Child Welfare Practice, the vision, rooted in a sound knowledge base and a practice approach, is safety-focused, family-centered, and trauma-informed. The vision focused on seven general professional practices that are operationalized by using methods, tools, and concepts that make up Florida's Practice Model. These practices are directed toward the major outcomes of safety, permanency, and child and family well-being.

As in all aspects of social services, particularly child welfare, an integrated and collaborative approach with multiple partners and stakeholders is essential.

This final Annual Progress and Services Report reviews progress made towards achieving the goals and objectives in Florida's 2015-2019 Child and Family Services Plan (CFSP).

The Department supervises the administration of programs that are federally funded, state directed, and locally operated. The Department of Children and Families is responsible for the supervision and coordination of programs in Florida funded under federal Titles IV-B, IV-E, and XX of the Social Security Act (45 CFR 1357.15(e)(1) and (2)). Policy development, program implementation, and monitoring of the child welfare system are the responsibility of the Office of Child Welfare.

The measures of progress, objectives, and strategies laid out in the Five-Year Plan are based on a high-level statewide performance assessment and include a comprehensive approach to three primary goals:

Goal 1: Children involved in child welfare will have increased safety and expanded protection.

Goal 2: Children involved in child welfare will live with permanent and stable families, avoiding disruption and return to out-of-home placement.

Goal 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.

Achieving the goals depended heavily on the coordination and integration of activities across the various partners involved in Florida's child welfare system. The Department of Children and Families' Office of Child Welfare (OCW) maintained a vital role in the development of policies and programs that implement and support the Department's mission. The child welfare system is administered and coordinated through highly collaborative relationships with other state and local agencies, Tribal representatives, foster/kinship caregivers, foster youth, community-based lead agencies, the judiciary, researchers, child advocates, Guardians ad Litem, the Legislature, and private foundations to maximize child safety, permanency, well-being, and families' opportunities for success.

CHAPTER 1. GENERAL INFORMATION

Collaboration

Final Annual Progress and Services Report (APSR)

The statewide Child Welfare Practice Task Force, an interdisciplinary panel, includes representatives from a variety of stakeholder groups throughout Florida, is a collaborative partner for the APSR. The Task Force includes representatives from the Office of State Courts Administrator - Court Improvement Program, Judiciary, Florida State University (FSU) School of Social Work, FSU Center for Prevention and Early Intervention, Department of Health, Guardian ad Litem Program, Community-based Care(CBC) lead agencies, child advocates, State Attorney's Office, Children's Legal Services, regions, and other partners.

Additionally, the OCW conducted interviews with multiple child welfare stakeholders who provided input for the final APSR: staff from the Office of Child Welfare, representatives from substance abuse/mental health program office, members of the Florida Coalition for Children, youth from Florida Youth SHINE, relative caregivers, foster parents, GAL program, Dependency Court Improvement Program, and members of the Quality Parenting Initiative.

The Department's regions and the CBC agencies maintain strong and extensive networks of collaboration at the local level. Many of the relationships are common to all areas; for example, local law enforcement agencies are connected to child protective investigation activities, local school boards partner to ensure educational access and success, and local circuit and other courts work with Department, CBC, and Children's Legal Services (CLS) staff.

2015-2019

Throughout the 2015-2019 five-year period, Florida's Department of Children and Families' Office of Child Welfare engaged in a high degree of collaboration. In developing policies and administering programs, the Department collaborated regularly with other state and local agencies, ACCESS (TANF and SNAP) Program Office, Tribal representatives, foster/kinship caregivers, foster youth, Community-based Care lead agencies, child welfare professionals (child protective investigators, case managers, supervisors), the judiciary, the Office of Court Improvement, sheriff's offices conducting child protective investigations, researchers, child advocates, Guardians ad Litem, the Department of Juvenile Justice, the Department of Health, Agency for Health Care Administration, the Legislature, and private foundations. The Department of Children and Families (hereinafter referred to as "Department" or "DCF") internal program and operations offices collaborated across their specialties, such as mental health, substance abuse, and economic supports, to the benefit of Florida's children and families touched by the child welfare system. Collaborative activities occurred in both an informal and structured format, for example, meetings, conference calls, webinars, and technical assistance.

The Department contracts for the delivery of the child welfare services through Community-based Care lead agencies (CBCs). Service delivery is coordinated through an administrative structure of six (6) geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. Within the six DCF regions, CBCs deliver foster care and related services under contract with the Department. Child protective investigation requirements are also defined in statute (Chapter 39, Florida Statutes). In seven counties, the duties of child protective investigation are performed under a grant by county sheriff's' offices. Children's Legal Services (CLS) continued to function as an internal "law

firm” for child-focused advocacy; in some areas, this includes coordination with attorneys under contract from the State Attorney’s Office or the Office of the Attorney General. The Department’s responsibilities include program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings.

This delivery structure affords services to be tailored to address the diverse needs of Florida’s children, families, and communities and fosters innovation and productivity of child welfare professionals. During the five-year period, many examples of collaborative efforts occurred.

- The DCF regional offices along with each of the CBC lead agencies collaborated frequently with other state and local providers to coordinate efforts on mutual families.
- Extensive collaboration between the Department, the courts Guardian ad Litem Program, and community agencies led to innovative court processes that helped to facilitate timely permanency. The CBCs, local agencies, and external stakeholders provided input into this final Annual Progress and Services Report.
- In addition to state level partners, communities have worked together with local governmental agencies, such as schools and housing, employment and law enforcement agencies, courts and Tribes, and private and nonprofit service or advocacy groups. Examples of interagency efforts in Florida:
 - Coordination of physical and behavioral health services that involved shared data;
 - Collaboration and coordination with agencies responsible for services to the developmentally disabled and public education to properly address child welfare client needs;
 - Alignment of services and supports when child welfare and juvenile justice issues overlapped; and
 - Identification of resources for child care, employment, and other services under the responsibility of non-child welfare agencies.

The Department continued to strengthen its tradition of collaboration throughout all aspects of child welfare. Below is a description of some of these collaborations, which occurred at state and local levels.

State level

One significant partnership is with the Executive Office of the Governor’s Office of Adoption and Child Protection (OACP). The Office of Child Welfare provided ongoing technical assistance and supports during OACP’s many activities, particularly implementation of the five-year plan for Child Abuse Prevention and Permanency. Several other agencies, including the Departments of Education, Health, Juvenile Justice, Law Enforcement, and the Agency for Persons with Disabilities, are partners in this comprehensive approach. Department staff from the regions also participate on Local Planning Teams that work in specific geographical areas under the guidance of OACP.

Another collaboration across state agencies is the Florida Children and Youth Cabinet. The First Lady of Florida was recently appointed Chair of Florida Children and Youth Cabinet. The Secretary of the Department of Children and Families is a member, along with the agency heads of the Department of Juvenile Justice, Agency for Health Care Administration, Department of Education, Agency for Persons with Disabilities, and Department of Health. Additional members include the executive leadership of the statewide Guardian ad Litem Office, Governor’s Office of Adoption and Child Protection, the Office of Early Learning, and other appointed representatives from various advocacy and specialized groups. The Cabinet’s mission to ensure that the public policy of Florida relating to children and youth

promotes interdepartmental collaboration and program implementation in order for services designed for children and youth to be planned, managed and delivered in a holistic and integrated manner to improve the self-sufficiency, safety, economic stability, health and quality of life of all children and youth in Florida further supports collaboration through all aspects of child welfare. <https://www.flgov.com/childrens-cabinet>

Other collaborative efforts included various individual or combinations of state agencies and other governmental organizations, such as:

- The Agency for Health Care Administration (AHCA), for matters such as the Health Care Oversight and Coordination Plan, Medicaid payments, managed care for children, and for psychotropic medication prescription data. Family Support Services of North Florida (FSSNF) in Circuit 4 (Clay, Duval, and Nassau counties) has a Service Agreement with Community Based Care Integrated Health (CBCIH) who serves as the liaison and integrator of medical, dental, and behavioral healthcare for children in care under the Medicaid Child Welfare Specialty Plan with Sunshine Health. In turn, CBCIH has partnered with Sunshine Health to provide statewide care coordination for children in care for the health plan.
- Florida Institute for Child Welfare (FICW) at Florida State University on development of guidance documents for those working with pregnant and parenting youth and young adults.
- The Department of Juvenile Justice (DJJ) targeting coordination of services for youth who are involved with both the dependency system and the juvenile justice system.
- The Agency for Persons with Disabilities (APD) and the DJJ, regarding services for children served by more than one agency.
- The Department of Health (DOH) regarding services and various health issues for children involved with child welfare. The Children's Medical Services (CMS) Program in the Department of Health is a significant partner across the state. CMS develops, maintains, and coordinates the services of multidisciplinary Child Protection Teams (CPT) throughout Florida. The teams provide specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services.
- The Department of Education (DOE), working on educational issues for children and youth. The Department participated in several workgroups and committees within the Department of Education, including the State Secondary Transition Interagency Committee for students with disabilities and the Project AWARE State Management Team for student mental health services. The Department and DOE continued to collaborate on the Every Student Succeeds Act (ESSA). For example, the Department, Department of Education, and Community-based Care lead agencies partnered for a statewide training during the 2017 Dependency Summit. The training addressed three major components of ESSA: Best Interest Determinations, Transportation, and Dispute Resolutions. The Youth Services team at Embrace Families CBC in Circuits 9 and 18 brought together representatives from each of the three local school districts to foster the development of policies and procedures that most effectively meet the youth's needs. The CBC engages case management, tutoring, and mentoring partners in this effort.
- The Department of Education (DOE), Agency for Persons with Disabilities (APD), Department of Juvenile Justice (DJJ), and DCF, collectively developed an interagency agreement to coordinate respective responsibilities for furnishing educational and vocational services and supports for children known to the Department. The interagency agreement is with each agency's leadership for signature.

- Florida's Department of Revenue, Child Support Program has been a partner with the Department for many years in support of children involved in the child welfare system.
- The Department continued to have a strong relationship with the court system, including partnering with the Office of Court Improvement (OCI) on various training activities, such as the annual Child Protection Summit. The Department and OCI meet monthly and collaborate on initiatives and program improvements. The CLS Director serves on the Florida Supreme Court Family and Children in the Courts Steering Committee.

The Regions and CBCs collaborated with the court system on special initiatives between 2015-2019. Early Childhood Court is one example. There are 22 Early Childhood Courts across the state. Examples of related initiatives:

- In September 2014, the Fourth Judicial Circuit Court in Duval County launched Girls Court. Girls Court is a specialized form of juvenile court that links at-risk girls to community resources, social service agencies, and mentors while offering a holistic team approach to reduce recidivism, detention, and commitment programs among girls in the community. Girls Court provides young women with a team of professionals to help develop trust and create a sense of empowerment, with a focus on providing individualized services to prevent further involvement in the juvenile justice system. The program gives girls a voice in the courtroom and helps them feel more connected and ultimately have a higher chance of success in completing probation or sanctions. The girls have monthly court hearings, enrichment activities as well as therapeutic group sessions. The voluntary Girls Court also connects them with needed services and aims to prevent teen girls from entering into the dependency system as parents. The focus is on pregnant, teen mothers, first time offenses, or multiple diversion failures. A unique aspect to Girls Court is the utilization of the Walker Plan for Girls Court participants. The Walker Plan is an agreement between the State Attorney, youth, and parent to dismiss the case after the successful completion of the sanctions. Essentially, the state will not file charges if the youth agrees to complete sanctions, participates in Girls Court, and successfully completes the agreement. The original development of Girls Court was a collaborative effort between Judge David M. Gooding, the Delores Barr Weaver Policy Center, Family Support Services of North Florida, the Department of Juvenile Justice, the State Attorney's Office and the Public Defender's Office. Girls Court in 2016 went through a redesign and the program was introduced in June 2017 with the Magistrate presiding and Judge providing oversight judicial leadership. Over the last year the Girls Court served 29 girls and had 13 girls successfully graduate from the program, and serves nine who are currently in the program.
- The Fourth Judicial Circuit Court in Duval County launched Safe Baby Court also known as Early Childhood Court (ECC) in October 2015. The Community Court Coordinator position leads this program. Early Childhood Court is a specialized court program for open dependency children from the zero to three age population. The goal of ECC is to expedite permanency and educate the community about the maltreatment amongst our most vulnerable population. Families that participate in the voluntary program have monthly court hearings, monthly family team meetings, enrichment activities, and an extra layer of support and guidance. Each case is examined to find and correct any deficiencies. It is also examined to ensure that the children in the case are receiving all services to encourage their healthy growth and development. ECC clients participate in specialized therapeutic programs such as Child Parent Psychotherapy (CPP) and Circle of Security. CPP is a treatment for trauma-exposed children ages 0-5.

- The Department and Florida's Department of Law Enforcement (FDLE) have been partners for well over a decade. Since 2003, the Department has co-located a position in the FDLE Missing and Endangered Persons Information Clearing House to ensure that all children missing from the care and supervision of the state are properly reported as such with local and state law enforcement and the National Center for Missing and Exploited Children. The Department has processed approximately 6,445 missing child reports during calendar year 2018, with 52.55% of the missing children resolved within one day and 78.73% within 7 days.
- The other collaborative program areas within the Department with a mutual responsibility for children, families, and caregivers involved in child welfare include Domestic Violence, Substance Abuse and Mental Health for child and adult issues, ACCESS for Medicaid and Relative Caregiver eligibility, and various financial or public assistance topics, and Children's Legal Services for all child welfare legal matters.

Other statewide efforts involve advocacy or special population groups:

- The Ounce of Prevention Fund of Florida, continued to be heavily involved with the Department's various prevention activities and programs, such as Healthy Families Florida.
- Florida Guardian ad Litem Program (GAL), continued to maintain a close working relationship at the state and local level with the Office of Child Welfare and Children's Legal Services. For instance, the GAL Program supported the Department's various legislation packages concerning child welfare during the 2015-2019 CFSP.
- The Seminole tribe continued to work in concert with the Office of Child Welfare and the regions. The Southeast Region is unique in having a Memorandum of Understanding with the Seminole Tribe and Broward Sheriff's Office. This agreement outlines how these parties and the lead agencies will collaborate to best support and serve Seminole Tribe children and families, on and off tribal land.
- Former foster youth, such as the Florida Youth SHINE organization, and the Independent Living Services Advisory Council.
- The Florida Youth Leadership Academy, which is a statewide program that focuses on building the leadership skills of youth involved with the dependency system who are selected for the program.
- The Child Welfare Advisory Council, formed by the Sunshine Care Health Maintenance Organization for managed care of the child welfare population.
- Florida State Foster/Adoptive Parent Association, for training and other events for foster/adoptive families, and relative and non-relative caregivers.
- The Florida Coalition for Children, long-term advocates for abused, neglected, or abandoned children; significant membership includes most of the Community-based Care lead agencies and case management organizations.
- Florida's Office of Early Learning/Early Learning Coalitions, which coordinate provision of early education to at-risk children.
- Florida Coalition Against Domestic Violence, which provides leadership to domestic violence center programs and is engaged in the development and incorporation of policy and practice specific to families and children experiencing family violence. The Florida Coalition Against Domestic Violence in partnership with the Department established co-located domestic violence advocates in select sites across the state.

- The Department serves on the Governor’s Florida Faith-Based and Community-Based Advisory Council. The Council brings together more than one hundred local stakeholders which include faith-based and community-based partners, child welfare, and juvenile justice professionals. The purpose of the meetings is to engage faith and community leaders to facilitate connections to strengthen communities and families in the state of Florida.
- Children’s Medical Services, partnered with the Department to align policies within DCF and DOH for children in out-of-home care.
- The Department partnered with the Department of Juvenile Justice (DJJ) to improve services and supports for youth who are served by both systems. In October 2016, Crossover Champions were identified by Department and DJJ leadership in each Florida judicial circuit. In February 2017, a joint Crossover Champions Kick-Off meeting was held and by July 2017, each circuit submitted local collaboration plans. Both DCF and DJJ Secretaries attended the May 2017 Crossover Champions meeting where Region representatives presented on progress and areas needing improvement. These collaborative efforts continue.

Region and Community-based Care Lead Agency levels

- In the Central Region, CBC of Central Florida (since renamed Embrace Families) partnered with the Department in response to a federal grant opportunity. Embrace Families was awarded a federal grant to develop, implement, and evaluate strategies that focus on better adoption and permanency outcomes by improving basic social work, legal, and judicial practice to eliminate systemic barriers to: adoption, preventing re-entry into foster care, and other forms of permanency. The Strong Foundations project seeks to enhance safety, permanency, and well-being outcomes for children ages 6 through 12 placed into licensed out-of-home care in Central Florida through a grant award of \$8,610,000. The benefit of this project will be a replicable model to improve permanency and positive outcomes for children in licensed care before they enter the critical adolescent years.
- Heartland for Children (HFC) focused efforts on developing and enhancing partnerships with the school systems in Circuit 10. HFC has a dedicated Education Specialist who serves as a point of contact between the school systems and HFC. HFC’s partnership with their local school districts has enhanced communication regarding individual child educational issues using a school liaison model. Each local charter and public school identified a child welfare liaison, usually a guidance counselor, to represent their school. The school liaisons attend annual training provided by HFC that includes child abuse identification and reporting, local child welfare system structure, and system updates. Although child abuse identification and reporting training is online for school personnel, HFC continued to work with DCF and the school systems to provide training topics that keep children safe and connected to needed resources that will improve educational outcomes. The liaisons also serve as a single point of contact for professionals and caregivers from the child welfare system. This streamlined approach allows for better advocacy and problem solving on behalf of students, with the expectation of better education, employment, and life skills outcomes.
- The Northeast Region (which is made up of the Department and six CBC lead agencies) has been very involved with community partners and stakeholders. Collaboration has been very strong throughout the Region. Collaborative partners include the judiciary, GAL, Domestic Violence advocates, school systems, Department of Juvenile Justice, mental health and substance abuse providers, foster and adoptive parents, Youth Law

Center regarding the Quality Parenting Initiative, community alliances, and others.

Examples of partnerships:

- Family Support Services of North Florida (FSSNF) collaborates and partners with community partners and providers. Memorandum of Understandings (MOUs) have been implemented with local school systems that allow the sharing of all academic records for students in care. FSSNF has developed multiple resources to address education needs at every stage of a child's development, from early intervention preschool classes to innovative alternative education opportunities for teens. Family Support Services has built a comprehensive approach that ensures each child receives the services he or she needs for academic success.
- Kids First of Florida (KFF) representatives attended various community meetings and participated in activities to educate the public about the organization and build community support and partnerships. During Children's Week each year, KFF participated in local and statewide activities to strengthen families through events and outreach efforts aimed at promoting the health, safety, and well-being of children. Booths are set up and manned by employees, volunteers, and board members at community events and information is provided to the community about KFF including the need for foster and/or adoptive parents.
- Community Partnership for Children (CPC) has a collaborative network of service providers, community partners and stakeholders. Partnerships include but are not limited to: Department of Children and Families, Agency for Persons with Disabilities (APD), Children's Medical Services (CMS), Department of Juvenile Justice (DJJ), Halifax Behavioral Services, Volusia, Flagler, and Putnam Health Departments, Volusia, Flagler, and Putnam County School Boards, Guardian Ad Litem, Children's Home Society, Devereux of Florida, Florida United Methodist Children's Home, Neighbor to Family, Beacon Center, SMA Healthcare, Healthy Families, and Early Learning Coalition.
 - The Judges in each courtroom (Flagler, Putnam, and Volusia counties) hold regular Dependency Court Improvement Program meetings with court personnel, Children's Legal Services, DCF, Guardian Ad Litem, and CPC representatives to discuss barriers and concerns about how court proceedings are occurring and to provide suggestions for improvements.
 - CPC coordinates with churches and other non-traditional community providers to host recruitment events for fostering, adoption, and mentoring. These partnerships also have lead to donations that help families with school supplies, clothing, diapers, and holiday gifts.
- Family Integrity Program (FIP) understands the importance of strong community collaboration and quality communication to meet local initiatives and statewide interagency and working agreements. Examples of such collaboration and partnerships include, but are not limited to:
 - Children's Medical Services (CMS) and Children's Home Society to recruit local medical foster homes;
 - Department of Juvenile Justice (DJJ) through a unified court system to best serve crossover youth; participation in Juvenile Justice Council for St Johns County;
 - St. Johns County Housing and Community Development as well as Social Services to assist clients;

- Monthly meetings with Judge and School Board Homeless Liaison personnel to address unaccompanied youth;
 - Faith-based community, which has served as a major support to many clients;
 - Community stakeholders to share ideas and services amongst the service providers.
- Partnership for Strong Families (PSF) continued to collaborate with the Board of Directors, DCF Administration (including Contract Management), sub-contracted Case Management Agencies, service providers, and stakeholders (including but not limited to Courts, Guardian ad Litem, Children and Families, Partner Family Parents, Caregivers, Children’s Legal Services, Department of Juvenile Justice, and Children’s Partnership Councils) to define the evidence of success; review and enhance quality management data collection and reporting system/process, and to review performance and institute changes at the system/process and case levels, to drive improvement.
- In the Northwest Region, Circuit 1, held annual Mini-Summits in February 2018 and 2019 to discuss local practice trends and obtain stakeholder input. Representatives from Family First Network, the Department, Children’s Legal Services, GAL, Judges, education system, DJJ, mental health, and others participated in the mini-summit. Topics discussed included removal trends and reasons, placement capacity and stability, timeliness to permanency, and workforce trends. In addition, round table discussions regarding current practice or ideas of how to positively impact these items. Workgroups meet regularly to have ongoing stakeholder input and address identified issues on a local level.
- The Southeast Region has strong collaborations and partnerships, committed professionals and advocates, cultural and geographic diversity, and generous funders and resources. Staff in the Department’s Southeast Region work closely with ChildNet, Communities Connected for Kids, the Broward Sheriff’s Office’s Child Protective Investigative Services (CPIS), the judiciary, law enforcement, and the region’s Children’s Services Councils, which fund many of the primary prevention programs and services that benefit the children and families served by the child welfare system of care. The Department and contracted providers in the Southeast Region partner effectively with a vast network of domestic violence victim advocates, community advocates for the homeless, faith-based organizations, county and municipal governments, physical and behavioral health providers, school districts, the Guardian ad Litem Program, the Early Learning Coalition, the Department of Health, the Department of Juvenile Justice, and numerous other stakeholders to best serve children and families in the region’s communities.

In the Southeast Region, each Circuit (15, 17, and 19) has a dedicated institutional unit that works closely with and is respected by the multiple community partners, including law enforcement, the school system, child care providers, child-placing agencies and licensing staff. Meetings called “institutional staffings” are held weekly to review all institutional investigations at least once prior to closure. Meetings focused on cases involving child-on-child sexual abuse are held monthly to review such referrals. A master’s level clinician attends the staffings to provide therapeutic recommendations, which are provided to the family.

- Communities Connected for Kids (CCKids) has developed a phased approach to the implementation of the county management model, with St. Lucie, Martin and Indian River County Directors all in place. In contrast to prior community engagement approaches that emphasized centrally driven stakeholder relationships, the county model provides a focal point for Communities Connected for Kids’ engagement of

county-level stakeholders in each of the four counties in Circuit 19. This allows for deeper partnerships that capitalize on the unique flavor, areas of strength and priorities that exist in each county, allowing CCKids to tailor services and capitalize on existing local resources and services to complement the community-based care funded array of safety management and family support services.

- ChildNet has established a great deal of partnerships that help serve the families in its communities. Some of these partners are co-located with the ChildNet staff, such as: Women In Distress, which provides domestic violence services; Henderson Behavioral Health Family Intensive Treatment Team program that works with families on substance abuse; the Early Learning Coalition, which provides child care for children in care; and the Fort Lauderdale Independence Training and Education Center (FLITE center), which works with children who will be aging out or who have already aged out of foster care.
- The Southern Region and Our Kids joined efforts with community partners to address the needs of the children and families in care, by working to deliver a full range of services, including prevention services and foster care. The Children's Trust, United Way of Miami Dade, and Victory for Youth/Share Your Heart are a few of the community collaborations.
 - The Children's Trust is a dedicated source of funding for the needs of children and families in Miami-Dade County. It is the recognized lead agency for the prevention of negative factors and the promotion of positive outcomes with funded service and advocacy programs for all children and families.
 - United Way of Miami-Dade is a dedicated focused source that works on improving education, financial stability and health—the building blocks of a good life, of the families it serves. It helps children reach their potential and achieve in school, empower families and individuals to become financially stable and economically independent and improve people's health. United Way achieves these outcomes by supporting quality programs that address these areas, engaging people in our community, advocating better policies and generating resources.
 - Victory for Youth/Share Your Heart is faith-based agency servicing the community through different programs and initiatives such as VR Rehabilitation Program providing Job Placement for the disadvantaged and the disabled population; Department of Children and Families investigation waiting hubs providing the first 72 hours of food and basic need supplies for the children and their families throughout a Chaplaincy Program.
- The SunCoast Region has collaborated with each local community by participating and presenting information at the seven Community Alliance meetings which occur either bi-monthly or quarterly. These meetings are attended by the judiciary, GAL, law enforcement, school personnel, substance abuse and mental health providers, the managing entity, foster parents, case management, CBC leadership, and domestic violence advocates.

The SunCoast Region has continued to participate in family safety alliances in multiple counties, safe sleep coalitions, drug endangered children alliances, meetings with domestic violence partners, and with substance exposed newborn initiatives.

- The region also worked in collaboration with the Seminole tribe of Florida when cases involve identified tribal members. Tribal Social Services can engage and provide its members with support and on-going service intervention.

- Other collaborative partnerships within the region:
 - Substance Exposed Newborn Task Force in partnership with Healthy Start
 - Foster and Adoptive Parent Association meetings
 - Memoranda of Understanding with the local school districts
 - Stakeholder and provider workgroups
 - Youth At Risk Community meetings
- Department regional leadership has been collaborating with youth regarding placement stability. Meetings take place in each circuit with cohorts of youth who currently are unstable in their placement and additional youth who were previously unstable but have found stability in their living situation. The purpose is to gather first hand insight into what may be causing instability with this population and what can be put into practice to stabilize youth.
- First 1,000 Days Sarasota County is a new collaborative effort to give the most vulnerable population access to a multitude of services. This new community-wide initiative, spearheaded by Charles & Margery Barancik Foundation, pulls together the resources of 45 community partner organizations to improve access to prenatal, newborn, and early childhood development care for families in the community who need it most.

CHAPTER 2. UPDATE ON ASSESSMENT OF PERFORMANCE, THE PLAN FOR IMPROVEMENT, AND PROGRESS TO IMPROVE OUTCOMES

Assessment of Performance and Progress Made to Improve Outcomes

Florida has a comprehensive approach to measuring and monitoring child welfare performance including information useful for periodic longer-term overviews, such as the national data profile measures. It also includes shorter-term management decision support and quality improvement information, such as Quality Assurance case reviews and quarterly scorecards for performance oversight of Community-based Care (CBC) lead agencies and Child Protective Investigations (CPI) units. These are the primary data sources used in the state's assessment of performance conducted to identify strengths and concerns related to the Child and Family Services Review (CFSR) outcomes and assessment of performance over the past five years.

The Child Welfare program in Florida is committed to the concepts of Results Oriented Accountably (ROA), a Continuous Quality Improvement (CQI) model, using performance data to assess and inform potential for change in service delivery and supports. Senior Department leaders regularly review performance with staff members in the field, such as during visits of the Assistant Secretary for Operations with each region. Formal and informal CQI processes at the local level drive performance improvement and contribute to statewide understanding and action in important systemic areas including changing policy, updating the practice model, and providing targeted training.

The following sections provide performance assessment using multiple data sources. The most important ongoing initiative is implementing Florida's practice model, founded on a sound knowledge base and a practice approach that is safety-focused, family-centered, and trauma-informed.

Information for the Assessment was gathered through a collaborative process. A statewide committee (Child Welfare Task Force) was formed with representatives of the Department (state and region), CBCs, Sheriffs, Courts, Foster Parents, Youth, Guardian ad Litem, and other state agencies which was instrumental in developing Florida's Statewide Assessment for the CFSR completed in March 2016. The committee has remained intact working through Florida's program improvement planning process. Ongoing information continues to be gathered through the Child Welfare Task Force, community stakeholders, and available quantitative and qualitative data including the Child and Family Services Review (CFSR 3) Data Profile.

The Department's central office shares performance on child welfare metrics through its public facing dashboards, published key indicators reports, Child Welfare Task Force meetings, Quality Assurance Managers' meetings, performance review meetings with Child Welfare Operations, and through regional meetings to further reach stakeholders.

Data Sources most often referred to throughout the assessment include:

- Florida's Child and Family Services Review (CFSR) baseline.
- Florida Safe Families Network (FSFN). FSFN is the Department's automated child welfare information system (CCWIS).
- Florida's child welfare trend reports and performance dashboard. These data are available on the Department's public website. The link is:
<http://www.dcf.state.fl.us/programs/childwelfare/dashboard/>;

- Florida's Key Indicator Report for additional qualitative data, available on the Florida Center for Child Welfare:
<http://centerforchildwelfare.fmhi.usf.edu/ChildWelfareKeyIndicators.shtml>;
- Quality Assurance (QA) case reviews. Data from the Case Management QA reviews, and the real-time Child Protective Investigations and Case Management Rapid Safety Feedback (RSF) Reviews.
 - Florida CQI case record reviews using the CFSR instrument in the Florida CQI section of the On-line Monitoring System (OMS).
 - Florida PIP Monitored cases using the CFSR instrument in the Florida CQI section of the OMS
 - Rapid Safety Feedback reviews
 - Fidelity reviews by national experts

Each performance measure was aligned with the Child and Family Services Review (CFSR) structure of outcomes and systemic factors for more detailed analysis, where feasible. By triangulating information from the various sources, Florida discerned whether overall performance is a strength or concern.

Summary: Outcomes and Rating

| | |
|---|--|
| Safety Outcome 1 Children are first and foremost protected from abuse and neglect | STRENGTH |
| Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate. | CONCERN |
| Permanency Outcome 1 Children have permanency and stability in their living situations. | CONCERN |
| Permanency Outcome 2 The continuity of family relationships and connections is preserved for children. | CONCERN |
| Well-Being Outcome 1 Families have enhanced capacity to provide for their children's needs. | CONCERN |
| Well-Being Outcome 2 Children receive appropriate services to meet their educational needs' | CONCERN (however, remains a relative strength) |
| Well-Being Outcome 3 Children receive adequate services to meet their physical and mental health needs | CONCERN. |

Safety Outcome 1

Children are, first and foremost, protected from abuse and neglect

STRENGTH. Florida continues in a strength position on the percent of children with no recurrence of maltreatment in 12 months at 92.54% for Florida FY 2018-2019 to date. This shows steady, incremental improvement over the last four (4) state fiscal years. The rate of abuse per 100,000 days in foster care is showing a rate of 8.84 for Florida FY 2018-2019 to date; a substantial improvement from a high of 10.55 in FY 15/16 and reaching the target.

Florida consistently saw over 85% of victim children within 24 hours of the Florida Hotline receiving a report of abuse, abandonment, or neglect. Improvement has been noted over the last two state fiscal years and the state increased its internal target from 85% to 90%. Florida CQI case review data show that the agency made concerted efforts to see children timely which is a slight decrease from last year to 89.9% of the cases reviewed; however, a larger decrease was seen in the performance on the PIP monitored cases, from 88.2% last year to 80.2% for Safety Outcome 1, item 1 current year to date. The PIP monitored cases receive secondary oversight by the Quality Assurance team within the state's Office of Child Welfare and a portion receive additional oversight by the Children's Bureau which improves fidelity to the instrument. It is important to note that the sample size is smaller which could result in more variability in performance.

Table 1

| | State Target | Florida FY15/16 | Florida FY16/17 | Florida FY17/18 | Florida FY 18/19 to date |
|---|-----------------|-----------------|-----------------|-----------------|--------------------------|
| Absence of Maltreatment Recurrence | 90.9% or higher | 91.4% | 91.4% | 91.96% | 92.54% |
| Rate of abuse per 100,000 days in foster care | 8.5 or lower | 10.55 | 10.48 | 8.77 | 8.84 |

The Child and Family Services Review (CFSR 3) Data Profile shows recurrence of maltreatment, not the absence so the numbers were converted for easier comparison. The Risk Standardized Performance (RSP) is calculated by the Children's Bureau. Both the RSP and observed performance is shown as Florida does not risk adjust which allows for a direct comparison. In addition, the data profile in Table 2 below shows performance for three (3) prior fiscal years, not the most recent.

Table 2

| | National Performance | Type | Florida FY14/15 | Florida FY15/16 | Florida FY16/17 |
|---|----------------------|----------|-----------------|-----------------|-----------------|
| Absence of Maltreatment Recurrence | 90.5% or higher | RSP | 89.25% | 88.9% | 89.8% |
| | | Observed | 91.7% | 91.4% | 92.1% |
| Rate of abuse per 100,000 days in foster care | 9.67 or lower | RSP | 14.19 | 13.3 | 14.71 |
| | | Observed | 10.62 | 9.91 | 11 |

Item 1 Timeliness of initiating investigations of reports of child maltreatment.

STRENGTH. Strength is demonstrated in commencing investigation cases and seeing alleged victims within 24 hours. Florida consistently commences investigations and sees child victims within 24 hours of a report being generated at the Florida Abuse Hotline. As of May 2019, 90.08% of children were seen within 24 hours. The qualitative findings from the Florida CQI and PIP monitored cases are similar with concerted efforts being made to see children according to agency timeframes in 89.9% of the cases in Florida CQI reviews and nearly 80.2% in the PIP monitored cases for the current year to date.

Table 3

| Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 to date |
|--|----------------|-----------|-----------|-----------|-------------------|
| Percent of Children Seen in 24 Hours or Less | 90% | 87.2% | 84.6% | 86.65% | 90.08% |
| Florida CQI Cases | 95% | 94.6% | 90.9% | 91.3% | 89.9% |
| PIP Monitored cases | 91.6% | NA | NA | 88.2% | 80.2% |

Source: Florida Child Welfare Dashboard and Federal Online Monitoring System

The reason for performance lower than targets on qualitative measures includes not making daily efforts to see all children in a report when not seen at commencement, and not commencing cases within state timeframes for investigations with an immediate response time (four hours in Florida). Each region has implemented strategies to improve performance, an example being Southern region expects all cases to be commenced within four (4) hours.

Safety Outcome 2

Children are safely maintained in their homes whenever possible and appropriate.

CONCERN. Florida maintains a primary focus on child safety and working towards full implementation of its practice module. The Department created Critical Child Safety Practice Experts (CCSPEs) in each region to review open investigations to provide real-time feedback to Child Protective Investigators (CPI) and their supervisors. Rapid Safety Feedback reviews (RSF) are conducted on investigations that include children three (3) years of age or younger with allegations of domestic violence and substance misuse. The CCSPEs must successfully complete a proficiency training program during their probationary period, to serve as a CCSPE. This enables a transfer of learning around the practice model from the CCSPE to the CPI and supervisor during the case consultation part of the RSF review.

Quality management staff members with the Community-based Care lead agencies conduct a similar RSF review for open in-home services cases meeting the same criteria. Further qualitative reviews include the Florida CQI and PIP monitored cases using the CFSR portal to gauge performance around the federal outcomes and systemic factors. In addition to the qualitative measures, the Department includes quantitative data on its scorecards to continuously monitor performance around safety and risk assessment and services across all investigations and cases. Regions and CBCs have engaged national experts to provide training on safety planning to ensure child welfare professionals have

the skills to construct quality safety plans in collaboration with the families under supervision.

The real-time Rapid Safety Feedback (RSF) investigation quality assurance reviews initially showed improvement in overall performance from April 2016; however, a decline in performance based on reviewer ratings has been noted beginning June 2017 through January 2019, the most recent data available. Case management performance on RSF ratings remains generally consistent with one region of the state scoring lower. The major practice concerns identified in the RSF review include creating and monitoring effective safety plan, and ongoing supervisory consultation, support, and guidance to ensure sufficient information is collected to support the safety decisions.

Fidelity to the state's practice model has shown incremental improvement for Child Protective Investigations and after a brief dip, steady improvement for case management, based on semi-annual reviews conducted by Action for Child Protection, national experts in the practice model. CPI fidelity to the Risk Assessment portion of the practice has shown substantial variation in the annual reviews; however, an overall trend of lower performance. These reviews are conducted by the Children's Research Center, experts in the Structured Decision-Making Risk Assessment model. The findings in both the qualitative and quantitative measures have been mixed and are shown under each item below.

Item 2 Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

Strength. Florida is demonstrating a strength in its measures of percent of children with no verified findings of maltreatment during in-home services and after receiving in-home or out-of-home services. Florida maintained steady performance for no verified findings of maltreatment during in-home services and re-entry into care after a prior removal each hovering just below state targets. Florida's performance consistently above targets in the percent of children with no verified findings of maltreatment within six months of case closure.

The qualitative data shows varied performance on item 2 in the Florida CQI cases compared to the PIP monitored cases. The Florida CQI cases show consistent performance above 90% and incremental sustained performance in the PIP monitored cases, exceeding the negotiated PIP target.

| Table 4 Scorecard Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To date |
|--|-----------------------|------------------|------------------|------------------|--------------------------|
| Percent of Children with No Verified Maltreatment During In-Home Services | 95.0% | 94.28% | 94.28% | 94.28% | 94.58% |
| Percent of Children with No Verified Maltreatment within 6 months of receiving In-Home or Out-of-Home Services | 95.0% | 96.21% | 96.13% | 96.24% | 96.60% |
| Percent of Children who do not re-enter care within 12 months of moving to a permanent home | 91.7% | 89.55% | 90.1% | 89.89% | 90.72% |

Source: Florida CBC Scorecard Dashboard / Florida Child Welfare Dashboard

The CFSR 3 Data Profile shows the rate of re-entry rather than the rate for children who do not re-enter foster care, so data has been converted for easier comparison. The Risk Standardized Performance (RSP) is calculated by the Children's Bureau. Both the RSP and observed performance is shown as Florida does not risk adjust which allows for a direct comparison. In addition, the data profile shows performance for three (3) prior years, not the most recent.

| Table 5 | National Performance | Type | Florida 2014 | Florida 2015 | Florida 2016 |
|---|-----------------------------|-------------|---------------------|---------------------|---------------------|
| Percent of Children who do not re-enter care within 12 months of moving to a permanent home | 91.9% or higher | RSP | 92.9% | 91.9% | 92.1% |
| | | Observed | 94% | 92.8% | 93% |

Source: CFSR 3 Data Profile 12-10-18 (AFCARS) and 10-12-18 (NCANDS); RSP - Risk Standardized Performance

Table 6: Item 2

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To date |
|-----------------------------|-----------------------|------------------|------------------|------------------|--------------------------|
| Florida CQI Cases | 95% | 92% | 92.9% | 91.9% | 91.6% |
| Florida PIP Monitored Cases | 85.8 | NA | NA | 79.8% | 86.5% |

Source: Florida Federal CFSR Online Monitoring System

Item 3 Risk and safety assessment and management

Concern. Child Protective Investigator (CPI) Rapid Safety Feedback (RSF) review scores have shown a decline in performance after an initial improvement. CPIs continue to struggle with identification of danger threats, assessments, and safety planning. Sufficient supervisor consultation scores have decreased over time which could impact the sufficiency of the assessments and safety planning. Case management RSF scores have remained consistent; however, low. Case managers also continue to struggle with supervision consultations, assessments, and safety planning. Regions and Community-based Care agencies have contracted with national experts (Action for Child Protection) for training on the practice model including safety planning.

Table 7

| CPI Rapid Safety Feedback Measures | Q4 2016 | 2017/2017 | 2017/2018 | 2018/2019 To date |
|--|---------|-----------|-----------|----------------------|
| Are the prior child abuse and neglect reports, prior services and criminal history information accurately summarized and used to assess patterns, potential danger threats and the impact on child safety? | 59.8% | 65.3% | 63.3% | 49.4% |
| Does the present danger assessment support present danger or the absences of present danger? | 68.3% | 76.8% | 68.4% | 55.6% |
| Did the CPI implement a present danger safety plan that was sufficient to control the present danger threats identified? | 57% | 65.8% | 56.6% | 43% |
| Is the present danger safety plan effectively managed and monitored by the CPI? | 50.7% | 58.3% | 51.5% | 37.1% |
| Did the CPI correctly identify impending danger threats at the conclusion of the Family Functioning Assessment? | 76.2% | 86.8% | 77.7% | 61.1% |
| Is the assessment of caregiver protective capacities supported by information? | 62.5% | 75.6% | 69.1% | 45.7% |
| Does the Family Functioning Assessment (FFA) drive the correct safety decision of safe or unsafe? | 77.3% | 87.1% | 79.5% | 56% |
| Does safety planning analysis and justification clearly support the type of safety plan developed? | 66.1% | 79.4% | 71.4% | 54.1% |
| Is the impending danger Safety Plan Sufficient to Control Danger Threats Identified? | 73.5% | 80% | 66.6% | 48.1% |
| Is the Impending Danger Safety Plan Effectively Managed and Monitored by the CPI? | 66.9% | 75.9% | 65.8% | 52.2% |
| Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making? | 41.6% | 43.9% | 36.4% | 29.6% |

Source: Florida CPI Rapid Safety Feedback (RSF) Internal Dashboard

Table 8

| Case Management Rapid Safety Feedback Measures | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|--|-----------|-----------|-------------------|
| Is the most recent family assessment sufficient? | 50.8% | 52.4 | 55.2% |
| Is the most recent family assessment completed timely? | 45.2% | 45.5% | 44.5% |
| Are background checks and home assessments completed when needed? | 70.5% | 74.7% | 73.5% |
| Is the information assessed and used to address potential danger threats? | 75.9% | 78.3% | 78.6% |
| Is the safety plan sufficient? | 60.5% | 55.6% | 55.9% |
| Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats? | 53.1% | 47.7% | 48% |
| Is the supervisor regularly consulting with the case manager? | 55.8% | 59.3% | 60.1% |
| Is the supervisor ensuring recommended follow-up actions are taken? | 48% | 53.3% | 51.1% |

Source: Florida Case Management Rapid Safety Feedback (RSF) Internal Dashboard

Florida CQI quality assurance review scores have shown some improvement as well as have the PIP monitored cases. While not yet reaching negotiated PIP targets, steady incremental improvement has been seen. Regions continue to update their local PIPs to improve in this area. Reasons for performance lower than targets include, insufficient assessments, not assessing all children in the home, insufficient safety plans, and a lack of ongoing monitoring and updating of safety plans based on case circumstances.

Table 9: Item 3

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To date |
|-----------------------------|----------------|-----------|-----------|-----------|----------------------|
| Florida CQI Cases | 95.0% | 66% | 77.3% | 72.6% | 74.6% |
| Florida PIP Monitored Cases | 77.7% | NA | NA | 67% | 71.3% |

Source: Federal CFSR Online Monitoring System

Permanency Outcome 1**Children have permanency and stability in their living situations.**

CONCERN. Florida experienced mixed performance in the Scorecard and Federal quantitative measures for permanency. Florida has seen a steady decline in achieving permanency within 12 months of entry into foster care; however, has consistently achieved targets for permanency in 12 -23 months and 24 or more months. Florida has also seen a steady increase in the number of placements per 1000 days in foster care. Six Sigma black belt projects were completed for each area not meeting targets and work around the analysis will continue into the next CFSP.

Table 10

| Scorecard and Federal Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To date |
|--|----------------|-----------|-----------|-----------|----------------------|
| Percent of children exiting to a permanency home within 12 months of entering care. | 40.5% | 44.24% | 42.93% | 40.61% | 39.77% |
| Percent of Children exiting to a permanency home within 12 months for those in care 12 -23 months. | 43.6% | 56.29% | 54.14% | 54.04% | 53.58% |
| Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months. | 30.3% | 45.47% | 44.45% | 46.07% | 45.84% |
| Placement moves per 1,000 days in foster care | 4.12 | 4.52 | 4.84 | 5.08 | 4.50 |

Source: Florida Child Welfare Dashboard

The CFSR 3 Data Profile shows performance for three (3) prior fiscal years, not the most recent for permanency in 12 months and the three (3) most recent years for the other permanency measures. Both the RSP and observed performance is shown as Florida does not risk adjust which allows for a direct comparison.

Table 11

| | National Performance | Type | Florida 2014 | Florida 2015 | Florida 2016 |
|--|----------------------|----------|--------------|--------------|--------------|
| Percent of children exiting to a permanency home within 12 months of entering care. | 42.7% | RSP | 45.9% | 43.4% | 41.9% |
| | | Observed | 46.6% | 44.2% | 42.7% |
| Percent of Children exiting to a permanency home within 12 months for those in care 12 -23 months. | 45.9% | RSP | 50.6% | 49.4% | 49.4% |
| | | Observed | 52.8% | 52.2% | 52% |
| Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months. | 31.8% | RSP | 36.4% | 34.9% | 35.9% |
| | | Observed | 43.6% | 42.1% | 44.8% |
| Placement moves per 1,000 days in foster care | 4.44 | RSP | 5.68 | 5.81 | 6.09 |
| | | Observed | 5.32 | 5.45 | 5.67 |

Source: CFSR 3 Data Profile 12-10-18 (AFCARS) and 10-12-18 (NCANDS); RSP - Risk Standardized Performance

Item 4 Stability of foster care placement

Concern. Florida's performance remains consistent across the last few years for item 4 during Florida CQI reviews, below the expected 95% performance. Florida has not yet reached its PIP target during PIP monitored cases and has shown a slight decrease for the current year to date compared to the first year of the PIP. The reason for performance lower than targets include services not provided to stabilize placements (which is rated in item 12) and moves made not in accordance with case plans.

Table 12: Item 4

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 81% | 83.2% | 81.5% | 80.4% |
| PIP Monitored Cases | 88.5 | NA | NA | 79.2% | 74.9% |

Source: Federal CFSR Online Monitoring System

Item 5 Permanency goal for child.

Relative Strength. Florida has improved in performance on its Florida CQI and PIP monitored cases achieving the PIP target during the second PIP measurement period (October 2017 – March 2018). While PIP performance dipped slightly in subsequent PIP measurement periods, performance remains above the CFSR base-line. One of the reasons for lower performance is that goals are not updated timely based on individual case circumstances, for example changing goals to adoption or adding a concurrent goal.

Table 13: Item 5

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 74.4% | 83.9% | 83.3% | 85.1% |
| PIP Monitored Cases | 82.1% | NA | NA | 76.8% | 81.0% |

Source: Federal CFSR Online Monitoring System

Item 6 Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

CONCERN. Florida has shown a decrease over time in performance on item 6 during the Florida CQI and PIP monitored case reviews. This mirrors the quantitative performance of children achieving permanency within 12 months. Florida exceeded its CFSR baseline for the first two (2) PIP measurement periods; however, scores have since declined. Preliminary analysis has shown that overall, time to reach each permanency status, reunification, permanent guardianship, and adoption has increased. This performance is also reflected in assessing and providing for the needs of parents (item 12B) and in the frequency and quality of case worker visits with parents (item 15).

Table 14: Item 6

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 77.7% | 80.7% | 73.4% | 66.1% |
| PIP Monitored Cases | 75.4% | NA | NA | 65.6% | 59.5% |

Source: Federal CFSR Online Monitoring System

Permanency Outcome 2**The continuity of family relationships and connections is preserved for children.**

CONCERN. Florida CQI and PIP monitored case reviews show mixed findings for preserving family relationships and connections for children. While there are no PIP targets for Permanency 2 items, Florida has improved from the CFSR baseline on most items.

Item 7 Placement with siblings

MIXED. Florida's performance has improved during the Florida CQI reviews through state fiscal year 2017/2018. A slight dip in performance has been experienced so far during the

current year. After initially improving PIP Measurement periods 1 – 3, Florida is no longer performing higher than the CFSR baseline. Florida maintained high performance just below the state set target on the quantitative measure of siblings placed together on the CBC scorecard.

Table 15: Item 7

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 81.8% | 83.7% | 84.5% | 78.8% |
| PIP Monitored Cases | NA | NA | NA | 72.4% | 66.7% |

Source: Federal CFSR Online Monitoring System

Table 16

| Scorecard Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|---|----------------|-----------|-----------|-----------|-------------------|
| Percent of sibling groups where all siblings are placed together. | 65% | 64.58% | 64.82% | 64.1% | 63.32% |

Source: Florida Child Welfare Dashboard

Item 8 Visiting with parents and siblings in foster care

CONCERN. Florida continues to struggle with ensuring that children in foster care visit with their parents and siblings in foster care. Florida has not demonstrated concerted efforts to ensure that children in foster care have sufficient visits with both parents. One of the reasons for lower performance is the level of agency engagement with parents, particularly fathers.

Table 17: Item 8

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 66.1% | 69.3% | 62.5% | 56.3% |
| PIP Monitored Cases | NA | NA | NA | 66.4% | 59.1% |

Source: Federal CFSR Online Monitoring System

Item 9 Preserving connections

CONCERN. Florida exceeded its CFSR baseline on this item during the second PIP reporting period; however, performance has since declined. Performance during Florida CQI case reviews has steadily declined from Fiscal Year 2016/2017 – current year-to-date. There are no negotiated PIP targets for this item. Reasons for lower performance include the agency not making concerted efforts to maintain children’s connections to school, faith, and communities.

Table 18: Item 9

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 81.8% | 79.3% | 75.2% | 71.0% |
| PIP Monitored Cases | NA | NA | NA | 76% | 78.5% |

Source: Federal CFSR Online Monitoring System

Item 10 Relative placement

MIXED: Florida has exceeded its CFSR baseline on the placement of children with relatives for each PIP reporting period and has shown some improvement during Florida CQI case reviews. There is no PIP negotiated target for this item and improvement efforts will continue. Florida has set stretch targets for initial placements and ongoing placement of children with relatives.

Table 19: Item 10

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 78.8% | 82.7% | 80% | 82.1% |
| PIP Monitored Cases | NA | NA | NA | 85.6% | 79.7% |

Source: Federal CFSR Online Monitoring System

Item 11 Relationship of child in care with parents

CONCERN. Florida exceeded its CFSR baseline on this item during the second and third PIP reporting periods; however, has subsequently declined in performance. Florida CQI reviews showed an initial improvement and subsequent decline as well. There is no negotiated PIP target for this item and reasons for lower performance include the agency not making concerted efforts to include parents, especially fathers, in the children's appointments and activities.

Table 20: Item 11

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 55.4% | 61.3% | 53.6% | 46.1% |
| PIP Monitored Cases | NA | NA | NA | 62.3% | 50.0% |

Source: Federal CFSR Online Monitoring System

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs

CONCERN. Florida's performance on Well-Being 1 items are largely mixed. Florida has demonstrated improvement on many of the items against its CFSR baseline; however, has not yet reached PIP targets on PIP monitored cases. Florida has two strategic alignment initiatives with the Florida Coalition for Children (FCC) to develop adequate service arrays for children and for parents. The workgroups are using latent class analysis conducted by Casey

Family Programs to develop child and parent profiles for each region and CBC which will provide a baseline for an adequate service array.

Item 12 Needs and services of child, parents, and foster parents

MIXED. The Florida CQI and PIP monitored cases show mixed performance in the assessment and provision of services to meet identified needs for children, parents, and caregivers. Overall, Florida exceeded the CFSR baseline for item 12 during the second and third PIP measurement periods; however, has since declined in performance. Florida typically performs better in the assessment and provision of services for children and caregivers as shown in the table below. Florida has shown a substantial decline in assessing and providing services to parents, which is also reflected in the decline in the frequency and quality of visits with parents (item 15) and achieving permanency goals (item 6). Reasons for lower performance include insufficient assessments (parents and foster parents) and not providing needed services to parents and foster parents.

Table 21: Item 12

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To date |
|---|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 63.2% | 68.5% | 62.6% | 58.8% |
| PIP Monitored Cases | 58.4 | NA | NA | 51.1% | 45.0% |
| Florida CQI Cases 12 A (child) | NA | 84.6% | 88.5% | 86% | 88.5% |
| PIP Monitored Cases 12 A (child) | NA | NA | NA | 87.2% | 85.8% |
| Florida CQI Cases 12 B (parents) | NA | 66.9% | 72.5% | 66.2% | 60.0% |
| PIP Monitored Cases 12 B (parents) | NA | NA | NA | 54.1% | 45.8% |
| Florida CQI Cases 12 C (foster parents) | NA | 88.8% | 88.4% | 89.2% | 86.4% |
| PIP Monitored Cases 12 C (foster parents) | NA | NA | NA | 85.7% | 75.0% |

Source: Federal CFSR Online Monitoring System

Item 13 Child and family involvement in case planning

CONCERN. Florida exceeded the CFSR baseline for involving children and parents in case planning during the first and second PIP measurement periods; however, subsequently declined in performance not achieving its PIP target. Performance in this item is related to the frequency and quality of case worker visits with parents (item 15) and in the achievement of permanency goals (item 6), all showing a decline in performance after an initial improvement.

Table 22: Item 13

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 63.4% | 66.3% | 59.7% | 58.5% |
| PIP Monitored Cases | 70.7% | NA | NA | 64.1% | 56.5% |

Source: Federal CFSR Online Monitoring System

Item 14 Caseworker visits with child

STRENGTH. Florida does an excellent job at ensuring all children under supervision in Florida are seen every thirty days, with performance at or close to 99%. Lower performance is observed in the quality of those visits as reflected in the RSF and Florida CQI and PIP monitored case reviews, particularly seeing children alone and discussing case planning. The state met its negotiated PIP target for item 14 during the fifth PIP monitoring period.

Table 23

| Scorecard Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|---|----------------|-----------|-----------|-----------|-------------------|
| Percent of children under supervision who are seen every 30 days. | 99.5% | 99.05% | 99.11% | 99.06% | 99.0% |

Source: Florida Child Welfare Dashboard

Table 24: Item 14

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 64.8% | 66.6% | 61.5% | 60.2% |
| PIP Monitored Cases | 78.9% | NA | NA | 68.1% | 80.0% |

Source: Federal CFSR Online Monitoring System

Table 25

| Case Management Rapid Safety Feedback Measures | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|---|-----------|-----------|-------------------|
| Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes? | 62.7% | 60.1% | 55.0% |
| Is the frequency of visits between the case manager and the child(ren) sufficient to ensure child safety and evaluate progress toward case plan outcomes? | 76.9% | 76.8% | 76.8% |

Source: Florida Case Management Rapid Safety Feedback (RSF) Internal Dashboard

Item 15 Caseworker visits with parents

MIXED. Florida achieved its PIP target during the third quarter PIP measurement period for case worker visits with parents. Florida CQI review and PIP performance has been trending down over the last few PIP Measurement periods. Rapid Safety Feedback reviews show similar results in that frequency of visits with mothers is higher than quality; however, the reverse is true for fathers. Florida will continue working on its key activities in the PIP to improve performance in this area. Reasons for lower performance include not meeting with parents frequently, not meeting with incarcerated parents, and not holding conversations about case planning, child safety, or service provision.

Table 26: Item 15

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 49.4% | 46.1% | 36% | 38.6% |
| PIP Monitored Cases | 51.1% | NA | NA | 38.1% | 38.0% |

Source: Federal CFSR Online Monitoring System

Table 27

| Case Management Rapid Safety Feedback Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|---|----------------|-----------|-----------|-----------|-------------------|
| Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes? | NA | 70.5% | 65.2% | 67.5% | 62.5% |
| Is the frequency of the visits between the case manager and the child's mother sufficient to ensure child safety and evaluate progress toward case plan outcomes? | NA | 84.7% | 79.4% | 79.9% | 81.1% |
| Is the quality of the visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes? | NA | 57.4% | 51.2% | 51.7% | 51.7% |
| Is the frequency of the visits between the case manager and the child's father sufficient to ensure child safety and evaluate progress toward case plan outcomes? | NA | 58.2% | 49.7% | 48.1% | 49.4% |

Source: Florida Case Management Rapid Safety Feedback (RSF) Internal Dashboard

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs

CONCERN (however, relative strength). Florida performs high on its CQI and PIP monitored cases for Well-Being 2 compared to other items in the tool. In addition, Florida created a scorecard indicator to measure the percentage of children enrolled in school on their 18th birthday. Florida performs relatively well across the board on these measures.

Item 16 Educational needs of the child

MIXED. Florida performs relatively well on assessing and providing for the educational needs of children under supervision. Florida improved in the performance on its Florida CQI cases; however, has not reached the CFSR baseline during PIP monitored case reviews. Nearly 90% of children reaching age 18 in foster care are enrolled in school. Examples of issues that result in lower performance include insufficient assessments and not providing tutoring after identifying a deficit.

Table 28: Item 16

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 77.4% | 84.2% | 80.9% | 80.1% |
| PIP Monitored Cases | NA | NA | NA | 81% | 75.8% |

Source: Federal CFSR Online Monitoring System

Table 29

| Scorecard Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|--|----------------|-----------|-----------|-----------|-------------------|
| Percent of young adults exiting foster care at age 18 who have completed or are enrolled in secondary, vocational, or adult education. | 80% | 87.81% | 87.45% | 89.22% | 88.8% |

Source: Florida Child Welfare Dashboard

Well-Being Outcome 3

Children receive adequate services to meet their physical and mental health needs

CONCERN. Florida performs well in the quantitative data of ensuring that children in foster care receive medical care annually and dental care every seven (7) months performing at 95.9% and 90.7% respectively for the most recent quarter data is available. Florida has shown improvement in its PIP monitored cases for physical and mental health needs, exceeded the CFSR baseline in the latter.

Item 17 Physical health of the child

MIXED. Florida's performance is strong in the quantitative measures and improving during PIP monitored cases for assessing and providing for identified physical health needs. Florida has shown consistent performance during Florida CQI reviews; however, has not reached the CFSR baseline during PIP monitored case reviews. Florida continues to show strong performance in the quantitative measures looking at annual physical and semi-annual dental exams for children. Reasons for lower performance include the agency not completing follow-up appointments or appointments with specialists as recommended during the annual physical examinations.

Table 30: Item 17

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 74.86% | 77.1% | 75.8% | 73.9% |
| PIP Monitored Cases | NA | NA | NA | 81.6% | 78.9% |

Source: Federal CFSR Online Monitoring System

Table 31

| Scorecard Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|--|----------------|-----------|-----------|-----------|-------------------|
| Percent of children in foster care who received a medical service in the last 12 months. | 95% | 96.08% | 96.93% | 97.09% | 95.9% |
| Percent of children in foster care who received a dental service in the last 12 months. | 95% | 92.74% | 93.46% | 93.55% | 90.7% |

Source: Florida Child Welfare Dashboard

Item 18 Mental/behavioral health of the child

CONCERN: Florida's performance on the Florida CQI reviews showed a slight dip in the most recent data and has not yet reached the CFSR baseline during PIP monitored case reviews. The reasons for lower performance include the agency not arranging for identified specialized therapy, further evaluations, and medication management.

Table 32: Item 18

| Qualitative Measures | State Standard | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 To Date |
|----------------------|----------------|-----------|-----------|-----------|-------------------|
| Florida CQI Cases | 95% | 71.6% | 75.2% | 71.4% | 64.4% |
| PIP Monitored Cases | NA | NA | NA | 64.4% | 60.8% |

Source: Federal CFSR Online Monitoring System

Systemic Factors

Statewide Information System

Item 19. The State is operating a statewide information system that, at a minimum, can readily identify the legal status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Florida Safe Families Network (FSFN) includes an extensive set of data on clients and services, for case management, planning, service delivery, and oversight functions. The system is also driven by statute which directs that case records must contain case plans, and “the full name and street address of all shelters, foster parents, group homes, treatment facilities, or locations where the child has been placed.”

Training on FSFN data entry and the importance of documentation is ongoing. Modules on data entry are included in the pre-service curricula for child protective investigators and child welfare case managers. In addition, training on general and specific aspects of the system is offered on-demand through Florida’s Center for Child Welfare (<http://centerforchildwelfare.fmhi.usf.edu/FSFN/FSFNTraining.shtml>) and through the FSFN home page (<http://fsfn.dcf.state.fl.us/training.shtml>).

The management reports are used to show the children receiving physical health care, dental care, psychotropic medications, educational records, and Children’s Legal Services Quality Assurance also assesses the timeliness and accuracy of entry of legal information into FSFN. The expectation is that legal information will be entered in FSFN within five days.

The Department is continuing to modify the system to meet the functional requirements for the Comprehensive Child Welfare Information System (CCWIS) and selected a vendor to assess statewide readiness for CCWIS implementation. System enhancements to meet day-to-day business needs included moving the FSFN system to the ‘cloud,’ updating the Unified Home Study process within the system and designing for the Guardianship Assistance Program (GAP) and eligibility requirements with the transition from the waiver to traditional IV-E claiming.

The finding from the CFSR review was that the entering of placements into the system were not consistent across the state. As part of Florida’s Program Improvement Plan (PIP), key activities were identified locally to ensure that children’s placements were entered timely and created a statewide addendum tool to be used during Florida CQI reviews to measure the percent of cases in which placements were entered timely. The addendum tool was implemented beginning January 2018 which can be used as a baseline.

Table 33

| Qualitative Measures | State Standard | Jan - Mar 2018 | Apr – Jun 2018 | Jul – Sept 2018 | Oct – Dec 2018 |
|--|----------------|----------------|----------------|-----------------|----------------|
| Percent of Children for whom placements were entered timely during Florida CQI reviews | 85% | 54% | 54% | 52% | 57% |

Source: Florida CQI Review Addendum Documented in Qualtrics

Data on the quality of information relating to the four specifically required components for the state information system (status, demographic characteristics, location, and goals for the placement of every child) is readily available. FSFN data is reliable and contains the required demographic information. Since FSFN is used for all case management activities, data

completeness for expected elements is some indication of the level of compliance on other factors. The Department developed a Data Quality Plan as part of the CCWIS election process which is documented in the Annual Planning Document (APD).

Summary: The state is making progress toward its election of the CCWIS requirements and is in the process of conducting a review of the new requirements along with current FSFN functionality to create the plan for ongoing improvement to ensure CCWIS requirements are met.

Case Review System

*Item 20. The State provides a process that ensures that each child has a written **case plan** to be developed jointly with the child's parent(s) that includes the required provisions.*

*Item 21. The State provides a process for the **periodic review** of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.*

*Item 22. The State provides a process that ensures that each child in foster care under the supervision of the State has a **permanency hearing** in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.*

*Item 23. The State provides a process for **termination of parental rights** (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act.*

*Item 24. The State provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be **notified of, and have an opportunity to be heard in**, any review or hearing held with respect to the child.*

Most components of the Department's case review system are directed in statute, particularly Chapter 39, F.S., Proceedings Relating to Children, which defines processes and timeframes for judicial hearings and adoption proceedings, case planning requirements, termination of parental rights, and parental/caregivers' rights relating to hearings and proceedings consistent with federal requirements.

All children under the supervision of Florida's child welfare system (in-home and out-of-home care) are required to have a case plan that specifies services to address the identified danger threats and diminished caregiver protective capacities and must provide the most efficient path to quick reunification or permanent placement. Every child under Department or contracted service provider's supervision shall have a case plan that is developed as soon as possible, based on the ongoing assessments of the family. If concurrent case planning is used, both goals must be described. The case plan includes all available information that is relevant to the child's care including identified needs of the child while under supervision, and the permanency goal.

Section 39.6011, Florida Statute, details the process for case plan development within 60 days. The case plan for each child must be developed in a face-to-face conference with the parent of the child, any court-appointed guardian ad-litem, and if appropriate, the child and the temporary custodian of the child. The plan must be clearly written in simple language, addressing identified problems and how they are being resolved. The case plan, all updates, and attachments are filed with the court and served on all parties.

The case plan can be amended at any time to change the permanency goal, employ the use of concurrent planning, add or remove tasks the parent must complete to substantially comply with the plan, provide appropriate services for the child, and update the child's health, mental health, and education records.

Florida Statute details the process for the periodic review of the status of each child, stating that the court has continuing jurisdiction and is required to review the status of the child at least every 6 months or more frequently if the court sees necessary or desirable.

A permanency hearing must be held no later than 12 months after the date the child was removed from the home, or no later than 30 days after a court determines that reasonable efforts to return a child to either parent are not required, whichever occurs first. A permanency hearing must be held at least every 12 months for any child who continues to receive supervision from the department or awaits adoption. Permanency hearings must be continued to be held every 12 months for children who remain in the custody of the Department.

Before every judicial review hearing or citizen review panel hearing, an assessment is made concerning all pertinent details relating to the child and furnishes a report to the court. If, at any judicial review, the court finds that the parents have failed to achieve the desired behavioral changes outlined in the case plan to the degree that further reunification efforts are without merit and not in the best interest of the child, the court may order the filing of a petition for termination of parental rights, whether or not the time period as contained in the case plan for substantial compliance has expired. Grounds for TPR are articulated in s. 39.806, F.S.

Subsections 39.502(17) & (18), Florida Statutes, provides that “The parent or legal custodian of the child, the attorney for the department, the guardian ad litem, and all other parties and participants shall be given reasonable notice of all hearings provided for under this part.” All foster or pre-adoptive parents must be provided with at least 72 hours’ notice, verbally or in writing, of all proceedings or hearings relating to children in their care or children they are seeking to adopt to ensure the ability to provide input to the court.”

The Department has identified improvement efforts to ensure that case plans are developed in collaboration with the parents and children. Policy and Procedure were updated in May of 2016 which outlines the standards for the initial family engagement (CFOP 170-9), located on the Center for Child Welfare:

<http://centerforchildwelfare.fmhi.usf.edu/DeptOperatingProcedures.shtml>. In addition, a workgroup was established to identify a more efficient means to ensure that caregivers and foster parents are informed of their right to be heard in court and notification of court hearings. The workgroup was chaired by Children’s Legal Services and created a one-page handout that can be distributed and posted in each office to ensure caregivers understand their right to be heard in court. Training was provided at the Department’s Dependency Summit in August of 2017 which was recorded, and each attorney and caregiver was required to view. A subsequent workshop was held during the 2018 Dependency Summit to reinforce the caregiver’s right to be heard in court.

Data reports are also available from FSFN that help managers, supervisors, attorneys, and others monitor the status of case reviews and legal status. The Quality Assurance team has been measuring caregiver notification as part of Florida’s PIP and has shown improvement in this area.

Table 34

| Qualitative Measures | State Standard | Jan - Mar 2018 | Apr – Jun 2018 | Jul – Sept 2018 | Oct – Dec 2018 |
|--|----------------|----------------|----------------|-----------------|----------------|
| Concerted efforts made to ensure caregivers provided with the right to be heard in court | 85% | 76% | 87% | 93% | 96% |

Source: Florida CQI Review Addendum Documented in Qualtrics

The timeliness of critical court junctures is monitored through the Key Indicators Report published on Florida's Center for Child Welfare website. This includes timeliness removal date to disposition order (average of 58 days), filing petitions to terminate parental rights as appropriate (average 157 days), and percent of children with reunification goals and no termination of parental rights activities (most recently 6.87%)

Summary: The case review process is well institutionalized and systematically tracked and monitored. Court orders have been updated to include notice to caregivers and Quality Assurance reviews have found improvement since the CFSR in 2016. Florida continues to work on including children and parents in case planning activities as noted in item 13 of the CFSR.

Quality Assurance System

*Item 25. How well is the **quality assurance system** functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?*

Florida approaches statewide Continuous Quality Improvement (CQI) activities through a variety of methods: standardized case reviews; weekly and monthly operations data reviews; performance scorecards; quality assurance (QA) case file reviews, Rapid Safety Feedback quality assurance reviews; legal reviews by Children's Legal Services; annual contract oversight reviews; Critical Incident Rapid Response Team reviews; and lead agency accreditation. This approach ensures a formal statewide system of oversight and accountability that measures child welfare practice for child protective investigations and case management services using qualitative and quantitative data.

Performance measurement and other CQI activities are guided by statute, policy, and contract requirements; supported by trained personnel throughout the system; using a set of uniform standards, review tools, and data collection methodologies; with formal and informal feedback mechanisms. Over the five-year period (2014-2019), involvement of many stakeholder groups in quality assurance and improvement helps assure CQI is aligned with Department priorities and fidelity is achieved in ongoing practice changes and requirements.

Florida adopted Results Oriented Accountability (ROA) as the CQI framework. While similar to other frameworks, ROA contains research and evaluation sections to ensure that the best solutions are implemented, and those implementations are evaluated to ensure the models are followed with fidelity, and the desired outcomes are achieved. As part of the ROA cycle of accountability, Florida identified a series of quantitative and qualitative outcome measures around safety, permanency, and well-being, many of which were validated by the Florida Institute of Child Welfare (FICW). In addition, numerous 'drivers' to those outcomes have been identified with the help of Annie E. Casey. Though Florida has a well-integrated, broad

and intricate approach to quality, in the spirit of CQI there is always room for improvement. Gaps are noted in:

- Some inconsistencies in standards used, particularly between Sheriff and Department protective investigation; consistent targets have been set and the Department participates in the Sheriff Peer Review process.
- Coordination in the “feedback loop” – use of quantitative and qualitative data to inform improvement in the child welfare system, including formal program evaluation and research; (a project is currently making its way around the full ROA cycle) and
- Ongoing Fidelity to the practice model, which has been steadily improving for both CPI and case management.

Summary: The state’s Continuous Quality Improvement (CQI) System is intrinsic to its child welfare practice and management. Florida adopted the Results Oriented Accountability process as its framework for CQI. Florida has identified quantitative and qualitative outcome measures and numerous drivers to achieve performance targets. There is a current project looking at chronic perpetrators making its way through the ROA cycle.

Staff and Provider Training

*Item 26. How well is the staff and provider training system functioning statewide to ensure that **initial training** is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?*

*Item 27. How well is the staff and provider training system functioning statewide to ensure that **ongoing training** is provided for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?*

*Item 28. How well is the staff and provider training system functioning to ensure that **training** is occurring statewide for current or prospective **foster parents, adoptive parents, and staff** of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?*

Florida law requires all personnel who provide child welfare services (including investigators, case managers, and licensing personnel) to earn a child welfare certification through a third-party entity. The requirements for the certification include: meeting formal education requirements, participating in the department-approved pre-service training program, achieving a passing score on the written pre-service exam, completing the required number hours of on-the-job experience, and receiving the required number hours of direct supervision according to the position. To maintain certification, all child welfare employees must complete a minimum of 40 hours of continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

All foster parents receive initial pre-service training as is required by the CBCs' agreement to conduct all licensing tasks in the contracts with the Department. Contract language states:

1.5.5. Licensing Tasks

The Lead Agency shall perform Licensing Tasks, including, but not limited to:

1.5.5.1. Compliance with licensing requirements as described in sections 409.175 and 409.145(2)(e), F.S., Chapters 65C-13, 65C-14 and 65C-15, F.A.C., and 42 U.S.C. §671(a)(20)(B)(i)-(ii).

Section 409.175, F.S., specifies what must be included in foster parent training, but does not specify one type of training that CBCs must deliver. CBCs currently use MAPP, PRIDE, a combination of those two, or curriculum the agency developed that has been approved by the Regional licensing office.

Ongoing training is provided by the CBC lead agencies. In addition, Florida has a statewide coordinated training website hosted through the Center for Child Welfare. This is the Quality Parenting Initiative (QPI) "Just in Time Training" site and offers training for in-service credit on topics requested or suggested by foster parents and child welfare staff. Licensing specialists record foster parent in-service training hours each year to have an accurate record of completed training by the time of relicensing. The QPI training site is located at: <http://www.jitfl.org/pages/training.html>

The Department's approach to training is focused primarily on function, e.g., child protective investigation and case management, and responsibilities lie in both statewide and local levels of the organization. The Department is in the process of procuring a new pre-service curriculum to be used statewide; however, in-service training tends to be more localized. In general, gaps were noted in:

- Need statewide pre-service curriculum;
- Need for trainer credentialing;
- Variable quality of in-service training materials and curricula;
- Updating knowledge about evidence-based practice, through formal review and research;
- Sharing of trainer resources;
- Minimal state level infrastructure;
- Professional development; and
- Assessment of training quality through evaluation of results.

The Department has been working over the last year to secure a vendor to update pre-service core training for CPI and case management. The vendor has been selected and work will continue into the next year. The Department has also designed in-service training which is posted on the Center for Child Welfare's website for users to access at any time. The Department created proficiency standards for CPIs over the last several years and is now partnering with CBCs to develop proficiency standards for case management.

Summary: The Department is strong in its capacity to identify needs for training and provide ongoing training for staff, foster parents, and others based on local needs and in response to changing circumstances. The core pre-service training is in the process of being updated; and the Department partnered with CBCs to develop a proficiency process for case management that is similar to the process developed and put into practice over the last several years for CPIs.

Service Array and Resource Development

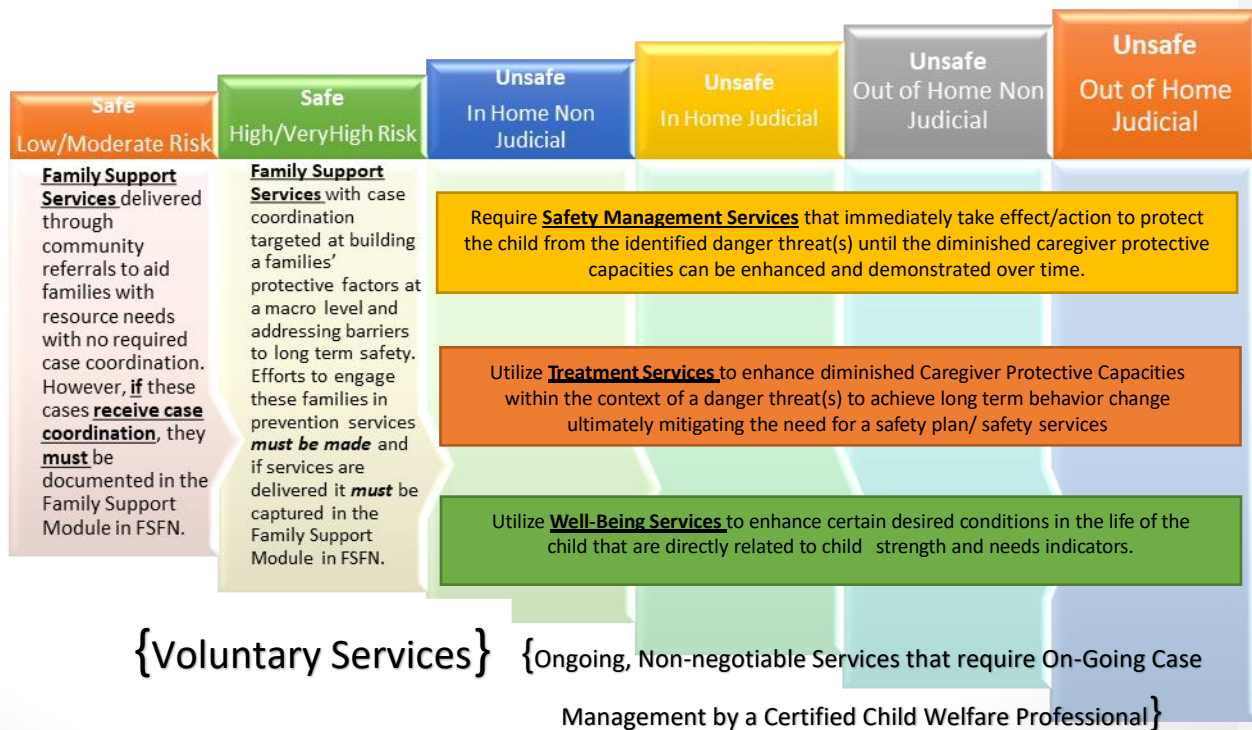
Item 29. How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?

1. Services that assess the strengths and needs of children and families and determine other service needs.
2. Services that address the needs of families in addition to individual children in order to create a safe home environment.
3. Services that enable children to remain safely with their parents when reasonable, and
4. Services that help children in foster and adoptive placements achieve permanency.

Item 30. How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Services for children and families are delivered in all geographic areas of the state with the oversight of either Department regions and sheriffs (child protective investigation) or Community-based Care lead agencies CBC) and their subcontractors (all other child welfare/foster care and related services). CBC contracts fully delineate the service array, including assessments (family functioning, behavioral health, risk, and others) and the use of individualized services.

Florida's Service Array



With the implementation of the practice model, Florida has taken this opportunity to define and assess Florida's service array. The Department worked with each CBC to complete a self-assessment of its local service array. The assessments were completed, and action plans

developed for each CBC based on local gaps in services. The action plans will continue to be in force through the next five-year plan. The plan is to develop child and parent profiles for each area based on latent class analysis by Casey Family Programs tailored for each area. This will provide regions and CBCs with a starting point to ensure necessary services are included in each area.

Florida's flexible funding waiver demonstration made changes possible in an expansion of the community-based service array. Florida has made great progress with improvements in its service array, particularly around safety management services. Funding approved by the legislature ensured each CBC had the resources so that formal Safety Management Services would be available in each area. The state is planning for a post waiver environment which will continue over the next several years.

Adequate capacity and accessibility improved across the entire state specifically related to in-home services for families diverted from out-of-home care and adult and child specific community services and supports that help to promote the safety and well-being of families. Expanded services, supports, and programs include, but are not limited to:

- Family-centered evidence-based programs and case management practices to assess child safety; support and facilitate parents and caregivers in taking responsibility for their children's safety and well-being; enhance parent and family protective factors and capacity; develop safety plans; and facilitate families' transition to formal and informal community-based support networks at the time of child welfare case closure. Refer to Chapters I and II for more detailed information services at the local level.
- Services can begin once the need is identified and service categories are not mutually exclusive.
- Safety Management Services to ensure availability for ongoing case management cases once the investigation has closed.
- One-time payments for goods or services that reduce short-term family stressors and help divert children from out-of-home placement (e.g., payments for housing, child care).
- Evidence-based, interdisciplinary, and team-based in-home services to prevent out-of-home placement.
- Services that promote expedited permanency through reunification when feasible, or other permanency options as appropriate.
- Improved needs assessment practices that account for the unique circumstances and characteristics of children and families.
- Long term supports for families to prevent placement recidivism.
- Strategies that improve adherence to immunization schedules and well-child check-ups; and holistically address the physical, social/emotional, and developmental needs of children.

Summary: There is a wide array of services available across the state. Florida is experiencing success on individualizing services to meet family needs and is making improvements in the availability and accessibility of some critical services in the more rural areas. Of note is the expansion of the problem-solving model courts including drug court, early childhood court, and girl's court. The Department and the Florida Coalition for Children created joint strategic

initiatives to improve the service array for children and parents in the child welfare system which will continue into the next five-year plan.

Agency Responsiveness to the Community

*Item 31. How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in **ongoing consultation** with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?*

*Item 32. How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are **coordinated with services or benefits of other federal or federally assisted programs** serving the same population?*

The Department's approach to management, planning, oversight, and service delivery is highly collaborative and based on many well-developed relationships with key stakeholders at the state and community level.

Formal relationships such as Memoranda of Understanding are in place with other organizations in key areas, particularly with respect to programs or agencies that share clients with child welfare, such as data sharing with the Department of Education and local school boards; shared client responsibilities with the Department of Health, Juvenile Justice, Department of Revenue/Child Support Program, and others; and service responsibilities with the Seminole Tribe of Florida.

CBCs also have local working agreements in place, and under contract provisions are to work in partnership with local agencies on implementation and management of such agreements, specifically including:

- Local housing authorities
- Workforce agencies,
- Agency performing child protective investigations, whether Department or county sheriff, as well as local law enforcement,
- Federally Qualified Health Care Centers or Rural Health Care Centers,
- Managing Entities for behavioral health, and
- Task forces relating to human trafficking.

Outreach to communities for input in planning and reporting activities is through formation of a workgroup or committee such as the Statewide Child Welfare Task Force (PIP Steering Committee), the Child Welfare, Substance Abuse and Mental Health Integration Team, the Executive Office of the Governor's Office of Adoption and Child Protection, and the ongoing Child Welfare/ Office of Court Improvement joint meetings that also include Children's Legal Services. In addition, the Department partnered with the Florida Coalition for Children on strategic alignment initiatives including Service Provision to Children, Parents, and Caregivers, Adequate Service Array of Placement Resources, Planning for Post-Waiver Environment, Practice Alignment – Performance Improvement – Workforce Challenges, and Cross-System Collaboration. The Cross-Systems Collaboration strategic alignment seeks to identify and enhance partnerships with the Department Juvenile Justice, Department of Children and Families, Florida Coalition for Children, Agency for Healthcare Administration, and Agency for

Persons with Disabilities. The workgroup is developing surveys to identify key strengths and opportunities and guide discussions with partner agencies on how to best meet the needs of dually served clients.

Summary: Florida has a strong history of collaboration in the community and has many means through which community input is sought and embedded in planning and service delivery. Florida continues to build on these successes through more collaborative initiatives with the Florida Coalition for Children.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

*Item 33. How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that **state standards** are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?*

*Item 34. How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure the state complies with federal requirements for **criminal background clearances** as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?*

*Item 35. How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the **diligent recruitment** of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?*

*Item 36. How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of **cross-jurisdictional resources** to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?*

CBC lead agencies' contracts define the requirements for licensing tasks, including an option for an Attestation Model. Florida Statute and Florida Administrative Code provide detailed licensing standards, and the contract requirements also cite federal code (sections 409.175 and 409.145(2)(e), F.S., Chapters 65C-13, 65C-14 and 65C-15, F.A.C., and 42 U.S.C. §671(a)(20)(B)(i)-(ii)).

The Department issues licenses to Child Placing Agencies and Child Caring Agencies which are renewed annually. The Regional licensing units conduct annual reviews to assure compliance with standards outlined in Florida Administrative Code. In addition, Community-based Care lead agencies and their provider complete the licensure of family foster home with oversight from the Department. Samples of files are reviewed to ensure compliance with Florida Administrative Code. Contract managers review day-to-day compliance of CBCs and the central Contract Oversight Unit conducts reviews of each CBC either on-site (every two years) or through a desk review (years not on-site). These comprehensive reviews are similar to an accreditation review than compliance to ensure that the CBCs are performing as contracted. The COU incorporates quantitative and qualitative data, surveys, focus groups, and licensing feedback in their annual reviews.

Background checks are a fundamental aspect of licensing and of placement in non-licensed settings. Quarterly Rapid Safety Feedback reviews shows that improvement is needed in the completion and use of background checks for relative and non-relative placements.

Recruitment

Recruitment of a diverse, extensive array of foster and adoptive homes is a major focus of the Department and CBCs. Responsibility for these tasks is included in the CBC contracts. A few indications as to the success of this effort are found in the key indicator report on foster parent recruitment reviewed by executive leadership. The Department and Florida Coalition for Children have a joint strategic initiative on the Adequate Array of Placement Resources. The objectives of the workgroup include designing a placement continuum to meet the unique needs of families by cluster. Profiles of children are being developed to ensure an adequate service array and appropriate placements, including the recruitment of high-quality foster homes. A foster home capacity estimator is being adapted from another state to help ensure regions know how many foster homes they need to ensure adequate placement availability for children.

Recruiting is a very collaborative effort, exemplified by the Department's work with the Casey Family Programs and the Dave Thomas Wendy's Wonderful Kids Foundation. Governor DeSantis proclaimed May as a time to celebrate foster parents for the tremendous call they have answered to serve vulnerable children and bring attention to the important need for more foster families in Florida. Regular analysis at the state level of the demographic characteristics of children awaiting adoption also provides input to efforts for recruiting homes that fit specific child needs. Special recruitment efforts remain underway for homes for children with complex medical needs and teenagers. Perhaps the most telling indicator is that the Department has successfully finalized adoptions for over 3,000 children a year for the past seven years.

Cross-jurisdictional resources

The Department is an active participant in the Interstate Compact for the Placement of Children (ICPC).

Summary: The Department has substantial and successful processes in place for licensing, background checks, recruitment, and cross-jurisdictional activity. In order to improve child and family permanency and well-being, a broad mix of homes continues to be necessary and a strategic alignment initiative with the Florida Coalition for Children to improve placement resources for children.

Plan for Improvement

The goals and objectives in the Florida Child and Family Services Plan (CFSP) for 2015-2019 were aligned with the state's goals for the Program Improvement Plan (PIP) resulting from Round 3 of the Child and Family Services Review (CFSR). This section provides an overview of progress and status on the improvement goals and activities, setting the stage for the new CFSP 2020-2024.

Detail on PIP progress is posted at the Florida Center for Child Welfare website. The most recent semi-annual report is located

http://centerforchildwelfare.fmhi.usf.edu/qa/CFSRTools/PIP%20Q6%20and%20ongoing%20Q1%20Q2%20Q3%20Q4%20Q5%20Statewide%20cfsr_round3_pip_OCW%20Practice%20progress_report%207-1-18%20thru%2012-31-18%20Official.pdf

GOALS AND STRATEGIES

Goal 1

Children are first and foremost protected from abuse and neglect; safely maintained in their homes, if possible and appropriate; and provided services to protect and prevent removal from their homes.

The presenting issues for investigations into child safety in Florida confirm that addressing child safety is a complex area related to other social ills, particularly mental health, substance abuse, and domestic violence. The massive size of the task in Florida and the intricate interrelationship of demographic factors, such as the age or race of children likely to become victims, are further reasons for continuing to make child safety a priority.

In addition to identifying and investigating instances where children are potential victims of child maltreatment, taking action to offset or prevent such harm is also critical. Preventing child maltreatment, particularly for the youngest and most vulnerable, is important for reducing harm to children in the short term (injury, fatality, removal from the family, etc.).

Strategy A. Strengthen and Enhance Florida's Child Welfare Practice Model. This strategy affects child safety through increased analysis and the child welfare professional's ability to identify, assess, and make decisions about potentially unsafe children.

1. Strengthen accountability for commencement of investigations and proper case documentation. **Final Update:** All activities were completed 7/2017.
2. Implement amended operating procedure, CFOP 170-5, Child Protective Investigations, which strengthens statewide guidance related to diligent attempts to make face-to-face contact with alleged child victims of an investigation. **Final Update:** All activities were completed 9/2017.

Strategy B. Improve families' ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address identified needs. Through family engagement it is anticipated that the quality of assessments will improve and more closely align with case planning. This will result in the child being safer and caregiver protective capacities enhanced.

1. Further develop child welfare professionals' skills, knowledge, and abilities relating to safety planning, safety plan management and family assessments through "back-to-basics" in-service training of the Child Welfare Practice Model.
Final Update: This activity was completed in 12/2018. All sub-key activities have been completed in 2017 and 2018 according to their respective target completion dates.
2. Conduct black belt project to identify root causes of maltreatment in out-of-home care and identify recommendation(s) for statewide implementation.
Final Update: This activity target was completed in 9/2018. All sub-key activities have been completed in 2017 and 2018 according to their respective target completion dates.
3. Conduct black belt project to identify root causes of re-entry into out-of-home care and identify recommendation(s) for statewide implementation.
Final Update: This activity was completed in 9/2018. All sub-key activities have been completed in 2017 and 2018 according to their respective target completion dates.
4. Implement CFOP 170-7, Develop and Manage Safety Plans, related to development and management of safety plans to further guide child welfare professionals on safety management.
Final Update: All activities were completed 4/2017.
5. Continue to support implementation of Safe Babies Court Teams at the 18 sites throughout the state and track select parallel data elements of the Safe Babies Court to Florida's PIP measures for comparison and possible replication.
Final Update: All activities were completed 9/2017.
6. Request legislative appropriation to enhance availability of safety management services statewide.
Final Update: All activities were completed 9/2017.

The final update progress made between 2015-2019 regarding the objectives, strategies, and targeted activities (CFSP 2015-2019, Chapter V) to improve safety decisions to ensure children are not re-abused or re-neglected is below. The strategies and targeted activities address increased safety and expanded protection for children involved in child welfare.

1. Continued implementation of the Child Welfare Safety Practice Model

The Department transformed the way it conceptualized and executed its mission by reengineering, transforming, and improving the capabilities of staff, operational processes, and supporting technologies. The Office of Child Welfare (OCW) provided leadership and supported coordination among all of the major implementation providers. At the heart of the change was the child welfare practice model, which began implementation in 2013. The child welfare practice model is Florida's integrated approach to:

- Initial identification of potentially unsafe children by the Florida Abuse Hotline;
- Further assessment of safety and safety decision making by investigators;
- Ongoing safety management and service provision to enhance parental protective capacities (emotional, cognitive and behavioral), address and enhance child well-being needs (emotional, behavioral, developmental, academic,

relationships, physical health, cultural identity, substance abuse awareness, and adult living skills); and

- Providing a framework for safe reunification (conditions for return) or decision-making points for other needed permanency options by case managers.

The implementation of Florida's child welfare practice model remained the primary focus for the Department during implementation of the CFSP 2015-2019. Using implementation drivers, Florida continued the journey through initial implementation focusing on skill building and staff development, using data and continuous quality improvement to further model fidelity, operationalizing the practice through policy and guidance, supporting the practice through leadership, and statewide information system functionality.

The implementation of the child welfare practice model has been a multi-year journey that required the commitment of leadership and incorporated all of the identified implementation drivers to achieve our goal of safety, permanency, and well-being for all of Florida's Children for whom we serve. The illustration below depicts the timeline for implementation activities.

Practice (Safety) Model Implementation

Safety Methodology Implementation



The CBC and case management organizations (CMO) in Florida continued to progress in implementation as well. The family functioning assessment (FFA) is the first practice process/tool completed after case transfer to ongoing case management.

Targeted Activity: Continued implementation of the Child Welfare Practice Model.

Final Update: During this report period, implementation of Florida's child welfare practice remained a focus for the Department. The Department reached full implementation for investigations in February 2016. As of April 24, 2019, 83.8% of the total ongoing services

cases under CBC supervision utilized the practice model; implementation will continue with ongoing case management.

2. Utilization of Secondary Case Reviews and Rapid Safety Feedback to assess safety practices of child protective investigators.

The Department's Continuous Quality Improvement processes include Rapid Safety Feedback (RSF) case reviews for child protective investigations (CPI). These reviews play a major role in Florida's established child welfare system's CQI/QA process. Rapid Safety Feedback is a case review process that targets open investigations of children under the age of four where there is at least one prior investigation on any member of the household and the current allegation is for substance misuse and family violence threatens harm. Research has uncovered a number of risk factors or attributes commonly associated with the probability of experiencing maltreatment in households with these factors. The RSF review consists of immediate case consultations within ten days of the intake to ensure accurate assessment of present danger and support upfront safety decisions. The case review occurs again at thirty days to strengthen the safety decisions and assessments made while the investigation is still open.

Rapid Safety Feedback case reviews target open investigations because this affords an opportunity to identify activities that need attention before making final decisions and closing an investigation. Immediate child safety concerns are documented on the Request for Action screen in FSFN for all secondary case reviewers. Critical Child Safety Practice Expert (CCSPE) reviewers use the Rapid Safety Feedback Supervisory Consultation Module in FSFN to capture concerns, identify a worker for notification, and prevent the case closure. The procedure requires an Operations Manager review and confirm all safety issues are resolved.

A key component of the system is the "rapid feedback" case consultation. This requires the QA staff to provide coaching to CPI Supervisors and CPIs through a consultative process designed to encourage critical thinking and help improve skills related to the identification of present and impending danger threats, safety planning and management, information collection, assessment, and decision-making. Though coaching and mentoring have long been a part of the CQI loop facilitated by the Department's CQI/QA system, Rapid Safety Feedback is a systematic and focused method to make an immediate difference in both investigator and supervisor skill sets, and immediate course correction to insure each case reviewed is on track.

For the Rapid Safety Feedback process, the sample is selected using the business objects report entitled "The Daily V4MK Child Investigations and Special Conditions Listing" and is available within the FSFN Ad Hoc Shared Folder>Ad Hoc Investigations Status Folder. The default profile includes all children under the age of four where the following is present:

- (a) Parent or caregiver of any age;
- (b) At least one prior report was received on the victim child or other victim child under the age of four (0 to 3 years and 364 days) or caregiver within the household;
- (c) The active investigation contains the alleged maltreatments of family violence threatens harm and substance misuse; and
- (d) The investigation is open not less than 25 days and not more than 35 days.

Rapid Safety Feedback reviews are part of the systematic Continuous Quality Improvement (CQI) process designed to provide data around child protective investigation activities, as well as to provide immediate skill and knowledge development for investigators and supervisors in the most critical issues for the most vulnerable population. The feedback loop for RSF case

reviews include face-to-face and teleconference meetings with regional staff and quality assurance staff across the state.

The Department continued the proficiency process for QA staff members designated as CCSPEs. These staff members must be experts in Florida's child welfare practice model in order to provide the correct guidance to CPIs and supervisors. The CCSPE proficiency process has four steps which must be successfully completed. Action for Child Protection reviewed written reports and observed consultations to determine if the CCSPE candidate successfully completed each step in the process. CCSPE candidates must successfully complete each step with two attempts during their probationary period of employment or be transferred out of the CCSPE position. The attainment of proficiency ensures QA staff members are highly skilled experts in the practice model. QA staff members are a strong support to the CPI and supervisor due to the collaborative approach of the consultation process.

Targeted Activity: Utilization of Secondary Case Reviews and Rapid Safety Feedback to assess safety practices of child protective investigators. Ongoing.

Final Update: The Department's RSF open case review process continued to strengthen case review collaboration between the CPI and CPI supervisor. The Department reviews approximately 3,000 open cases each year.

3. **Legislative changes: Implementation of the Safe Harbor Act**

Though a relatively small portion of the child welfare population, these victims are among the most complex and challenging and yet are among those in the most extreme of unsafe conditions. The Department addressed safety for these victims throughout 2015-2019 to fulfill legislative mandates and participate in the national focus on addressing this horrendous problem.

On a national level, DCF has partnered with multiple states to share information developed, lessons learned, and tools developed. Numerous phone conferences occurred with Tennessee, Texas, North Carolina, Washington D.C. and California, to name a few, to share Florida's Human Trafficking Screening Tool (HTST) and to discuss the evolution of its response model. DCF hosted both Texas and Ontario, Canada for site visits throughout the continuum of care. Florida continues to participate in the Region IV, Administration for Children and Families Human Trafficking work group and continued work on the Shared Hope International Expert Panel, drafting policy recommendations for national application. Shared Hope International published a report on sex trafficking victim/offender intersectionality while the Region IV ACF Workgroup developed a guiding principles document for working with trafficking victims. Florida also participates in the Colorado Compendium, a national group of anti-trafficking experts from over 20 states. The Region IV Workgroup and the Colorado Compendium both maintain Dropboxes in which members can put useful information that may benefit the group.

Targeted Activity: Implement a human trafficking specific assessment tool – ongoing.

Final Update: During the process of assessing the service array in Florida, a report outlining the different CANS being used throughout the state was developed. During the final reporting period, the Department's Human Trafficking Unit utilized this report as a starting point in determining whether the CANS-CSE was still the appropriate assessment tool to utilize in Florida.

Targeted Activity: Update the data collection process for the most comprehensive capture of CSEC youth statistics – ongoing.

Final Update: The Department conducted a quality assurance review of human trafficking cases to assess whether data and information on human trafficking cases was being reported into CCWIS/FSFN. Recommendations to enhance reporting were provided to the regions.

Investigation type and findings as well as youth demographics can be pulled from FSN, but much of the other information around services provided to this population and information from the Human Trafficking Screening Tool and Multidisciplinary Team (MDT) Staffing form must be collected by hand.

Goal 2

Children have permanency and stability in their living situations and the continuity of family relationships and connections is preserved for children.

Permanency for children remains one of the three most important and challenging areas for child welfare. The preferred permanency option is remaining safely with their own families. Other permanency arrangements include, in descending order of preference (s. 39.621, F.S.):

- Reunification;
- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship of a dependent child;
- Permanent placement with a fit and willing relative; or
- Placement in another planned permanent living arrangement.

Strategy A. Implement practice initiatives that will improve the permanency and stability of children's living situations. CFSP 2015-2019, Chapter V, Goal 2, Objective B also addressed timely permanency - the state's case review system will support timely permanency with appropriate participation and planning. This activity is captured in Florida's PIP under Goal 2, Strategy A, Key Activities 3, 4, and 7.

Achieving permanency in a timely fashion is inextricably linked to factors also linked to safety. A family must be able to keep their child safe in a nurturing environment, and the traumatic experiences that might lead to problematic behaviors must be addressed as expeditiously as possible to ensure reunification or other permanency placements are not disrupted, with an accompanying return to dependency in the child welfare system. Family engagement skills of child welfare professionals are equally important. Child welfare professionals must engage with the parents (mother and father) in a positive manner to ensure full partnership while receiving child welfare services.

Returning children home through reunification is the first preference for permanency. Other permanency goals allow children to be placed with relatives through permanent guardianship with a fit and willing relative. In recent years, Florida has exceeded annual goals for adoption.

Although, the number of licensed foster homes in Florida has increased, there is an inadequate number of homes with capacity for sibling groups and children experiencing significant emotional and behavioral needs. The Department and CBC lead agencies have been tailoring recruitment efforts for homes to meet the individual characteristics of children in care. Coupled with this is the need to facilitate improved placement matching.

The key activities focus on practice initiatives to improve the permanency and stability of children's living situations.

1. Increase the availability of quality placement settings for children in out-of-home care, with a focus on homes for sibling groups.

Final Update: Completed in 6/2018; all sub-key activities have been completed in 2017 and 2018. The Department has a strategic initiative in collaboration with the Florida Children's Coalition (FCC) which addresses Adequate Array of Placement Resources. An initial deliverable was to increase foster care board rates for specialized populations such as teens. This was completed in 12/2017. In January

and February 2018, Casey Family Programs conducted a Latent Class Analysis using two years of data representing all CBC agencies. A workgroup (which includes representatives from DCF, CBC agencies, GAL, State Foster Parent Association and community stakeholders) held meetings on March 7, April 18, May 21, and June 13, 2018. Casey has presented the latent class analysis findings to the workgroup. The group discussed findings and implications based on the data. Casey and the workgroup finalized the development of 15 clusters based on characteristics of children in the child welfare system. A placement continuum is being designed to meet the unique needs of children served in foster care as defined by the clusters. The Florida Institute for Child Welfare (FICW) and Casey Family Programs have shared research and literature reviews on numerous child welfare issues as well as an extensive catalog of evidence-based and promising practices. FICW is currently working on their catalog by obtaining cost and implementation time of evidence-based programs. The updated catalog was shared with the workgroup at the April 18th meeting.

2. Seek technical assistance from National Capacity Building Center for States on diligent recruitment of foster family homes, geo mapping and market segmentation, and implement at least one recommendation for improving recruitment of foster families.
Final Update: This activity was completed 3/2018. A statewide placement assessment workgroup and a placement capacity subgroup were established. Both are working with the National Center for Capacity Building to develop a standardized process for recruitment and retention as well as relative and non-relative capacity. An initial call was held on February 19, 2018 to identify research and data on foster parent retention and specifically benchmarking data of successful retention. A face to face meeting was held on March 7, 2018. The Department is also working with the National Capacity Building Center on Florida Intelligent Recruitment Program (FIRP) which is implemented through pilots at several CBC agencies in Florida.
3. Provide workshop for judiciary and court personnel focusing on timely establishment of appropriate permanency goals at Child Protection Summit.
Final Update: This activity was completed 9/2017. A workshop was presented at the Child Protection Summit and made available to all attending judiciary, children's legal services and court personnel on Wednesday August 30, 2017. The workshop focused on timely establishment, modification, and documentation of appropriate permanency goals tailored to the needs of the child.
4. Collaborate with the Court Improvement Program on joint Continuous Quality Improvement (CQI).
Final Update: This activity was completed 9/2017. Collaborative meetings are scheduled to occur the 3rd Tuesday of each month. OSCA provided updated information regarding court PIP activities such as numerous partnership activities with DCF Children's Legal Services, and targeted judicial training. Court panel members coordinated 5 workshops on the following issues: trauma informed care, Early Childhood Court (ECC), ineffective assistance of counsel, differentiated case management, and legislative/case law updates. In addition to Dependency Court Improvement Panel workshops on ECC, the following workshops were presented by Judges, attorneys, and JBS in September 2018 at the Dependency Summit: • The ABCs of Medication Assisted Treatment and Recovery • Connecting the Dots...Opioid Use and Child Maltreatment • 2018 Developments in Dependency Case & Statutory Law.

5. Conduct black belt project to identify root causes of placement instability and identify recommendation(s) for statewide implementation.
Final Update: This activity was completed in 12/2018; all sub-key activities have been completed between 2017 and 2018. In reviewing the factors to be considered in determining placement of children in out-of-home care, the Department recognized a need for stronger cultural competency training. The Department, in partnership with the Florida Center for Cultural Competence, Inc., offered statewide, train-the-trainer sessions on March 21- 22 and April 3-4, 2018. The training is the department's initial effort to infuse educational supports into the workforce to help in working with special population cases. The Department is working with Casey Family Programs to develop a model to identify characteristics of children who experience placement instability. The goal is to identify characteristics of children who move in order to target interventions for these children. A Quality Parenting Initiative project is in full swing where foster parent abuse/neglect reports are being analyzed to gain insight into improvements needed. A capacity and gap analysis tool was developed by a workgroup to assess current CBC Lead Agency treatment and well-being services for children including the placement continuum. Regions are working with the CBC lead agencies to develop placement plans; all plans should include targets that expand the availability of the various types of placement resources identified via the gap analysis. A new foster care licensing pre-service curriculum was developed to address how Collaboration and Partnership for Children, may help address placement stability. It includes information about making foster placements successful, predictors of displacement, stages of disruption, and what to do when disruption occurs. It also includes information on how to help establish relationships and support co-parenting between foster parents and birth parents.
6. Implement newly developed statewide operating procedure related to Child Placement Agreements, CFOP 170-11, Chapter 4, requiring child welfare professionals to work together with caregivers for children with identified behavioral management needs. The new operating procedure also focuses on the need to keep siblings together. The process for developing operating procedures involves extensive collaboration – the workgroup for this specific operating procedure included CBC representation, child welfare professional supervisors, legal, foster parents, and other related stakeholders. This practice modification results from a pilot project conducted between 07/2016 through 12/2016 with five CBCs.
Final Update: This activity was completed 5/2017. Implementation is being gauged through Florida CQI reviews.
7. Strengthen the permanency hearing decision process.
Final Update: This activity was completed in 12/2018; all sub-key activities have been completed in 2017 and 2018. Children's Legal Services convened a workgroup to complete this task that includes a representative of the GAL program and the Office of State Courts Administrator. Children's Legal Services also consulted with the Dependency Court Improvement Panel. CLS Leadership implemented a redesigned permanency order template statewide in January 2018. CLS conducted a QA process to review the use of the templates in the 20 judicial circuits in February and March 2018. There has been substantial compliance with the expectations for documentation of the appropriate permanency goal.
8. Ensure that caregivers receive actual notice and a meaningful opportunity to be heard at all court hearings involving a child in their care.

Final Update: This activity was completed in 12/2018; all sub-key activities have been completed in 2017 and 2018. Trainings regarding caregiver notice and opportunity to be heard have been completed with staff and caregivers through different forums including two annual summits, internet, foster parent association meetings and during visits. A court order template was developed for documentation in court orders of notice and appearance. QPI, DCF OCW, DCF Children's Legal Services and a foster parent collaborated to develop a webinar regarding caregiver's opportunity to be heard in court proceedings. The webinar, presented live on June 14, 2018, addressed the importance of the inclusion of caregivers in legal proceedings to support positive outcomes for children. Information included how caregivers are a cornerstone of our child welfare system their insight, perspective, and feedback is critical to the entire child welfare team's ability to make informed decisions about children and families. The webinar is posted on the Just in Time training website for future viewing.

9. Conduct statewide training on cultural competency in recruitment based on amendment to Chapter 65C-13, F.A.C., Adoptions, which addresses cultural competency and recruitment components.

Final Update: This activity was completed in 12/2018. Cultural competency train-the-trainer two- day workshops were held in Tampa (March 28-29, 2018) and Daytona (April 3-4, 2018). Each agency sent one trainer to the workshop. The goal was to educate child welfare trainers so they could in turn teach their respective child welfare professional staff how important it is that they are aware of and understand the dynamics of cultural competence when working with Florida's racially diverse population. Upon completion of the workshop, trainers then trained child welfare professionals with the curriculum in their respective agencies. A DCF statewide licensing meeting was held on 1/24/2019. Cultural competency was an agenda item. A cultural competency "Tip Sheet" was disbursed and reviewed regarding diligent recruitment of potential foster and adoptive families.

10. Implement local practice initiatives, such as Rapid Family Engagement, to assist staff with immediate engagement of parents to discuss conditions for return and start case planning process.

Final Update: This activity was completed 3/2018. CBC agencies initiated local practices during the PIP report period. Examples: Family Engagement program which consists of a meeting within 5-7 business days of shelter to immediately engage the parents, discuss conditions for return and begin case planning process. Expansion of Family Team Meetings. Learning Circles focusing on information collection, assessment, critical thinking, safety/planning, selecting safety monitors, and conditions for return. Treatment Specialty Court that focuses on dependent children with mental health and behavioral issues. Parent contact sheets that assist case management with guiding meaningful discussion. Increased permanency staffings which include parents. Grandparent support groups. Kevin Campbell Family Finding practice model.

Additionally, the Children's Bureau has awarded a 5-year grant in the amount of \$8,610,000 to CBC of Central Florida (renamed Embrace Families). The Strong Foundations project grant goal is to develop, implement and evaluate strategies that focus on better adoption and permanency outcomes by improving basic social work, legal, and judicial practice in order to eliminate systemic barriers to: adoption, preventing re-entry into foster care, and other forms of permanency. The project specifically seeks to reduce the number of children who transition to adolescence while in foster care or reenter foster care as teenagers. The benefit of this project

will be a replicable model to improve permanency and positive outcomes for children in licensed care before they enter the critical adolescent years.

Strategy B. Implement practice initiatives that will help ensure the continuity of family relationships and connections is preserved for children.

Statewide there continue to be difficulties with ongoing efforts towards engaging parents, especially fathers. When child welfare professionals are not consistently working together with the parents, this impacts successful reunification, as well as other permanency options. Although this strategy focuses on improving family engagement, the knowledge and skillset of child welfare professionals regarding family engagement directly relates to improving safety and well-being outcomes.

There are four key activities addressing continuity of family relationships and preservation of connections for children.

1. Evaluate implementation of the May 2016 issuance of CFOP 170-9, Family Assessment and Case Planning, to guide family engagement regarding family functioning assessments and case planning throughout the life of the case. The process for developing operating procedures involves extensive collaboration – the workgroup for this specific operating procedure included CBC representation, child welfare professionals and supervisors, legal, and other related stakeholders.
Final Update: This activity was completed 9/2017. The implementation of CFOP 170-9 is being assessed ongoing through FI CQI case reviews, PIP monitored case reviews, and fidelity reviews. Feedback is provided to all levels of administration through dashboard data and PowerPoint presentations.
2. Implement improved and/or expanded kinship search processes or procedures so that more children and sibling groups are placed quickly with relatives, as appropriate.
Final Update: This activity was completed in 12/2018; all sub-key activities have been completed in 2017 and 2018. The CBC agencies report having some type of Family Finding specialist/initiative. OCW applied for an ACF kinship navigator grant and has been awarded \$863,073. These funds have been used to complete a statewide inventory of existing kinship navigator programs to determine whether they are aligned with federal regulations, expand or enhance current kinship navigator services, and provide funding for the final evaluation of an existing kinship navigator program to become evidence based. Kinship services will include: support groups, statewide training, collaborative meetings, system navigation, family support plans and assessments.
3. Conduct Just in Time Training/technical assistance on maintaining a child's connections at quarterly Quality Parenting Initiative (QPI) statewide meeting with foster parents, relatives, non-relatives, child welfare professionals and providers.
Final Update: This activity was completed in 5/2018; all sub-key activities have been completed in 2017 and 2018. QPI staff in collaboration with a Casey consultant developed a webinar training for caregivers on permanency which includes information on the importance of children maintaining their connections. The webinar was presented on 5/31/18 and can be viewed by all caregivers on the Just in Time training website.
4. Expand capacity for Permanency Roundtables including Youth Centered Permanency Roundtable model. Florida has 12 CBCs conducting Permanency Roundtables with plans to train and involve additional sites.

Final Update: This activity was completed in 6/2018; all sub-key activities have been completed between 2017 and 2018. Permanency Roundtables (PRTs) are facilitated by 13 of the 21 FL CBCs. The statewide quarterly PRT work group meetings were held February 22, and June 14, 2018 where Casey attended to provide technical assistance. A Casey Consultant who is a permanency advocate resource is available to the CBC agencies for assistance in improving and sustaining PRTs. Rapid Permanency Reviews look at systemic local, regional and state barriers for children in foster care two or more years. Casey provided train the trainer sessions on Rapid Permanency reviews on June 20 – 22, 2018 with four CBC agencies (some who have been conducting PRTs and some new agencies). In addition to the four agencies currently conducting Youth Centered Permanency Roundtables, four additional CBC agencies stated an interest in being trained on the model. Youth Centered Roundtable (YRT) Training were held on November 7, 2018 to assist with agencies who are interested in incorporating YRTs in their service area. Representatives from Kids Central, Eckerd Pinellas/Pasco, Brevard, and Children’s Network of SW Florida were among the agencies present at the training. Youth Centered Roundtables builds on the permanency round tables model that helps establish permanent connections for foster children but allows the children to be included in the process.

Strategy C. The state’s child welfare information system, FSFN, will have accurate and timely data that supports child well-being.

FSFN/CCWIS is the state’s official case file and record for each investigation, case and all homes and facilities licensed by the state or approved for adoption placement. All pertinent information about every investigative and case management function must be entered into the statewide case management system within 48 hours/2 days.

The case management system supports child welfare practices and the collection of data. Child welfare professionals can readily identify the status, demographic characteristics, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care by accessing the Legal Record page. The system fully supports the identification of the status of every child in foster care.

The accuracy of quantitative reports is critical to the on-going assessment of Florida’s child welfare system. The Department strives to ensure data is accurate through on-going review of all items and discussions on conference calls and in quarterly meetings.

The key strategy to monitor compliance of accuracy and timely data entry in FSFN/CCWIS, focusing on placement and living arrangement, addressed the issue of accurate and timely data entry identified during the round three CFSR in 2016.

Final Update: This activity was completed in 6/2018 and all sub-key activities were completed between 2017 and 2018. Florida began capturing data related to the timeliness of updating placements in its child welfare information system on January 1, 2018. The findings from the reviews conducted January 1, 2018 – March 31, 2018 have been used as a baseline to gauge progress. Each region presented countermeasures during the Quality Assurance Manager’s meeting held in June 2018 to improve performance in these areas. Three regions hired an additional staff member to ensure timely entering of placement changes and two regions enhanced tracking and reporting to ensure placements are entered timely. Monitoring has continued quarterly.

The progress made over the final report period specific to the strategies and targeted activities (CFSP 2015-2019, Chapter V) to improve placement stability and permanency for children in out-of-home care is below.

1. Continued implementation of the child welfare practice model

Targeted Activity: Continued implementation of the child welfare practice model. – Ongoing
Final Update: During this report period, implementation of Florida’s child welfare practice remained a focus for the Department. The Department reached full implementation for investigations in February 2016. As of April 24, 2019, 83.8% of the total ongoing services cases under CBC supervision utilized the practice model; implementation will continue with ongoing case management.

2. Quality Parenting Initiative (QPI)

Many areas of the state have been actively promoting QPI not only for its improvements in caregiver skills, but also as a recruiting and retention tool; if a caregiver is given training, tools, and respect as a partner in reaching goals for the child and family, they are more likely to remain engaged. QPI also includes special topic areas for foster parents and, in some cases youth – particularly around their rights to participate in court processes and facilitating co-parenting with foster and biological parents.

The Department continued to refine and expand QPI across the state, through ongoing training and tools offered on-site as well as through the information portal of the Center for Child Welfare, particularly the just-in-time training offerings.

(<http://qpiflorida.cbcs.usf.edu/index.html>)

Targeted Activity: Annually: as part of the Annual Progress and Services Report, summarize progress on the state and local actions. - Ongoing.

Final Update: QPI meetings were held with respective regions to discuss recruitment and retention efforts with local community-based agencies and stakeholders. The Foster Parent Investigation Pilot is currently in progress with the addition of two new regions piloting the assessment tool. Regional QPI Champions were re-established to help support respective regions with QPI related initiatives. Refer to Chapter 7, Targeted Plans.

3. Local Permanency Initiatives

A wide array of strategies related to permanency have been underway during the five years of the CFSP. One of the strongest in relation to timely permanency is the Permanency Roundtables approach, as implemented with technical assistance from Casey Family Programs. In partnership with Casey Family Programs and with the support of the Department of Children and Families, Community-based Care lead agencies (CBCs) continued to utilize Permanency Roundtables.

The Department continues a close partnership with the Casey Family Programs on the Permanency Roundtable Project. Each new site begins with their PRT process with a review and assessment of all youth with an APPLA goal. The lead staff persons for the PRT sites meet quarterly to discuss successes and barriers to permanency. This provides an opportunity for the leads to share what is working and where they need process improvements. The collaboration with the Casey Family Programs will continue with a plan going forward to train and involve at least one new CBC per year through 2019.

Other local initiatives include Family Connections, family team conferencing, dedicated post-adoption supports, Family Engagement model programs, and many others.

Targeted Activity: Annually, report and summarize status of local initiatives for the Annual Progress and Services Report cycle. Ongoing.

Final Update: Florida has 12 CBC’s currently participating in Permanency Roundtables (PRT). CBC’s are now incorporating Youth Centered Youth Center Roundtables (YRT) into their system of care. Youth Centered Roundtables builds on the PRT model that helps establish permanent connections for foster children but allows the children to be included in the process. Youth Centered Roundtable training was held on November 7, 2018 to assist agencies who are interested in incorporating YRT’s in their service area. Representatives from

Family Support Services of North Florida, Family First Network, Kids Central, Eckerd Alternatives, Pasco and Pinellas, Heartland, and Brevard Family Services were among the agencies present at this training.

4. Adoption Supports

Adoption has been a successful outcome for thousands of children in Florida. To maintain this success, the Department has focused activities in support of adoption as a permanency outcome to include recruitment of adoptive parents and provision of post-adoption supports.

Post-adoption supports: The Department continued to emphasize the provision of post-adoption supports to families in order to sustain successes for forever families. Services have included support groups, adoption competency specialists and training, and post-adoption services counselors.

Targeted Activity: Annually, analyze local and state progress toward adoption and other permanency goals and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review. - Ongoing.

Final Update: The Department conducted a comprehensive baseline assessment annually in the areas listed below:

- a. The number of families attempting to adopt children from foster care and the number of families completing the adoption process.
- b. The number of children eligible for adoption and the number of children whose adoptions were finalized.
- c. The length of time eligible children waited for adoption.
- d. The number of adoptions that resulted in disruption or dissolution and the subset of those disrupted adoptions that were preventable by the CBC Lead Agency or the subcontracted provider.
- e. The length of time taken to complete each phase of the adoption process.
- f. The expenditures made to recruit adoptive homes and a description of any initiatives to improve adoption performance or streamline the adoption process.
- g. The results of any specific effort to gather feedback from prospective adoptive parents, adoptive parents, children in the child welfare system, adoptees, and other stakeholders.
- h. The use of evidence-based, evidence-informed, promising, and innovative practices in recruitment, orientation, and preparation of appropriate adoptive families; matching children with families; supporting children during the adoption process; and providing post-adoptive supports. The analysis of the baseline data can be found at <http://centerforchildwelfare.fmhi.usf.edu/kb/LegislativeMandatedRpts/2018%20Adoption%20Incentive%20Annual%20Report%20with%20Appendices.pdf>

5. Collaboration with the Court System and Children's Legal Services

The legal aspects of child welfare, particularly with respect to permanency, are an important component to achieving success. The Office of Child Welfare has a long-standing collaboration with the Office of Court Improvement within the court system, and regions develop intense working relationships with local courts. The most visible result of this collaboration is the Dependency Summit, jointly planned and attended by child welfare specialists, community-based agencies, foster parents, youth, attorneys, judges, and many other partners. Each year, Florida's Court Improvement Program (CIP)—which works within the Office of Court Improvement—and the statewide Dependency Court Improvement Panel

worked very closely with the Department to ensure that judicially relevant content is offered at the Child Protection Summit. In addition, in 2018, the statewide Dependency Court Improvement Panel began to focus on Florida's opioid crisis and created an action plan to address this epidemic. Relevant Department panel members include representation from the Office of Child Welfare, Children's Legal Services, and Substance Abuse and Mental Health.

Targeted Activity: Annually, convene the Dependency Summit. Ongoing.

Final Update: The Department in partnership with the Court Improvement Program convened the Dependency Summit each year during the 2015-2019 period. The 2018 Child Protection Summit in Orlando occurred between 9/5/2018 and 9/7/2018 (link to the 2018 Child Protection Summit Summary Report is below); the 2019 Child Protection Summit is scheduled to occur September 4 -6, 2019 in Orlando

<http://centerforchildwelfare.fmhi.usf.edu/2018CPSummit.shtml>

Targeted Activity: Monthly, continue Monthly OCI/OCW/CLS/GAL/DOE meetings. - Ongoing

Final Update: The Office of Court Improvement (OCI) and the Department of Children and Families, Office of Child Welfare continue to meet monthly. The joint monthly meetings focused on child welfare topics such as Program Improvement Plan (PIP), Annual Progress and Services Report (APSR), new Child and Family Services Plan (CFSP), joint projects, and other issues as they arose.

Targeted Activity: Annually, report and summarize status of local initiatives for the Annual Progress and Services Report cycle. - Ongoing.

Final Update: Throughout the final report period, the Department has continued to collaborate with the CIP to support the Early Childhood Court (ECC) initiative, a Florida Court Improvement lead project. Early Childhood Court addresses child welfare cases involving children under the age of three. It is a problem-solving court – where legal, societal, and individual problems intersect. Problem-solving courts seek to address not only the legal issues but also the underlying non-legal issues that will benefit the parties and society as well. This specialized court docket provides greater judicial oversight through more frequent judicial reviews and a multidisciplinary team approach. The team works in a non-adversarial manner to link the parties to treatment and services. Office of Court Improvement (OCI) staff coordinated a statewide ECC All-Sites meeting, which took place August 15– 16, 2017 in Fort Lauderdale. Teams from each of the 18 ECC sites (that existed in 2017) participated, totaling more than 150 people. Smaller teams attended the national ZERO TO THREE Cross-Sites meeting, which was held at the same venue August 16–18, 2017. Most recently, there was an Early Childhood Court cross sites meeting in North Carolina the week of 8/27/2018. The Office of Court Improvement arranged for Florida to send 90 representatives, including courts, DCF, CBCs, and CLS. There continued to be substantial momentum to expand Early Childhood Court throughout the state. Understanding of both the vulnerability and the opportunity for changing the developmental trajectory for maltreated children has grown this initiative from two participating sites in 2015 to 22 sites in 2018. The Department is a full partner in this initiative on a statewide level and local community level. Other collaborative partners include the Community-based Care agencies, Florida State University, Children's Legal Services, mental health providers, infant mental health specialists, foster parents, and other community partners. Activities are underway to continue to provide support for the project across sites, along with planning for long-term sustainability. An outcome analysis was completed that supports the effectiveness of Early Childhood Court in achieving earlier permanency outcomes through enhanced engagement and support of families. A webinar providing analysis results is posted at the Florida Center website.

<http://centervideo.forest.usf.edu/video /center/outcmsganlys/start.html>

CHAPTER 3. UPDATE ON SERVICE DESCRIPTION

The services described in this chapter of Florida's Final Annual Progress and Services Report reflect the primary components of Florida's child welfare system, including the case management information system. This chapter includes updates, accomplishments, and summaries for the program service array and key support activities related to the core outcomes of safety, permanency, and well-being for children and families.

Florida Legislative intent provides a fundamental statement of purpose for the child welfare system that is embedded throughout the delivery of services in the state:

- (a) To provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; to promote the health and well-being of all children under the state's care; and to prevent the occurrence of child abuse, neglect, and abandonment.
- (b) To recognize that most families desire to be competent caregivers and providers for their children and that children achieve their greatest potential when families can support and nurture the growth and development of their children. (Subsection 39.001(1), F.S.)

To achieve this intent, and remain in alignment with the federal Principles of Practice, Florida's continuum of care includes the following general service components:

- Prevention
- Intake
- Child Protective Investigation
- In-Home Protective Services
- Out-of-Home Care
- Independent Living
- Adoption

A large number of bills became law during the 2014-2019 CFSP that had an impact on children and families involved with the child welfare system. Below is a listing of the bills and a short explanation regarding the impact of each bill.

2014 Legislative Session

Senate Bill 1666 strengthened child welfare laws and increased resources to protect children from abuse and neglect. The bill created a new Assistant Secretary for Child Welfare; amended and created new definitions in Chapter 39; codified the child welfare practice model; expanded services to medically complex children; created hiring preferences for child protective investigators; and provided other child welfare specific guidance and instruction specific to the delivery of child welfare and child protection services.

House Bill 977, "Keys to Independence," continued emphasis on normalcy. Eight hundred thousand dollars of recurring funds was appropriated to operate a statewide, three-year pilot for youth in licensed care to gain access to vehicle insurance, funds to support driver education, and assistance with securing driver licenses and learner permits. The law extended to all eligible youth in licensed care to include those young adults in Extended Foster Care up to the availability of funding from year to year.

House Bill 561, Attorneys for Dependent Children, required the appointment of an attorney to represent dependent children who have special needs, unless a pro bono attorney represents the child.

In addition, there were two significant human trafficking related bills passed. *House Bill 989* regarded criminal prosecution of human trafficking criminals, while *House Bill 7141* enhanced training requirements for child welfare and juvenile justice staff who work with victims of human trafficking, created certification requirements for safe houses and safe foster homes; and mandated use of an assessment tool to ensure the identification of the appropriate services to help victims of human trafficking.

2015 Legislative Session

HB 437 – Formalized the process of appointing a guardian for developmentally disabled or incapacitated young adults. At the judicial review that must be held within 90 days after the child turns 17 for any child that meets the requirements for appointment of a guardian the case plan must be updated through a face-to-face conference with the youth if appropriate along with the child’s attorney, Guardian ad Litem, and custodian of the child.

Additionally, proceedings for guardianship must be initiated within 180 days after the child turns 17 and the Department must share information with parties interested in the guardianship process for a young adult within 45 days after the first judicial review hearing after the child turns 17. The probate court is required to initiate proceedings for appointment of a guardian advocate if the child is subject to Chapter 39 proceedings when the child has attained 17 years and 6 months or older.

HB 7013 - Created requirements for agreements between the Department and district school boards and other local educational entities that require the Department to ensure children are enrolled in school or in the best educational setting that meets the needs of the child with minimal disruption of education.

The caregiver of a child in foster care must support the child’s educational success by participating in activities and meetings associated with the child’s school or other educational setting and meetings with an educational surrogate if one has been appointed.

CBCs, one year after a child’s adoption is finalized, must contact the family by phone and offer post-adoption services and must document the contacts and provide the information to the Department annually.

The Department was required to establish an adoption incentive program for CBCs and their subcontractors to award incentive payments for achievement of specific and measurable adoption performance standards that lead to permanency, stability, and well-being for children.

Recreated an adoption benefits program for qualifying adoptive employees of state agencies.

Licensed child-placing agencies that provide adoption services for intercountry adoptions must meet federal regulations.

SB 7078 – Child Welfare. Expanded the Secretary’s authority to direct an immediate onsite investigation by the Critical Incident Rapid Response Team (CIRRT) for cases involving the death or serious injury of a child during an open child abuse protective investigation.

The CIRRT advisory committee must meet at least once quarterly and submit quarterly reports to the Secretary. The Secretary will submit each report to the Governor, the Speaker of the House, and the President of the Senate.

Clarified the functions of the Child Abuse Death Review state and local committees including requiring local committees to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level.

Strengthened language around the services to be provided to dependent children to include services that are supported by research or that are recognized as best practices in the child

welfare field and requires the CBCs to give priority to the use of services that are evidenced-based and trauma-informed.

HB 149 – Rights of Grandparents and Great Grandparents. The bill authorized a grandparent of a minor child whose parents are deceased, missing, or in a permanent vegetative state to petition the court for visitation with a grandchild. If only one parent is deceased, missing, or in a persistent vegetative state, before a grandparent may petition for visitation, the other parent must have been convicted of a felony or violent offense showing a substantial threat of harm to the child.

If a minor child is adopted by a stepparent or close relative, the adoptive parent may petition the court to terminate an order granting grandparent visitation existing before the adoption.

SB 7032 - Public Records/Reports of a Deceased Child. The bill reenacts and amends the public records and public meetings exemptions for certain identifying information held by the State Child Abuse Death Review Committee or a local child abuse death review committee and for portions of meetings of such committees where such information is discussed.

Authorized release of confidential information to a governmental agency in furtherance of its duties or a person or entity for research or statistical purposes;

The State Child Abuse Death Review Committee or a local committee may share confidential and/or exempt information with each other, governmental agencies, or any person or entity authorized by the DOH to use such relevant information for bona fide research or statistical purposes.

2016 Legislative Session

SB 12 – Mental Health and Substance Abuse: mental health services for children, parents, and others seeking custody of children involved in dependency court proceedings; required the Department and the Agency for Health Care Administration to create an option for a single, consolidated license to provide both mental health and substance use disorder services.

HB 241 – Children and Youth Cabinet: the membership of the cabinet revised to include the Superintendent of Schools.

HB 719 – Education Personnel: Department of Education (DOE) employees and agents, who investigate or prosecute educator misconduct, added to the list of individuals authorized to access records relating to child abuse, abandonment, or neglect. Authorized the DOE to use information from the Central Abuse Hotline for educator certification discipline and review.

SB 860 – Foster Families Appreciation Week: the second week of February of each year designated as “Foster Family Appreciation Week.”

HB 1083 – Agency for Persons with Disabilities: individuals with developmental disabilities needing both waiver and extended foster care child welfare services to be prioritized in Category 2 and, when enrolled on the waiver, to be served by both the Agency for Persons with Disabilities and community-based care organizations.

SB 1294 – Victim and Witness Protection: protections for minors and victims of human trafficking including increasing the eligible age of a child victim or witness who may have his or her testimony videotaped or who may testify by closed circuit television from “under 16 years of age” to “under 18 years of age;” and increased the age of “under 16” to “under 18” to extend the protections of court orders intended to protect a victim or witness from severe emotional or mental harm due to the presence of the defendant.

2017 Legislative Session

SB 60 – Children Obtaining Driver Licenses – The pilot program for helping children obtain a driver license became a permanent program for children in out-of-home care.

HB 185 – State Park Fees – Families operating licensed family foster homes receive free annual family passes to Florida State Parks and a 50 percent discount on base campsite fees at Florida State Parks and provides families who adopt a special needs child a one-time family annual entrance pass to Florida State Parks at no charge.

HB 749 – Adoption Benefits – Employees of charter schools and Florida Virtual School qualify as adoptive employees for the adoption benefit program.

2018 Legislative Session

HB 1079 – Child Welfare - A number of changes went into effect relating to the care of children in the child welfare system, including additional protections for infants, creation of the Guardianship Assistance Program, addition of federal requirements for Extended Foster Care, extension of Maintenance Adoption Assistance to age 21 in certain instances, recoupment of state funded Nonrelative Caregiver Financial Assistance, exemption of fingerprints due to physical, developmental, or cognitive disability, increased parental accountability, alignment of background screening requirements for child care employees with federal requirements, expansion of Keys to Independence program to relative and nonrelative caregivers, amending allocation formula for Community-Based Care Lead Agencies, and revising requirements for residential treatment centers or hospitals who serve commercially sexually exploited children.

HB 281 – Incarcerated Parents – The Department must include incarcerated parents of dependent children in the case planning process and obtain information from the facility where the parent is incarcerated to determine how the parent can participate in the preparation and completion of the case plan and receive available services.

SB 146 – Appointment of Attorneys for Dependent Children with Special Needs – Authorized the payment of certain “due process costs” when a court-appointed pro bono attorney represents a dependent child with special needs.

2019 Legislative Session

CS/CS/HB 7099 – Child Welfare - Effective July 1, 2019 if approved by the Governor – This bill makes a number of changes to child welfare laws including: expanding the types of reports that must be referred to the Child Protection Team to include children who do not live in this state but are currently being evaluated in a medical facility in this state; requiring all reports of child abuse, neglect, or abandonment reported to the Hotline from an emergency room physician to be accepted for investigation; aligning current law with the federal Title IV-E, Extended Foster Care (EFC), and Guardianship Assistance Program (GAP) requirements and ensuring compliance with federal regulations for implementation of the federal Family First Prevention Services Act; authorizing an advanced practice registered nurse whose specialty is psychiatric nursing, to prescribe psychotropic medication to children in foster care; and requesting the Department of Children and Families (Department) to establish a direct-support organization to support the Florida Children and Youth Cabinet and revising the Cabinet membership.

CS/SB 124 – Dependent Children – Effective April 26, 2019 - allows the court handling an incapacitated person’s dependency case to also handle his or her guardianship appointment proceedings; provides a dependent child’s Guardian ad Litem and other dependency stakeholders including the Department with notice of and an opportunity to be heard at several stages of the delinquency disposition and the Department of Juvenile Justice commitment process. Chapter 2019-10, Laws of Florida.

CS/SB 262 – Parental Accountability –Effective October 1, 2019 if approved by the Governor – Revises several provisions of Chapter 39, F.S., addressing barriers to permanency within 12 months by requiring the name of the Guardian ad Litem and contact information to be on the court orders in dependency hearings, clarifying that cases may not be continued more than 60 days including continuances initiated by the court in 12 months, and requires the Department to make referrals to services for parents within seven days. The bill also holds the parents more accountable by requiring them to notify the case manager and the court of updated contact information and of any barriers to meeting the case plan, adding that both action and inaction by the parent may cause termination of rights, and clarifying that if reunification does not happen at the end of 12 months, parental rights may be terminated.

CS/CS/CS/SB 318 – Public Records/Child Abuse, Abandonment, or Neglect –Effective July 1, 2019 if approved by the Governor – Expands the public records exemption that protects the name of a reporter of child abuse, abandonment, or neglect to also include other identifying information. Such information is to be protected and only released to specified persons, officials, and agencies specified in law.

CS/HB 1209 – Caregivers for Children in Out-of-Home Care – Effective July 1, 2019 if approved by the Governor - Current law provides duties for the Department of Children and Families (DCF) and Community-based Care lead agencies (CBCs) while working with caregivers who provide out-of-home care to dependent children. CS/HB 1209 establishes a goal for DCF to treat foster parents, kinship caregivers, and nonrelative caregivers with dignity, respect, and trust while ensuring the delivery of child welfare services. The bill requires DCF to strive to accomplish these goals to the extent not otherwise prohibited by state or federal law and within current resources. The goals require DCF to provide specified information and supports to foster parents, kinship caregivers, and nonrelative caregivers. The bill also creates a dispute resolution process for a caregiver who believes the goals are not being met and such failure is harmful to the child or is inhibiting the caregiver’s ability to meet the child’s needs.

Florida Administrative Code (F.A.C.)

The Department continued to amend rules during the 2015-2019 CFSP implementation. To engage all stakeholders in this process, the Department established policy workgroups with cross-representation from the regions, Sheriff Organizations, Children’s Legal Services, CBC/Lead Agencies, Case Management Organizations, and community stakeholders.

65C-15.028, F.A.C., requires (1) all child-placing agencies, excluding private adoption agencies, to conduct private adoption home studies study in accordance with specified rules; and (2) private adoption agencies to provide the Department with copies of educational materials provided by the agency to the adoptive parents.

65C-29.002, F.A.C., specifies the circumstances when complaints concerning infants or children in automobiles who are not in legally required child restraint devices must be investigated. Additionally, calls to the Hotline regarding placement disruptions and failure to comply with case plans will be accepted as Foster Care Referrals.

65C-29.006, F.A.C., accomplished the following: (1) regulatory infractions for children in an emergency shelter or out-of-home placement, or placement disruptions, case plan, and safety plan violations for children under the supervision of the department or its authorized agents must be accepted by the Hotline as foster care referrals; (2) in cases involving licensed care, the licensing unit or agency staff must complete the assessment and determine any corrective actions required; and (3) in cases involving unlicensed relatives, non-relative caregivers, or families under the supervision of the department or its authorized agents, the

assigned child welfare professional must complete the assessment and determine any corrective actions required.

65C-30.001, F.A.C., defines “Private adoption agency” as private child placing agency that places or arranges for placement of a child in an approved adoptive home and provides adoptive services for a child who does not have an open dependency case and is not in custody of the Department.

65C-33.016, F.A.C., establishes requirements for “Child Welfare Proficiency Program for trainers including (1) a timeframe for when Child Welfare Trainers must become proficient by; (2) requirements of “grandfathering” in; (3) prerequisites for entry into the Child Welfare Trainer Proficiency Program; (4) which Child Welfare Trainers the Proficiency Program applies to; (5) conditions to be deemed proficient, including explanation of content knowledge and instructional skills and also the need to assess these components; (6) necessity to maintain Proficiency, including specific in-service training relevant to trainer proficiency and number of hours; and (7) who is exempt.

65C-35.014, F.A.C., requires caregivers responsible for administering psychotropic medication to be trained on medication management and administration within 30 calendar days of the child’s placement into the caregiver’s home.

Summary of Progress 2015-2019

Prevention

The flexibility afforded by the Title IV-E Waiver Demonstration allowed the Community-based Care lead agencies (CBCs) to create and expand a variety of local services to prevent families from formally entering the child welfare system and to help children remain safely in their home. The Regions and CBCs established strong partnerships locally to reach families in need.

The Department is the Community-Based Child Abuse Prevention (CBCAP) lead agency designated to administer the CBCAP Grant, which includes the development, implementation, and monitoring of the Child Abuse Prevention and Treatment Act (CAPTA) Plan. The CAPTA Plan is described in the CBCAP Grant Annual Report submitted to the Children’s Bureau in January 2019 for the reporting period October 1, 2017 through September 30, 2018.

The Office of Child Welfare (OCW) continued to build and sustained partnerships at the state level that promote, support, and enhance local strategies. The OCW engaged in multiple activities to advance prevention:

- Collaborated with state and local partners to create, promote, and implement evidence-based prevention strategies.
- Provided Healthy Families Florida access (HFF) to Families Safe Families Network (FSFN) to track outcomes for families participating.
- Expanded methods for collecting, measuring, and reporting family support services and outcomes.
- Placed focus on the provision effective local family support service array through the Contract Monitoring and Oversight (COU) standards and monitoring process.

The Department’s regional community development administrators collaborated with local CBCs on area-specific prevention initiatives that meet the needs of Florida’s multi-ethnic and multi-cultural population.

The Department has sustained annual prevention activities at a high level throughout the time period. A major effort has been the ongoing partnership of state and local entities through the Office of Adoption and Child Protection (OACP). OACP, the Department, and the

Ounce of Prevention Fund of Florida work together on the Child Abuse Prevention Month Planning Committee to raise awareness through the national Pinwheels for Prevention campaign. OACP and the Department also have continued to coordinate local prevention planning with region and community partners. See discussion about collaboration with this Office in Chapter 1.

The Office of Child Welfare provided ongoing technical assistance and supported OACP's many activities, particularly development and implementation of OACP's five-year plan for Child Abuse Prevention and Permanency. Several other agencies, including the Departments of Education (DOE), Health (DOH), Juvenile Justice (DJJ), Law Enforcement (FDLE), and the Agency for Persons with Disabilities (APD), are partners with OACP. Department staff from the regions also participate on the Local Planning Teams that work in specific geographical areas under the guidance of OACP. These Local Planning Teams are convened in each of the twenty judicial circuits around the state. Aligned geographically with the judiciary and the Department's operational circuits, representation on these Local Planning Teams is consistent with the make-up of the statewide Advisory Council. In conjunction with the OACP and other state-level partners, the Department continued to develop and participate in public awareness campaigns that target the preventable causes of child death.

The Department administered statewide prevention and family support programs to address child abuse and neglect. Child abuse prevention and family support programs in Florida focus on the provision of support and services to promote positive parenting, healthy family functioning and family self-sufficiency. Florida funds community-based services targeting the prevention of child abuse and neglect statewide that address the needs of our multi-ethnic and multi-cultural state population.

One of Florida's strategies has been to focus on prevention to strengthen and support families. The Department has embraced all three levels of child maltreatment prevention: primary, secondary and tertiary efforts. The Department continued to strive for a comprehensive, cohesive, community-based prevention continuum designed to provide support to families and children. The strategy is targeted to reduce risk factors and increase protective factors to combat abuse and neglect, family disruption, substance abuse, mental illness, school failure, and criminal justice involvement. To implement such a strategy, the Department has worked to integrate with as many local and statewide stakeholders as possible. A common goal is to accomplish a family-centered, holistic, preventive service approach with consistent and effective messaging for Florida's families and communities.

This has been an on-going priority to effectively engage all community partners, parents, advocates, the faith-based community, special population stakeholders, the courts, schools, health and housing programs, funders, and legislators, and sustain their role and influence over time.

The Department both on a state and local level strived to have in place concrete supports for families in times of need; families with social connections; a continued focus on parental emotional resilience, nurturing and attachment as well as a knowledge of parenting and child development.

The Department and CBC lead agencies have implemented core programs and services to complement the existing network of primary, secondary and tertiary prevention programs that build upon the protective factors framework.

Primary Prevention

Florida's annual campaign, Pinwheels for Prevention™, was conducted each April. Florida's Prevent Child Abuse (PCA Florida) Chapter traveled throughout the state to provide training

and orientation for the agency's public information staff and to local prevention and permanency councils.

The Department utilized the FrameWorks Institute of Prevent Child Abuse America to shift awareness campaigns from recognizing and reporting child abuse/neglect to understanding developmentally appropriate parenting practices. The Department will continue to use evaluations of past campaigns to inform ways to improve alignment with the FrameWorks model.

The Department has an extensive and long-lasting partnership with the Ounce of Prevention to implement primary (and secondary) prevention activities. The Department's contract with the Ounce of Prevention (Ounce) also funded the Circle of Parents® Program. The Ounce provided training and technical assistance to local providers throughout Florida who facilitated local meetings using the Circle of Parents® model. The technical assistance provided included how to recruit families and sustain a local Circle.

Part of a national model and network, the Circle of Parents® provides a non-judgmental, supportive environment led by parents and other caregivers. The practice of shared leadership among facilitators and parents ensures participants both receive and provide help to others. Families receive resource information through the informal family-friendly group meeting format. The interaction of families provides reassurance that challenges parents face are neither unique nor insurmountable. Parents improve communication and problem-solving skills through their discussions of the frustrations and successes involved in challenging family circumstances.

Currently, there are more than 50 Circle of Parents® programs (increased from 43 at the beginning of the 2015-2019 CFSP) throughout Florida. The program's webpage on the Ounce's website offers an interactive map to find a local meeting:

<https://www.ounce.org/circlegroupsmmap.html>

The Office of Child Welfare (OCW) created and maintained the [Child Fatality Prevention](#) website which provides a data dashboard and child fatality information. This website was created to raise public awareness about child fatalities throughout the state and assist communities with identifying where additional resources or efforts are needed to assist struggling families. Additionally, the Department and community partners use this data to improve child welfare practice to better protect children and assist at-risk families. The website also has information about the Department's prevention campaigns relating to the leading causes of child fatality in Florida—unsafe sleep, drowning, and inflicted trauma. These campaigns provide useful information for parents and caregivers and are avenues for community involvement.

The Statewide Child Abuse Death Review Committee (CADR) made up of a statewide appointee panel and locally developed multidisciplinary committees review the facts and circumstances surrounding child deaths that were accepted for investigation by the Hotline. CADR's duties extend to all deaths reported to the Hotline. The goal of these reviews is to eliminate preventable child deaths. CADR operates under the purview of the Department of Health (DOH).

Secondary Prevention

Healthy Families Florida (HF-Florida), Ounce of Prevention Fund of Florida (Ounce): Funds for HF-Florida are appropriated by the Florida legislature to the Department. The Ounce administers HF-Florida through service contracts with 35 community-based agencies in 67 counties (42 counties in their entirety and 25 counties in the highest-risk zip codes). This program remained a substantive and important investment made by the Florida legislature in

evidence-based prevention designed for families at risk of child maltreatment or other adverse childhood experiences.

HF-Florida worked diligently to maintain the program's national accreditation with Healthy Families-America (HFA). HFA is the nationally recognized, evidence-based home visiting program of PCA-America. Rigorous research has demonstrated HFA effectiveness, based on nineteen publications of randomized control trials. HF-America meets the criteria for federal funding established by the Maternal Infant Early Child Home Visiting (MIECHV) for expectant parents and parents of newborns experiencing stressful life situations.

HF-Florida provided specialized screening and assessments to identify families at risk of future maltreatment; home visiting services and routine screening for child development and maternal depression. Families may receive in-home visitation during pregnancy and up to the time a child turns five years of age. Participation is voluntary. Using nationally developed in-home curricula and well-trained and supported in-home staff, parents learn how to recognize and respond to babies' developmental needs, use positive discipline techniques, cope with stresses of parenting and family life in healthy ways, and achieve family established goals.

Last year, HF-Florida's 38 community-based projects served 9,960 families and their 18,313 children with state funding and local contributions. Projects exceeded every goal for child and parent outcomes including:

- 98 percent of children in families served were free from abuse during services and one year following program completion;
- 99 percent of children were connected to a primary healthcare pro; and
- 85 percent of participants improved their self-sufficiency by gaining employment, enrolling in job training, furthering their education, securing stable housing or obtaining a driver's license.

Universal Newborn Screening: The goal of the Department of Health's (DOH) Healthy Start program is to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes. For over 28 years Healthy Start has provided for the screening of all Florida's pregnant women and infants to identify those at risk for poor birth outcomes, health and developmental outcomes. All pregnant women are offered the Healthy Start Prenatal Risk Screening at their first or consequent prenatal visit and the Healthy Infant (Postnatal) Risk Screening is offered to parents or guardians of all infants born before leaving the delivery facility. These completed screens have provided the Healthy Start Coalitions with information for outreach to families to offer Healthy Start and other available community resources.

There are 32 Healthy Start coalitions and one county Health Department that provide Healthy Start services covering all of Florida's 67 counties. The coalitions conduct assessments of community resources and needs, identify gaps and barriers to effective service delivery, and develop a service delivery plan to address identified problem areas and issues. The range of Healthy Start services available to identified women and infants include:

- Information, referral and ongoing care coordination and support to assure access to services;
- Psychosocial, nutritional, and smoking cessation counseling;
- Childbirth, breastfeeding, and substance abuse education;
- Home visiting through the child's age of three years; and
- Inter-conception education and counseling.

The Florida Birth Defects Registry (FBDR) conducts enhanced surveillance of Neonatal Abstinence Syndrome (NAS) and incorporates trained abstractor review of maternal and infant hospital medical records to capture all relevant clinical information to classify potential NAS cases, determine specific agents to which mother/infant were exposed, and to obtain a more complete understanding of this public health issue. The DOH Opioid Use Dashboard reports current NAS data statewide and by county.

Florida's Early Steps Program continued to provide early intervention services to infants and toddlers with disabilities and developmental delays, and their families, from birth to 36 months of age. Effective January 1, 2018, Early Steps began serving children at-risk of developmental delays, including infants with NAS with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding. Services include Individualized Family Support Planning; Service Coordination; Developmental Surveillance; and Family Support.

Over the past four years, DOH and Healthy Start Coalitions pilot-tested and then implemented a statewide strategy to further maximize community resources and link families with local programs that best match their needs and preferences. The local Healthy Start Coalition reviews all universal screens conducted in their community and provides outreach to families to let them know about home-based visiting choices for which they are eligible. Participation in any home visiting program is voluntary. The choices of home visiting programs offered, depending on the locale, may be HF-Florida, Nurse-Family Partnership, or Parents as Teachers.

Tertiary prevention activities

The household of any report that has been screened-in by the Hotline and investigated by a Child Protection Investigator (CPI) is assessed using the Structured Decision-Making Assessment Tool® (SDM) adapted by the NCCD's Children's Research Center (CRC) for use in Florida. The Risk Assessment is an actuarial assessment which estimates the likelihood of future harm to children in the household. Any family where the CPI has determined that the children are safe, however have a high or very high-risk level as determined by the risk assessment is offered family support services on a voluntary basis. The Department's procedures for outreach and family support services are published in [CFOP 170-4, Family Support Services](#).

Intake

The Florida Abuse Hotline remains the single-entry point to child welfare services in Florida. All child abuse, neglect, and abandonment allegations are received through the centralized Florida Abuse Hotline twenty-four hours a day, seven days a week. There are several ways to make a report: the toll-free telephone number (1-800-96-ABUSE), through Toll-free Telephone Device for the Deaf (TDD): 800-453-5145; Toll-free fax transmission: 800-914-0004; and electronically via the Department's internet website: <https://reportabuse.dcf.state.fl.us>

Pursuant to Florida Statute, "Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare must report such knowledge or suspicion to the Florida Abuse Hotline. Members of the general public may report anonymously if they choose." During the 2015-2019 CFSP, Florida law was amended to mandate that reporters in certain occupations must provide their names to the Hotline staff:

- Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;

- Health or mental health professional;
- Practitioner who relies solely on spiritual means for healing;
- School teacher or other school official or personnel;
- Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;
- Law enforcement officer; or
- Judge.
- The Hotline also operates a Background Screening (Criminal Intelligence) Unit. The CIU workforce was restructured this last year to accommodate new positions received from the 2018 Legislature. Restructuring has provided maximum staff coverage during the identified highest timeframe when criminal history and placement checks are needed. The criminal history checks are completed for the following purposes:
 - Investigations to include subjects of the investigation for both child and adult abuse reports, other adult household members, and children in the household 12 years or older.
 - Emergency and planned placements of children in Florida's child welfare system to assess caregivers.

The type of checks conducted and data sources accessed for investigations or placements are based on the program requesting the information as well as the purpose of the request (investigations or placements). The Florida Abuse Hotline crime intelligence staff members have access to the following criminal justice, juvenile delinquency, and court data sources and information:

- Florida Crime Information Center (FCIC) – Florida criminal history records and dispositions;
- National Crime Information Center (NCIC) – National criminal history records and dispositions;
 - Hotfiles (FCIC/NCIC) – Person and status files such as: wanted person, missing person, sexual predator/offender, protection orders;
 - Department of Juvenile Justice (JJIS) – Juvenile arrest history;
 - Department of Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database (current driver's history, license status, photos, signature);
 - Department of Corrections (DOC) – current custody status, supervision, incarceration information
- APPRISS/Justice Xchange Connection – Jail databases for current incarcerations, associated charges, and booking images.
- Sexual Predator Website- This database provides face sheets that includes charges and release status of Sexual offender/Predators.

The case manager or CPI must contact the Background Screening Unit and request criminal history record information on potential caregivers and household members for a child requiring removal from his or her current residence. When a CBC agency or child welfare professional is considering permanent placement of a child, finger print submissions must be obtained within 10 days for all persons over the age of 18 years in the placement or potential placement home following the query of the NCIC database for a placement initially requested by an investigator or case manager. The recent addition of statutory language on investigation and placement criminal background screening more

clearly defined in Chapter 39, Florida's dependency statute, the federal requirements for criminal background screening for adoptive parents, relative, and non-relative placements.

Protective Investigation

Child protective investigations respond to reports of abuse and neglect for the purpose of assessing for present danger (active/immediate threats to child safety) during the initial on-site visit to the home and for the overall determination of child safety based upon the identification of impending danger (on-going, pervasive danger in the household). The identification of either present or impending danger requires the immediate development and implementation of a safety plan with the child's caregivers to control for the danger threat(s) in the home. Investigators initially determine the feasibility of an in-home safety plan, but if all five safety plan criteria cannot be met, the child is placed in an out-of-home setting with relatives or a non-relative, or in licensed care. Child protective investigations and related legal actions are codified by requirements outlined in Chapter 39, Florida Statutes, Florida Administrative Code 65C-29, and Department operating procedure, CFOP 170-5.

The Department is responsible for conducting child protective investigations in 61 of 67 Florida counties. Sheriff's offices in the remaining six counties (Broward, Hillsborough, Pasco, Pinellas, Manatee and Seminole counties) conduct child protective investigations through grants. A seventh county sheriff office, Okaloosa County in the Northwest Region, began conducting child protective investigation in July, 2018. Child protective investigations involve three types of settings. Intra-familial, In-Home investigations with a parent or legal guardian as the alleged perpetrator with the child residing in the caregiver's household comprise the largest share of investigations. A second, much smaller subset of investigations involves alleged maltreatment by a caregiver outside the child's immediate family (e.g., weekend visit with grandparent, adult babysitter caring for the alleged victim in the child's or sitter's home, etc.) or reports involving human trafficking when the alleged perpetrator is not the child's parent or legal guardian. The third significant type of child investigation involve alleged maltreatment in an institutional setting (e.g., school, child care, foster home, etc.) or by a person legally responsible for a child's welfare per Florida Statute.

Florida's child welfare practice model provides a set of common core constructs for determining when children are unsafe, assessing risk of subsequent harm and how to engage caregivers in achieving change. The Abuse Hotline initially gathers information related to the presence of Present Danger and the nature and extent of the alleged maltreatment. The child protective investigator validates the initial information received and obtains additional information to determine: (1) the presence of danger threats; (2) if a child is vulnerable to an identified threat; and (3) whether there is a non-maltreating parent or legal guardian in the household who has sufficient protective capacities to manage the identified danger threat in the home. The totality of this information and interaction of these components are the critical elements in determining whether a child is safe or unsafe. The investigator also completes a risk assessment for each In-Home investigation in which the child is determined to be safe. All high or very high risk households are encouraged to work with Family Support programs to reduce the risk of future maltreatment.

The same core constructs guide actions to protect children (safety management) and support the enhancement of caregiver protective capacities during the provision of {case management services}. Additional information collection continues for the Family Functioning Assessment – Ongoing and Progress Updates to inform case planning and the identification of family conditions and behaviors that must change to ensure child safety, improve child well-being and obtain permanency.

Florida has invested significant resources in organizing statewide workgroups and work sessions with national experts to focus on implementation efforts. The Child Welfare Task Force remained in force and maintained responsibility to lead, guide, direct, and advise on statewide implementation of major initiatives and guides the administration of the Children's Justice Act Grant (CJA Grant). The CJA Grant mandates that a Task Force be created to advise the Department of Children and Families regarding the spending of the grant funds to improve child protection initiatives in Florida. Additionally, the Task Force oversees the development and implementation of the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR), and implementation of Florida's Program Improvement Plan (PIP).

As previously discussed, continued implementation with a focus on fidelity of Florida's child welfare practice model has remained the primary focus for the Department. Florida has continued its journey through initial implementation, focusing on skill-building and staff development, using data and continuous quality improvement to further model fidelity, operationalizing the practice through policy and guidance, and supporting the practice through leadership and FSN (CCWIS) functionality.

- Action for Child Protection conducted two rounds of model fidelity reviews/case reviews each year of the CFSP. The statewide sample (up to 150 cases) helps the Department assess how the state is progressing collectively and where the state needs to concentrate its resources to achieve full operation. See Chapter 2.
- Part of the *Structured Decision Making*® (SDM) initial risk assessment's implementation, the Department contracted with NCCD Children's Research Center (CRC) to conduct up to two risk assessment reviews per year including related narrative documentation to identify staff strengths and issues with the risk assessment completion. See Chapter 2.
- The Department continued its proficiency process of the Critical Child Safety Practice Expert (CCSPE) positions. The primary role of the CCSPE is to review open child protective investigations and provide guidance to child protective investigators. The CCSPEs coach and mentor staff to ensure that sufficient information is being gathered and assessed around child safety and family functioning. This guidance helps ensure child protective investigators (CPIs) are making the right decisions during the protective investigation.

Department of Children and Families Child Protection Investigations Supervisors and Program Administrators are charged with critical performance expectations to serve the most vulnerable clients: children. Supervisor proficiency is critical in ensuring adherence of fidelity to the Florida Child Welfare Practice Model and in addressing child safety threats with the sense of urgency needed. In September 2016, a proficiency process was established to assess the ongoing development of skills around coaching, supervising, and consulting for Child Protection Investigations Supervisors and Program Administrators as it pertains to Florida's Child Welfare Practice Model. This formalized proficiency process was established for the Department of Children and Families and applies to staff who are responsible for conducting case consultations and for direct supervision of investigators.

- The proficiency process assesses three core skill areas:
 - Understanding of the Practice Model constructs/elements.
 - Ability to provide consultative feedback through discussions and written analysis.
 - Ability to provide a learning opportunity for staff development.

- Proficiency 1 rolled out in January of 2016. In the summer of 2017, Embrace Families (formerly CBC of Central Florida) developed and launched Proficiency Part 2. This is the evaluation of the application component of the CBC Proficiency Process being utilized for case management where the demonstration of skills related to the practice model is assessed. The data collected is utilized by case management agency and Embrace Families' Training Manager to explore trends and create supports.
- The Department maintained the credentialing process for CPI quality assurance (QA) staff. Although this process is not as rigorous as the CCSPE practice expert training, QA staff are encouraged to become proficient in the practice model. This approach is expected to improve the fidelity of CPI casework activities.

In-Home Protective Services (Protective Supervision)

The Office of Child Welfare continued to implement operating procedure, CFOP 170-9, Family Assessment and Case Planning, which provides comprehensive statewide standards for family engagement during every stage of a child welfare case transferred to the CBC lead agency. The standards provide for the on-going assessment of caregiver protective capacities and child well-being indicators, whether the case involves in-home protective services or out-of-home care. The standards for family engagement include child and family assessment, identifying family change strategies and barriers to change, co-constructing case plans and collaborating in the on-going assessment of progress.

A significant portion of the Department's safety management service array for families under in-home protective supervision is linked to the Promoting Safe and Stable Families program (starting on page 81). Availability of each type of service depends on the local CBC service structure and system of care to address community needs and population differences.

Out-of-Home Care

Placement

The processes and choices involved in placement are crucial to ensure the Department is providing the safest and most appropriate care for children who are unable to live in their own homes until a permanency goal is attained. The most appropriate available out-of-home placement is chosen after assessing the child's age, sex, sibling status, special physical, educational, emotional and developmental needs, alleged type of abuse, neglect or abandonment, community ties, and school placement.

Consideration for placement is from least to most restrictive based on the child's needs. During the five-year report period, Florida has struggled with placement stability. Improvement activities underway during the last two fiscal years include recruitment of foster homes for large sibling groups and teens and expanding the service array to assist caregivers with children who are displaying disruptive behaviors. Refer to Chapter 2 discussion on Placement Stability (Item 4) and Plan for Improvement, Goal 2, Strategy A.

Initial placement decisions for the least restrictive placements, such as relative and non-relative placements, are made by the front-line staff and their supervisors. After initial emergency placement, placement services are coordinated by the Community-based Care (CBC) lead agencies. This provides an increased local community ownership of ensuring the right out-of-home care placement for children. Communities coming together on behalf of their most vulnerable children demonstrates what community-based care was designed to do: transition child welfare services to local providers under the direction of lead agencies and community alliances of stakeholders working within their community to ensure safety, well-being, and permanency for the children in their care.

In making a placement with a relative or non-relative, front line staff consider whether the caregiver would be a suitable adoptive parent if reunification is not successful and the caregiver would wish to adopt the child.

With the implementation of the practice model, case managers have responsibility for assessing when a safety plan in an in-home case is no longer sufficient to maintain the child's safety. At this juncture, the case manager and supervisors determine the next least restrictive placement for the child, and work with the child's family to establish conditions for return and the behavior changes needed. Out-of-home caregivers receive this information as part of a coordinated effort by the family, the CBC case manager, and the out-of-home caregiver to work toward meeting the conditions for returning the child home.

Placement Options

There are permanency options in Florida law to preserve family connections by giving children an opportunity to be raised within the context of the family's culture, values and history, thereby enhancing children's sense of purpose and belonging. For many children, guardianship or placement with relatives or non-relatives may be an appropriate permanency option. An ongoing commitment to support this option for children and de-emphasize the use of licensed out of home placement has continued throughout the last two years of the report period.

Licensed out-of-home placements (foster homes and residential group facilities) comprise less than half of the placement settings for children in out-of-home care. There is a continued focus on establishing an accountability system based on quality standards for group care for dependent children. There are continuing challenges in Florida, as well as nationally. These include the recruitment and retention of quality foster homes; ensuring that the balance among safety, permanency, and well-being is maintained; providing the most ideal level of care placements that match children's characteristics and needs, particularly for special populations such as teens and children with disabilities; and declining resources.

Beginning January 1, 2018, the Department implemented a new placement assessment process for all children in out of home care. The placement assessment process determines the level of care needed for each child and to match each child with the most appropriate placement. The new placement process requires a comprehensive placement assessment process to be completed, prior to a child's placement in out-of-home care. The process requires a multidisciplinary team staffing to determine the level of care needed for the child and to match the child with the most appropriate placement; review of the child's placement as often as necessary to ensure permanency and to address any special issues for the child; providing the court documentation of the placement assessment at each judicial review.

Additionally, specific placement data elements are available on the Department's website. <http://www.dcf.state.fl.us/programs/childwelfare/placement.shtml>

The Group Care Quality Standard Workgroup, established in 2015, developed a set of core quality standards for DCF licensed residential group homes to ensure that children receive high quality, needed services that surpass the minimum thresholds assessed through licensing. During the report period, the Department engaged the Florida Institute of Child Welfare (FICW) to develop an assessment to measure quality services in Florida's licensed residential group care facilities. The group care quality assessment was piloted as a multi-dimensional, multi-informant assessment. The pilot version included three on-line forms completed by different groups of stakeholders including service providers, youth, and Department licensing specialists. The results of the pilot study support the feasibility of integrating the assessment into the state's re-licensure process and provided insights to guide the next phases of development.

Florida believes that the implementation of the Group Care Quality Standards will result in significant improvements in the provision of quality residential group care. The Department, Institute, Community-based Care lead agencies and other stakeholders continue to work together to ensure that all group homes provide quality services to enable safety, permanency, and well-being for children living in out-of-home care.

Kinship Care

Licensed foster homes, group homes, relative, and non-relative homes are placement options for children in out-of-home care. Relatives and non-relatives must be capable, as determined by an approved home study, of providing a physically safe environment and a stable supportive home for the children under their care. They must also assure that the children's well-being needs are met, including, but not limited to, the provision of immunizations, education, and mental health services.

The Department offers financial assistance to unlicensed relatives and non-relatives through the Relative Caregiver Program (RCP) and Non-Relative Caregiver Program (NRCP), respectively. Each program assists caregivers with providing for the basic needs such as food, clothing, and shelter for children in out-of-home care, as well as Medicaid.

Starting July 1, 2019, the state is implementing the Title IV-E Guardianship Assistance Program (GAP). To provide policy guidance on the Guardianship Assistance Program, administrative codes and operating procedures have been drafted. Florida Administrative code 65C-44, Guardianship Assistance Program outlines program eligibility requirements and benefits for caregivers. Additionally, an operating procedure (CFOP-170-10 Chapters 13 and 14) was published to provide procedural guidelines for the program. To further align with the updates to s. 409.175, F.S., from 2018, 65C-13, F.A.C., Foster Care Licensing will be repealed and replaced with a new administrative code 65C-45. The administrative code is currently in the process of being promulgated and will have accompanying operating procedures (CFOP 170-11 Chapters 11 and 16) for Levels of Licensure which will outline the requirements for licensing and include information related to the new levels of licensure. Implementation of GAP will be addressed in the new CFSP.

Juvenile Justice Transfers

Youth with an open case simultaneously with the Department of Juvenile Justice (DJJ) and DCF are referred to as dually served youth. This term is intended to examine youth with present day involvement with both systems. The dually served youth population is a subset within the broader crossover youth population. Crossover youth refers to youth who have an open or closed case with the Department of Juvenile Justice and the Department of Children and Families. The cases do NOT have to be open simultaneously in both systems. This term is intended to examine youth with a history of involvement with both systems. In Florida, DCF retains placement and care responsibility for crossover youth. Both Departments continue to collaborate at the state and local levels to improve outcomes for dually served youth.

Florida reports the number of children dually served by the Child Welfare and Juvenile Justice systems in the Monthly Key Indicators Report. The reports are posted on the Florida Center for Child Welfare under ROA:

<http://centerforchildwelfare.fmhi.usf.edu/ChildWelfareKeyIndicators.shtml>.

The Department hired a restorative practices specialist in September of 2017. This position promotes integration between the child welfare (DCF), education (DOE), and juvenile justice (DJJ) systems regarding the use of restorative practices for children served by the Department and serves as the Office of Child Welfare's representative on the implementation training, and ongoing coordination of restorative practices throughout the state.

The restorative practices specialist position works closely with CBC staff and group home providers to ensure restorative practices training relating to restorative justice, family group conferencing, dialogue circles and Nonviolent Communication is ongoing.

In 2018, the Department developed a pilot to train staff at a local group home on topics relating to Nonviolent Communication and Restorative Practices. This pilot served as the first site for the state for this level of training.

Case management supervision and treatment services that children may need are continued until another permanency option is reached or the child reaches the age of majority, 18. The Department continues to see a reduction in the number of children with an APPLA goal from 487 children in foster care in September 2014 to 429 in January of 2018.

Stephanie Tubbs Jones Child Welfare Services (title IV-B, subpart 1)

Florida continued to target the same service program areas defined in the CAPTA State Plan (Refer to Chapter 6).

- Intake, assessment, screening, and investigation of reports of abuse and neglect
- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families
- Enhanced the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.
- Develop and update of systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.
- Develop, strengthen, and facilitate training.
- Develop and deliver information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect.
- Support and enhance collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

Promoting Safe and Stable Families Program (title IV-B, subpart 2)

The “Promoting Safe and Stable Families” program assists the Department in achieving CFSP Goal Area A: Enhance family-centered practice with an emphasis on child safety, permanency, well-being, and trauma-informed care and Goal Area C: Expand and refine the service array to ensure it reflects evidenced-based, best or emerging practices about child development and family functioning. To increase parents' confidence and competence in their parenting abilities and to ensure children a safe, stable, and supportive family environment is a top priority for Florida. The “Promoting Safe and Stable Families” program allows the Department to develop, expand, and operate coordinated programs of community-based services.

As in all aspects of social services, particularly child welfare, an integrated and collaborative approach with multiple partners and stakeholders is essential. Florida’s child welfare professionals use a safety-focused, family centered, and trauma informed approach. Florida’s lead agencies work closely with subcontracted providers to administer training and technical assistance related to funding criteria and rules, which facilitates collaborative use of resources.

Creating positive change for Florida’s children and families is only possible when all the organizations involved with Child Welfare recognize their individual and collective roles in enhancing the safety, permanency, and well-being of those served. In Florida, the key Child Welfare stakeholders and partners include the Department of Children and Families (DCF, the Department), Community-based Care lead agencies (CBCs, lead agencies), communities, providers, contractors, other state agencies, Tribes, and the judiciary. Collectively, these stakeholders represent the Florida Child Welfare Community.

The unique partnerships within Florida's child welfare community create opportunities for long-term improvement by bringing together many perspectives and experiences with a singular focus on improving the lives and safety of each child in Florida.

The Department strives to prevent child abuse and neglect statewide through its community-based care approach, contracts and partnerships with notable experts in the fields of primary, secondary and tertiary prevention programs and strategies.

Through family support, family preservation, time-limited reunification, and adoption services, the Department continues to serve vulnerable children and families to ensure:

- Florida's children live free of maltreatment.
- Florida's children enjoy long-term, secure relationships within strong families and communities.
- Florida's children are physically and emotionally healthy, and socially competent.
- Florida's families' nurture, protect, and meet the needs of their children, and are well integrated into their communities.

Family Preservation Services (22.70% of the FFY 2018 Grant)

Florida continues to optimize the efforts toward families (including adoptive and extended families) at risk of separation, or facing difficult circumstances by performing the following duties, including:

- Information and referral to include substance abuse and domestic violence related services¹;
- Targeting services geographically in zip codes where there is an increased need;
- Use of the Family Team Conferencing Model²;
- Use of the Clinical Response Teams³;
- Home safety and maintenance activities;
- Use of Wraparound services⁴.

Family Support Services (35.35% of FFY 2018 Grant)

Family support services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by: Strengthening protective factors that will increase the ability of families to nurture their children successfully; Enhancing the social and emotional well-being of each child and the family; Enabling families to use other resources and opportunities available in the community; Assisting families with creating or strengthening family resource networks to enhance and support childrearing. This support is to encourage and assure the complete safety and well-being of children and families.

While there are many examples of typical supportive programs to families, Florida has readily embraced:

- *Pinwheels for Prevention™*, the Child Abuse Prevention Month Public Awareness Campaign (Prevent Child Abuse Florida's Child Abuse Prevention Month statewide campaign) and various other public awareness campaigns designed to increase the protective factors necessary for the well-being of both children and their families;

¹ Activities that provide families with needed information about community and statewide services and agencies that provide specific services and if necessary, provide referral information.

² Service providers and families come together as critical partners/members of the team where consensus is established, and a coordinated plan is developed and adhered to by all parties.

³ Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote healing and healthy growth towards the parent/ child relationship.

⁴ Community mandated service design where local providers "unbundle" previously categorical services to families thereby allowing families to receive individualized services for the necessary period of time.

- parenting classes geared toward various developmental ages and stages and the effects of family violence and substance abuse on children;
- health and nutrition education training sessions;
- home visiting activities and services;
- comprehensive family assessments;
- early developmental screening of children to assess needs, and assistance to families in securing specific services to meet those needs;
- in-home parent training;
- in-home substance abuse counseling;
- information and referral to community resources, such as job employment services and ACCESS Florida (for online benefits applications).

Time-Limited Family Reunification Services (20.00% of the FFY 2018 Grant)

Time-Limited Reunification services are put in place for children removed from their home and for the parents or primary caregivers. Florida passionately embraces these services designed, to maintain intact families. These services are designed to support the reunification of a child safely and appropriately within a 12 to 15-month period.

Time-Limited Family Reunification Services in Florida include:

- Supervised visitation programs and parental coaching⁵;
- Flexible Support Services⁶;
- Family team Conferencing⁷ with all families prior to reunification, and just before post-placement supervision services are successfully terminated;
- Follow-up care to families⁸;
- Mentoring/Tutoring services⁹;
- Therapeutic child care services; and
- Parent (adoptive, biological, caregiver, foster) education and training relationship skill building activities¹⁰.

⁵ Healthy visitation, role modeling, parenting skills are encouraged and enforced to *promote* healing and healthy growth towards the parent/child relationship.

⁶ Community mandated service design where local providers "unbundle" previous categorical services to families thereby allowing families to receive individualized services for a period of time necessary.

⁷ Prevention/Reunification Specialists facilitate meeting. These conferences are made available to families referred under the prevention referral process.

⁸ Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family.

⁹ Activities provided to children to enhance their self-esteem, self-confidence, and provide a positive adult role model. Tutoring allows the child to obtain additional educational support and training.

¹⁰ Parent education services are culturally sensitive. Parenting skills training is provided to teach/promote appropriate discipline, anger management, child development and age appropriate behaviors, parent-child communication, self-punishment using role playing and modeling of appropriate parental behavior. Parenting training is provided through educational groups and/or individual sessions.

Adoption Promotion and Support Services (21.95% of the FFY 2018 Grant)

In Florida, the Adoption Promotion and Support Services have served a major role in the adoption of children from the foster care system. These adoptive homes are carefully chosen to ensure placement is in the best interest of the child. Pre and Post adoptive services and activities have shortened and strengthened the process to support adoptive families to forefend disruptions. The adoption of foster children continues to be a state and, local partnership.

Examples of *Adoption Promotion* include:

- Child-specific or targeted population recruitment efforts;
- Quarterly matching events for children available for adoption and potential families;
- Heart Galleries¹¹;
- Child Recruitment Biographies¹²;
- Child-specific or targeted population recruitment efforts;
- Use of social media;
- Media blitzes targeting severely medically fragile available children; and
- Town hall meetings and “Lunch and Learn” activities.

Examples of *Support Services* include:

- Collaboration with Early Learning Coalitions;
- Home and school visitation with post-adoptive families and children;
- Adoptive parent support groups¹³;
- Counseling referrals;
- Post-adoption specialists;
- Individual and family counseling for adopted children and/or family members (must be of 12-month duration or less);
- Adoption workshops/seminars for adopted children and their families and professionals on topics relevant to ongoing issues facing adoptive families;
- Ongoing parent education and training opportunities for adoptive families; and
- Follow-up support services and liaison to adoptive families¹⁴.

Community Facilitation and Innovative Practices

Child maltreatment prevention services usually fall under the banner of public awareness activities, skill-based curricula for children, and parent education programs.

Vigorous support by the Department, CBCs, and many partners such as faith-based organizations, civic groups and business partnerships leads to a collaborative effort to provide family centered practices, helping to preserve Florida’s families by protecting children. Several innovative practices listed below illustrate the state’s commitment.

- **Wendy’s Wonderful Kid’s (WWK)** through the Dave Thomas Foundation continue to support children matched and in placement until finalization occurs. The WWK recruiters

¹¹ Traveling photographic exhibit created to find forever families for children in foster care.

¹² Child Recruitment Biographies continue to be one component utilized for attracting families. In an effort to accurately describe the available children so that families can make an informed decision on whether their strengths can meet the child’s needs, recruitment biographies are updated on an ongoing basis for all children.

¹³ Activities related to creating new adoptive and foster parent support groups and supporting and maintaining existing parent support groups. The support groups seek to reduce the social isolation of families by developing a peer support network.

¹⁴ Lead agencies designate staff whose sole responsibility is to work with families who need assistance after the adoption is finalized. Staff attempts to locate resources within the community for the pre-and post-adoptive families to meet both the child’s and family’s needs.

continue to work on past and present connections to either obtain a placement for a child or ensure the child has familiar connections while in care.

- **Positive Parenting Program (Triple P)** is an evidence-based parenting curriculum that is available to the dependency clients. The goal of Triple P is to ensure that families have the skills to respond to their individual child's needs. Teen Triple P is on the horizon to be offered.
- **Safe Sleeping Program at Kids Central** offers safe sleep education and Sudden Infant Death Syndrome (SIDS) information for all parents or guardians that reside in the surrounding counties. If the parents or guardians have an infant under the age of one or are in their third trimester of pregnancy and meet income requirements, the parents or guardians may qualify for a pack-n-play upon completion of the educational training. Educational trainings are provided once a month in each of the counties, or as needed on a case by case basis.
- **Florida Coalition Against Domestic Violence (FCADV) Child Welfare and Child Protection Initiative** projects are a collaborative effort between FCADV, the Office of the Attorney General, the Department, local Certified Domestic Violence Centers, CBCs, and other child welfare professionals. The focus is to provide an optimal coordinated community response to families experiencing the co-occurrence of domestic violence and child abuse. After years of partnership, the Department Domestic Violence Program Office and FCADV have established that early involvement of domestic violence advocates in cases in which child abuse and domestic violence co-occur the risk to children is reduced by providing immediate resource and referral information and safety planning for the non-offending parent and their children. FCADV's Child Protection Initiative Project establishes partnerships in which a domestic violence/child welfare advocate is co-located within a child protection investigation unit. The co-located advocate provides consultation to child protection staff, referral services to survivors, and attends monthly meetings between all partnering stakeholders to develop strategies to resolve any barriers or issues that may arise. The goal of these projects is to bridge the gap between child welfare and domestic violence service providers to enhance family safety, create permanency for children, and hold perpetrators accountable for their actions.
- **Children's Home Society – Dependency Case Management** is incorporated as part of case management services as an in-home family service delivered for children who have been reunified with their caregivers. The purpose of the program is to provide reunification services that encourage and support the prevention of the recurrence of abuse, neglect or abandonment. Dependency case managers as well as other staff help to facilitate the process of stability after children are reunited with their caregivers.
- **Kids in Distress (KID) Coordinated Family Services (CFS)** program is designed to provide a one-stop-shop program to families requiring a single service or multiple services. The intent of CFS is to serve families who have been unable to successfully access or complete treatment services and/or to bridge the barriers inherent in multi-service coordination. All services are provided on the KID campus so that the family does not have to travel to multiple locations to access each service. Service delivery includes case management services, in-home services, evidence-based parent education classes, individual and family counseling, domestic violence counseling, and substance abuse counseling. The CFS program shall ultimately reduce family risk factors related to child abuse and neglect, to ensure the safety, permanency and well-being of the child, and the preservation and stability of families.

Administration (0% of the FFY 2018 Grant)

Includes the costs of in-home and out-of-home "community facilitation services" that are not provided through contributions from state and local sources. These services are defined in Title IV-B of the Social Security Act, Section 431 as the costs associated with developing, revising and implementing and coordinating the comprehensive Child and Family Services Plan/Promoting Safe and Stable Families five-year plan.

The table displays the specific details regarding the grant award.

| Title IV-B Part II, PSSF | Actual Expend as of 9/30/17** | % of Actual Expenditures |
|-------------------------------------|--|-------------------------------------|
| Family Preservation | 4,520,786.00 | 22.70% |
| Family Support | 7,039,957.21 | 35.35% |
| Time Limited Family Reunification | 3,983,674.53 | 20.00% |
| Adoption Promotion & Support | 4,372,746.26 | 21.95% |
| Administration | 0.00 | 0 % |
| Actual Total Award | 19,917,164.00 | 100.00% |

**Grant Period 10/1/2016-09/30/2018

Monthly Caseworker Visit Formula Grants

The Department has made it a priority that all children in out-of-home and in-home care are seen by their case manager at least once every 30 days. Florida Administrative Code establishes requirements and standards for content and quality of visits; minimum visitation of every 30 days as opposed to monthly; and types of visits including unannounced visits.

The target and Florida's performance for the percentage of children visited each month by fiscal year is:

- 2014 requirement: 90 percent – Florida achieved 97 percent (204,264/211,134).
- 2015 requirement: 95 percent – Florida achieved 97 percent (229,347/236,312).
- 2016 requirement: 95 percent – Florida achieved 97 percent (250,773/257,833).
- 2017 requirement: 95 percent – Florida achieved 97 percent (263,806/272,042).
- 2018 requirement: 95 percent – Florida achieved 96 percent (261,888/271,687).

Florida continues to exceed the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in out-of-home care occurring in the child's residence.

- 2014: 98 percent (201,075/204,264).
- 2015: 98 percent (225,122/229,347).
- 2016: 98 percent (246,885/250,773).
- 2017: 99 percent (261,101/263,806).
- 2018: 99 percent (259,678/261,888).

Florida's minimum standard for caseworker contacts with children requires a face-to-face contact with the child occurs no less than once every 30 days. Face-to-face contact with the child is required once every seven days when a child is initially placed in licensed care or with a relative or nonrelative. Frequency of child contacts is based on many factors such as level of risk, presenting issues in the case, or current circumstances in the child's life. These funds provide the opportunity to contact a child more often in a setting that is most favorable for the child and for the caseworker visits to be well planned and to focus on pertinent issues related to case planning and service delivery.

A quality visitation best practice tool has been developed through a statewide workgroup to assist all child welfare staff in the state. The practice tool was released to the workforce on 3/8/19. The tool will also be presented during one of the workshops at the DCF Summit in September 2019. The tool is posted on the Florida Center website at:

<http://centerforchildwelfare.fmhi.usf.edu/ProficiencyProcess.shtml>

During the 2018 Child Protection Summit held 9/5/18 – 9/7/18, one of the training sessions presented on "Engaging Incarcerated Parents and Strengthening Families." The workshop addressed best practices for engaging incarcerated parents in Florida, provided relevant Florida laws, helped attendees understand the complex trauma that foster children experience and how family engagement could make a difference in serving child welfare families. Training workshops were also presented on "Youth Engagement....System Transformation" which featured a panel of youth from across Florida who shared their perspective regarding approaches to engaging dependent children and "Quality Contacts" which explored key elements of qualitative contacts with a focus on information collection and strengthening family engagement skills to improve outcomes for children. Workshop videos are available for viewing at <http://centerforchildwelfare.fmhi.usf.edu/#>

Chafee and ETV

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) and Educational Training Vouchers (ETV) help ensure that youth and young adults who are involved in, or who have aged out of, foster care have access to the supports they need. Florida continued to provide a robust array of services designed to assist youth with a successful transition to self-sufficiency. As shown in Table 1, in SFY 2017-2018 the Department provided services to 4,495 youth between the ages of 13 and 17 residing in an out-of-home care placement. These youth are currently eligible to receive transitional services and supports in the form of independent living needs assessments, opportunities to engage in developmentally appropriate life skill building activities, academic support, and other services that assist in the transition to adulthood. The number of young adults receiving EFC, PESS, and Aftercare has remained relatively unchanged over the five years. In SFY 2015-2016, 2,590 young adults and in 2017-2018, 2,574 young adults received benefits. There are an additional estimated 6,000 former foster care youth that have aged out of the Florida foster care system that are between 18 and 22 years of age who are potentially eligible to receive independent living services.

Table 1

| Transitioning Youth and Young Adults | SFY 2017-2018 |
|---|---------------|
| Total number of youth ages 13 to 17 in out-of-home care (end of month counts) | 4,495 |
| Number of youth ages 13 to 17 in relative/non-relative settings (end of month counts) | 1,618 |
| Number of youth ages 13 to 17 in group care (end of month counts) | 1,342 |
| Youth turning 18 while in foster care (end of month counts) | 969 |
| Youth age 16 and older who were adopted (potentially eligible for PESS) ¹⁵ | 74 |
| Youth ages 16 and older whose cases were closed to guardianship (potentially eligible for PESS) | 210 |
| Unduplicated total number of young adults receiving EFC, PESS, Aftercare | 2,574 |

Source: FSN

Florida has highly structured statutory requirements for Extended Foster Care (EFC), Postsecondary Education Services and Support (PESS), and Aftercare Services establishing client eligibility, standards of progress, payment disbursement, and payment amounts, as well as due process and appeals. Requirements in Florida Administrative Code further detail the framework for how the array of independent living services is administered, including application and discharge procedures, transition planning, and documentation requirements. It is important to note that the EFC program is not funded through the Chafee and ETV grants even though the Department reports on program status in this section.

In August 2018 the new CFOP 170-17, Services for Transitioning Youth and Young Adults, was published. Chapter 2, Transition Planning for Youth, was the first chapter completed, outlining policies for transition planning and preparing for judicial review hearings for this population. The My Pathways to Success Plan and Records and Resources Exchanged forms were distributed in conjunction with this chapter. A webinar training was also delivered. Also

¹⁵ The number of youth that became potentially eligible for PESS based on their discharge from care at ages 16 and 17 to Adoption or Guardianship and having lived in licensed care for at least six months within the 12 months preceding their placement or adoption over the last two SFYs. SFY 2017-2018 totals for this category reflect a method of calculation that represents only those youth assigned to a CBC. This change accounts for any variation in data previously published

beginning in August, the Department began research on life skills delivery and assessment services.

In February 2019, the Department coordinated a Life Skills Workgroup with the goal of improving guidance on the delivery and assessment of life skills.

Consultation with Tribes for Chafee program and ETV

Chafee program and ETV funds are designated for current and former foster care youth as required by Indian Child Welfare Act (ICWA). The Department is making every effort to ensure that children are placed within their tribal families and not in licensed foster care. If tribal children do enter licensed foster care, they are entitled to all benefits and funding which any child, tribal or not, would be eligible to receive. In the Department's work with the Seminole and Miccosukee tribes, access to various forms of federal funding have been discussed and neither tribe has expressed an interest in receiving federal funds at this time.

Extended Foster Care (EFC)

EFC gives eligible young adults the option of remaining in foster care until the age of 21 or until the age of 22 if they have a qualifying disability. Young adults may decide to remain in their licensed foster homes or choose other supportive living environments with approval of their Community-based Care lead agency (CBC) while participating in a qualifying activity like work or school. Eligible young adults may also choose this option while pursuing postsecondary education. In EFC, young adults receive standard case management visits, case planning, transition planning, monitoring of life skills development, and judicial oversight as required. Florida's EFC was state funded until January 2019 when the state elected the title IV-E EFC option.

Chapter 65C-41, F.A.C., rules pertaining to Extended Foster Care were revised effective January and February of 2019. In conjunction, CFOP 170-17, Chapters 3 and 7 pertaining to Extended Foster Care were published. Face to face training on policy implementation was also completed across the state. Implementation and training continue to be an ongoing effort. The Department plans on hosting another statewide training in May 2019.

Basic Education and Training Voucher

Basic ETV funding of up to \$5,000 annually is available for eligible former Florida foster care youth who apply for ETV payments prior to their 21st birthday and choose to attend an eligible postsecondary academic institution as defined by the United States Department of Education. ETV applicants must complete a PESS application.

Students who are over the age of 21 may be eligible for an additional two years (up to their 23rd birthday) of ETV funding so long as the student has applied for ETV funding prior to their 21st birthday and remains enrolled and maintains adequate academic progress as defined by their academic institution. Former foster care youth that have relocated to Florida for a primary reason other than attending a Florida academic institution are also eligible to apply for basic ETV funds. Both the availability and payment amount for basic Florida ETV is contingent on the availability of funds.

Florida utilizes the ETV to support the educational success of young adults enrolled in PESS or those who meet the PESS requirements other than attendance at a Florida Bright Futures eligible institution that reside out of state. CBC lead agencies administer ETV funds. Florida currently utilizes ETV funds for programs that could also be funded using CFCIP and state funds. Both the availability and payment amount for ETV is contingent on the availability of funds.

| | Total ETVs Awarded | Number of New ETVs |
|--|--------------------|--------------------|
| <u>Final Number:</u> 2017-2018 School Year (July 1, 2017 to June 30, 2018) | 846 | 233 |
| 2018-2019 School Year* | 749 | 183 |

Comments: The Data Source for the number of ETV awards is FSFN OCA Summary and Detail Report. For the 2018-2019 School Year, the date parameters that the report was run was from June 1, 2018 through May 22, 2019. The Department also included in the total number projected ETV awards from May 22, 2019 through June 30, 2019.

Postsecondary Education Services and Support (PESS)

Eligible young adults 18-22 (not yet 23) years of age in PESS receive \$1,256 per month and other supports necessary to become self-sufficient. After the initial application process, eligibility requires that these students are enrolled in nine credit hours or the vocational equivalent; and if meeting academic progress per the Florida Bright Futures educational institution, the students may continue to receive the assistance. Some exceptions to credit hours and progress may apply for those students with a diagnosed disability or other recognized challenging circumstance. Of the three independent living services categories, PESS is the only program that affords youth who are adopted or placed with court-approved dependency guardians after the age of 16 with the opportunity to participate. ETV and Chafee program federal funds cover room and board and other expenses necessary to pay the cost of attendance.

PESS is available to young adults who:

- Turned 18 while in the legal custody of the Department and who have spent a total of six months in licensed out-of-home care; OR
- Were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption; AND
- Have earned a standard high school diploma, or its equivalent;
- Enrolled in at least 9 credit hours and attending a Florida Bright Futures eligible educational institution;
- Submitted a Free Application for Federal Student Aid;
- Has applied for other grants and scholarships;
- Signed an agreement to allow the Department access to school records.

If the young adult has a documented disability or is faced with another challenge or circumstance that would prevent full-time attendance and the educational institution approves, the young adult may be approved to attend fewer than nine credit hours.

Students receiving the PESS stipend may also opt into EFC. The method of the payment depends upon the young adult's supervised living arrangement setting.

Students must maintain a reasonable standard of academic progress in order to remain enrolled in this program. If the young adult should fall below academic progress as defined by their postsecondary education institution, the young adult will be given a probationary period to maintain eligibility.

Aftercare Services

To be eligible for aftercare services, a young adult must have reached the age of 18 while in the legal custody of the Department, but not yet have turned 23. Aftercare services are intended to be temporary in nature or used as a bridge into or between EFC and PESS. Both federal and state funds are available to pay for allowable expenses.

Aftercare services include, but are not limited to, the following:

- Mentoring and tutoring;
- Mental health services and substance abuse counseling;
- Life skills classes, including credit management and preventative health activities;
- Parenting classes;
- Job skills training;
- Counselor consultations;

- Financial literacy skills training; and
- Temporary financial assistance for necessities, such as education supplies, transportation expenses, security deposits for rent and utilities, furnishings, household goods, and other basic living expenses.

National Youth in Transition Database (NYTD) Survey (NYTD)

The Department completed a thorough review of the Florida and NYTD survey administration. The review began August of 2016; however, a decision was made in conjunction with the services contract expiration date in June of 2018 to discontinue Florida surveys. Both the My Services and the Florida NYTD surveys were retired. The Department plans on focusing efforts on the federally mandated NYTD survey administration and other NYTD data entry efforts going forward.

The Department continued to contract with Cby25[®] Initiative, Inc. (Cby25[®]) to administer the NYTD surveys to eligible youth and young adults. The survey is provided to a cohort of transitioning young people at ages 17, 19, and 21 for a longitudinal study. The objective of the survey is to gain a better understanding of how this population is moving towards achieving the independence and stability, measuring outcomes relevant to health, housing and transportation, education, employment; and involvement with the Juvenile/Criminal Justice System.

Florida's historical use of self-report questionnaires along with ongoing analysis of system-driven data has assisted with oversight and accountability of independent living services. The surveys served as a tool to engage current and former foster care youth in providing necessary feedback for evaluation of program effectiveness. Responses have demonstrated how effectively statute, rule, policy, and case management activities have been implemented and whether those services meet the needs of the young adults. In addition, NYTD and other survey data results are shared and reviewed with the Independent Living Advisory Council.

Services for Children Adopted from Other Countries

The number of private adoption agencies in Florida that complete intercountry adoptions have declined. Currently, there are approximately 40 private agencies, an increase from the 14 private agencies reported for the previous year.

The Department of Children and Families does not monitor the number of inter-country adoptions completed. If the child of an international adoption is determined to have special needs according to Florida's definition of special needs, the adoptive family would be eligible for post-adoption services provided by the staff of the lead agencies.

When a child from an international adoption removed due to abuse, abandonment or neglect, the child and family receive the services necessary to help the child and family remain safe; and services are provided to assist with reunification efforts. The CBCs self-report these numbers to the Department and the Department annually assesses the types of maltreatments and statuses of these cases. The Department received two to three reports of international adoptees removed due to abuse, abandonment or neglect per year. Due to infrequency of such reports, the Department does not plan actions beyond the annual assessment and follow-up. The Department monitored these reports and did not identify any increase in frequency. Children with no documented abuse, abandonment, or neglect who have undergone an intercountry adoption receive post adoption services and support through the private agency that completed the adoption.

Populations at Greatest Risk of Maltreatment

Every age and stage of child development has different challenges and vulnerabilities, and child welfare is concerned about all of them. Two focus areas, very young children and children who are victims of domestic human trafficking, are highlighted.

Services for Children Under the Age of Five

The proportion of the youngest children in need of permanency, and their length of stay in out of home care, remained fairly consistent. The Department, in collaboration with its community-based care partners, has continued efforts to reduce the number of children ages five and under in shift care placements and increase developmentally appropriate treatment options. These efforts improve well-being and normalcy for children, while also enhancing permanency.

- On-going efforts continued throughout the 2015-2019 period of time to recruit homes and place children ages five and under in a more family-like setting.
- Children ages 0 to 17 entering out-of-home care, who are Medicaid eligible, receive Comprehensive Behavioral Mental Health Assessments (CBHA) by a licensed mental health professional almost immediately after removal. This assessment encompasses developmental needs of the child, which is particularly important for the very youngest children.
- A part of the child welfare practice model in Florida has been expanded to include the assessment of child functioning and vulnerability. Case managers are responsible for ensuring that any impending danger safety plan is working dependably to keep the child safe. The case manager is responsible for continuously assessing and confirming that the ongoing safety plan is controlling for danger threats and is the least intrusive and least restrictive intervention available.
- The Child Welfare Specialty Plan (CWSP) is a Managed Medical Assistance (MMA) program specialty managed care plan for Medicaid eligible dependent children receiving services from Florida's child welfare system. Sunshine Health, a Florida-based managed care plan, was awarded a five-year contract by the Agency for Health Care Administration (AHCA) in 2014 to administer the CWSP. AHCA, in collaboration with the Department, contracted with the Louis de la Parte Florida Mental Health Institute, University of South Florida to conduct a comprehensive study of "Access, Integration of Care and Service Utilization for Child Welfare Involved Children in Florida's Managed Medical Assistance Program." This study assessed access to care, integration of services and services utilization for child welfare involved children enrolled in the CWSP and other MMA plans. As a result, the Sunshine Health Care Plan was amended. Refer to Chapter 7, Targeted Plans.
- Developmental services such as speech and language therapy, occupational therapy, and physical therapy are included in the Medicaid State Plan for children. The Department works closely with the Early Steps Program. The Early Steps Program administered by Children's Medical Services (CMS) in accord with IDEA, Part C. offers services specifically designed for children under the age of three with developmental delays. Children three and older with a developmental disability may be eligible for specialized developmental services through the Agency for Persons with Disabilities (APD). As with mental health services, children in the child welfare system have a high level of need for health care services and coordination of care.
- The Department also has several representatives that participate in the statewide Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of

FICCT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities including:

- Identification of sources with fiscal and other support for early intervention services program under Part C of the Individuals with Disabilities Education Act (IDEA);
 - Assignment of financial responsibility to the agency;
 - Promotion of methods for intra-agency and interagency collaboration regarding child find, monitoring financial responsibility, provision of services, and transition;
 - Preparation of applications under Part C of IDEA including amendments;
 - Transition from Early Steps to the state education agency; and,
 - Annual Report on the status of early intervention services for infants and toddlers with disabilities and their families.
- Healthy Families Florida (HFF) is a nationally accredited home visiting program for expectant parents and parents of newborns experiencing stressful life situations. HFF has continued to be Florida's largest and most successful evidence-based family coaching and support program. The program is proven to improve childhood outcomes and increase family self-sufficiency by empowering parents through education and community support.

Parents voluntarily participate in HFF so they can learn how to recognize and respond to their babies' changing developmental needs, use positive discipline techniques, cope with the day-to-day stress of parenting in healthy ways, and set and achieve short and long-term goals.

- Florida has an array of home visiting programs that build on family strengths and protective factors to mitigate risks that could lead to poor childhood and family outcomes. Expanding upon the programs already in place to serve more of Florida's families, the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Initiative, housed within the Florida Association of Healthy Start Coalitions (FAHSC) sustained three evidence-based home visiting models in 25 high-need counties and four contiguous counties. The three models are Healthy Families Florida, Nurse-Family Partnership and Parents as Teachers.
- For more than 20 years, Healthy Start has been assisting pregnant women, interconception women, infants, and children up to age three to obtain health care and social support needed to reduce the risk for poor maternal and child health outcomes.

Healthy Start offers universal risk screening for all Florida pregnant women and infants to ensure that early care is directed to those families where there is the best chance of preventing or minimizing adverse outcomes. Healthy Start Services include:

- Information, referral and ongoing care coordination and support to assure access to needed services;
 - Psychosocial, nutritional, and smoking cessation counseling;
 - Childbirth, breastfeeding, and substance abuse education;
 - Home visiting;
 - Interconception education and counseling.
- The Department operating procedure addressing Plans of Safe Care has been published, this operating procedure requires offering a plan of safe care for all infants prenatally exposed to alcohol or drug use, their mothers and affected family members. Caregivers are encouraged to participate in a home visiting program, through the above

mentioned home visiting or a similar type programs. Through these programs a plan of safe care may be developed, modified and monitored.

- The Department continued collaboration with the Substance Abuse and Mental Health community in addressing the challenge with substance-exposed infants. Births of substance-exposed infants are called into the Hotline for investigation, and subsequent intervention in confirmed cases is crucial. See Chapter 6 Child Abuse and Prevention Act (CAPTA).
- Florida was one of ten states selected to attend the 2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers. Selected states convened teams of cross-systems partners with the goal of enhancing their capacity to meet the needs of pregnant and postpartum women with opioid use disorders (OUDs), their infants born with and affected by prenatal substance exposure, and other family members or caregivers.

The Florida team included the Director of Integration, Department of Children and Families, with other members representing the Office of Child Welfare, the Office of Substance Abuse and Mental Health, Healthy Start, Florida Hospital Association, Medicaid, and University of Florida Department of Obstetrics and Gynecology.

Following the 2017 Policy Academy, the Florida team focused primarily on the goals related to the 2016 Child Abuse Prevention and Treatment (CAPTA) amendments related to infants born with and affected by prenatal substance abuse, withdrawal and Fetal Alcohol Spectrum Disorders (FASD). The Florida team was encouraged to participate in ongoing technical assistance with the NCSACW to continue to work on other goals related to pregnant and parenting women with substance use disorders, their infants with prenatal substance exposure and their families.

- "Born Drug Free Florida," an initiative by the Department of Children and Families, Florida Office of the Attorney General, and the Department of Health has raised awareness about babies being born exposed to prescription drugs. The campaign educates expectant mothers about the importance of discussing prescription drug abuse with their doctors and to offer assistance to the women. It is dedicated to assisting pregnant women who are taking prescription medication with information and referral services to Department approved behavioral healthcare facilities. Women can reach the Born Drug Free helpline at 1-800-945-1355 or access information at <http://www.borndrugfreefl.com>.
- Family Intensive Treatment (FIT) provides intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment provided is in accordance with the indicated level of care required and providers shall meet program specifications. The FIT model is targeted to parents with child welfare cases determined to be unsafe. The team-based approach includes planning and service delivery with CBC Lead Agencies, child welfare Case Management Organizations, Managing Entities, FIT providers, and other providers of services. Service delivery requires the family to have at least one child between the ages of 0 and 10 years old, with priority given to families with a child between the ages of 0 and 8.
- Early Childhood Court initiative, a Florida Court Improvement lead project. Early Childhood Court addresses child welfare cases involving children under the age of three. It is a problem-solving court – where legal, societal, and individual problems intersect. Problem-solving courts address not only the legal issues but also the underlying non-legal issues that will benefit the parties and society as well. This specialized court docket provides greater judicial oversight through more frequent judicial reviews and a multidisciplinary team approach. The team works in a non-

adversarial manner to link the parties to treatment and services. The goal of ECC is to improve child safety and well-being, heal trauma, and repair the parent/child relationship, expedite permanency, and stop the intergenerational cycle of abuse/neglect/violence.

The Department is a full partner in this initiative on a statewide level and local community level. Collaborative partners include the Community-based Care agencies, Florida State University, Children's Legal Services, mental health providers, infant mental health specialists, foster parents, and other community partners.

ECC is continuing to see growth and success. There are 22 ECC projects throughout the state. ECC has state and national support through the Zero to Three Institute and the Office of the State Courts Administration. Zero to Three provides weekly national calls to support all the community coordinators. These calls provide networking opportunities as well as training. The Office of State Courts Administration provides monthly calls for the community coordinators and well as an overall call bi-monthly for all involved in ECC around the state. These calls provide the coordinators a time to gather information from each other and learn what is going on in other sites around the state. They also provide monthly one on one data calls to ensure accurate data collection.

- The Office of Early Learning administers federal and state child care funds and partners with thirty local early learning coalitions to deliver comprehensive early learning services statewide. The office oversees three programs - School Readiness Program, Voluntary Prekindergarten Education Program, and Child Care Resource and Referral services.

The School Readiness Program offers financial assistance to low-income families for early education and care so families can become financially self-sufficient and their young children can be successful in school in the future.

The Voluntary Prekindergarten Education Program (VPK) is a free educational program that prepares 4-year-olds for success in kindergarten and beyond. Children must live in Florida and be 4 on or before September 1 of the current year to be eligible. Private child care centers, public schools and specialized instructional service providers may offer VPK and parents have several programs to choose from – school-year, summer and specialized instruction for children with disabilities.

The Child Care Resource and Referral is a statewide network with information for families with young children. The network maintains current information about child care options, how to select quality care and referrals to other critical community resources. The service is free and for any family living or preparing to move to Florida.

- The Department also has several representatives who participate in the statewide Florida Interagency Coordinating Council for Infants and Toddlers (FICCT). The role of FICCT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities including:
 - Identification of sources with fiscal and other support for early intervention services program under Part C of the Individuals with Disabilities Education Act (IDEA);
 - Assignment of financial responsibility to the agency;
 - Promotion of methods for intra-agency and interagency collaboration regarding child find, monitoring financial responsibility, provision of services, and transition;
 - Preparation of applications under Part C of IDEA including amendments;
 - Transition from Early Steps to the state education agency; and,

- Annual Report on the status of early intervention services for infants and toddlers with disabilities and their families.
- In January 2018 the Florida Department of Children and Families (DCF): Office of Child Welfare, Substance Abuse and Mental Health (SAMH), and Office of Deputy Secretary/Director of Service Integration in collaboration with the Department of Health (DOH) was approved for 18-24 additional months of In-Depth Technical Assistance (IDTA) through the NCSACW. The IDTA application requires state teams to identify Implementation or Innovation Counties or Regions in which to develop and test policies, practices and strategies. Florida's Innovation Regions are the DCF's Northwest Region including Escambia and Bay Counties and the Northeast Region where work will focus on Duval County. The state and local teams are working on the following goals, which are intended to improve outcomes for pregnant and parenting women, their infants, families and caregivers.
 - To assure that women who are pregnant and in a substance use disorder (SUD) program during their pregnancy will be prepared for Healthy Start and Department of Children and Families (DCF) involvement at the hospital, will enter the hospital with an initial plan of safe care and these actions will be coordinated with the hospital and Healthy Start, Managed Medical Assistance (MMA) plans and/or Child Welfare as appropriate.
 - To assure that any mother in SUD treatment with an infant (under the age of 1) has a plan of safe care and is working that plan including referrals to early intervention. Actions will be coordinated with Healthy Start, MMA plans and/or Child Welfare as appropriate.
 - To assure that women who give birth to infants who are identified as substance affected, have entry into behavioral health treatment and services are coordinated with Healthy Start, MMA plans and/or Child Welfare as appropriate.

Local programs and initiatives to reduce the time young children under the age of five are in foster care without a permanent family and to address the developmental needs of all vulnerable children under the age of five are:

Northwest Region

- Escambia County in Circuit 1 and Bay County in Circuit 14, are receiving technical assistance from the National Center on Substance Abuse and Child Welfare (NCSACW). The purpose of the assistance is to improve outcomes for infants with parental substance exposure, their families, and caregivers.
- Big Bend Community Based Care utilized several programs and staffings for 0-5 population. Children's Home Society (CHS), Case Management Organization for BBCBC, has an Early Steps Program for children ages 0-3 who have one of the following may participate in Early Steps (list is not exhaustive): general developmental delays, communication delays, autism, cerebral palsy, hearing impairments and down syndrome. CHS offers Early Steps in the Big Bend region, covering Bay, Calhoun, Gulf, Holmes, Jackson, Washington, Franklin, Taylor, Madison, Gadsden, Jefferson, Leon, Liberty, and Wakulla counties. Additional services include physical, speech and occupational therapy, early intervention instruction, special equipment, annual assessments and connections to other local resources.
- CHS uses Florida Diagnostic and Learning Resources System (FDLRS) Child Find. Child Find services help to promote general public awareness of programs and services available for young children who have or are at risk of developing disabilities. Service coordination for diagnostic screening, placement, training, and support is also provided. To assist with

permanency the Length of Stay/Conditions for Return, Well Being, Every Student Succeeds Act (ESSA), and permanency staffings are utilized.

Northeast Region

- The Northeast Region participated in cross training with the Child Protection Team (CPT). For the development of CPI Subject Matter Experts in medical neglect, the region partnered with CPT and other health providers to provide Specialized Medical Neglect training, such as for youth with Asthma, Diabetes, Failure to Thrive, Dental Neglect, Obesity, and Medically Complex conditions. The team developed medical neglect checklists that was adopted by the Office of Child Welfare (and the Department of Health) as statewide forms for CPI use. These checklists were distributed and trained during the 2016 Child Welfare Dependency Summit. The region further developed a Medical Neglect Protocol to outline applicable standardized procedures for response to reports received with allegations of medical neglect (MN) and to enhance the quality of investigations when addressing medically complex children.
- The Department has a representative in Circuit 8 serving on the Alachua County Children's Advisory Council to help develop innovative programs to impact children ages zero to five. The Children's Services Advisory Council was established in Alachua County in 2016 to focus on improving outcomes for children age 0 – 5. The county recently allocated a \$1.2 million budget to fund programs toward achieving this goal. Each program developed is expected to coordinate services with one another to improve the existing system of care in Alachua County. The programs being implemented by this group include:
 - Newborn Home Visitation program- Every new baby born in Alachua county to an Alachua county resident is offered a home visit by a Registered Nurse in the first 7 days after returning home. During this visit, the nurse will check both mother and newborn's health, evaluate for postpartum depression, discuss infant nutrition, breastfeeding, safe sleep practices, SIDS education, immunizations and illness prevention, and a safety check will be done with the caregiver to discuss potential hazards. If a need for additional services are identified during the visit, the family will be referred to a Family Partner who will follow-up and make those connections.
 - Transformative Professional Development for Early Care and Education Program Providers (TPD) - Partnership between researchers at the UF Anita Zucker Center, early education service providers, the Early Learning Coalition (ELC) of Alachua County, and the SWAG center are developing a model demonstration program providing direct education services to children and families living in the communities surrounding the SWAG neighborhood. Through the partnership with the ELC, the lessons learned from this site will be shared with other early education professionals with the implementation of the Anita Zucker Center model for Practice Based Coaching.
 - Social and Emotional Development Program- This program focus is on developing a system of services for early childhood mental health consultation and trauma responsive training for caregivers and families of children birth to age five.
- Family Support Services of Northeast Florida (FSSNF) offers a High-Risk Newborn (HRN) program that provides behavioral health and social services to children ages 0-5 years of age and their caregivers. HRN serves young children who may be at risk for developing more severe mental health disorders and helps parents learn how to build stronger bonds to their children. The voluntary High-Risk Newborn prevention program focuses on therapeutic infant mental health. High-Risk Newborn case managers are therapist trained in evidence-based Nurturing Parenting, Active Parenting Now, Active Parenting of Teens, Ages and Stages Social and Emotional (ASQ-ASQE) assessments.

- Family Preservation Oversight Coordinators continued a dedicated process to review cases that include children ages zero to three. Cases where continued barriers are identified are then referred to the Integrated Practice Team (IPT).
- Family Support Services of North Florida coordinates with other services through a Child Welfare Early Education Program (CWEED) grant that created an infrastructure between child welfare agencies and the leading agencies for childcare and early education services. The program goal is to increase the likelihood that children under five years old participate in high quality early education programs that improve school readiness and lifelong outcomes.
- FSSNF continued the Strengthening Ties and Empowering Parents (STEPS) program. Grant funded, the Healthcare Coordinator (HCC) can provide medical coordination through a newly augmented service array which includes a focus on medical consultation, domestic violence, and substance misuse. The Healthcare Coordinators are master level staff with either therapeutic or medical specialties. This enhanced service provision is designed to meet the following goals:
 - Providing access to, and improved quality of health care, for parent(s) and children;
 - Increased numbers of children receiving developmental and social-emotional screenings and follow-up assessments and treatment services;
 - Increased numbers of parents receiving health education/risk reduction training and demonstrating understanding and ability to successfully implement risk-reducing behaviors.
- The Lead Quality Management Specialist in the FSSNF Quality Management Department completes monthly supplemental reviews on children ages 0-5 assessing that appropriate services are being provided to this population and ensuring quality casework is being conducted to ensure timely permanency. Questions within each review tool assist in determining that the age appropriate services specifically developed for this age group are being implemented to meet the developmental and emotional needs of this population. The review looks for involvement in services such as the local Child Welfare-Early Education Partnership, Safe Babies Task Force, and Infant Mental Health programs. If they are not being utilized, this information is shared during consultations with the FSC. The out-of-home care targeted well-being/permanency review addresses barriers preventing this age group from achieving permanency.
- Kids First of Florida's (KFF) contracts with Child Guidance Center to provide infant mental health services and high-risk newborn therapy for parents. KFF is a partner in the local Clay County Substance Exposed Newborns (SEN), a group of local agencies that meet to discuss issues surrounding substance exposed babies born in the county.
- KFF has designated a Program Support Supervisor to oversee all developmentally disabled children who are referred to the Agency for Persons with Disabilities to assure they progress to the point all their service needs are met. Healthy Families, Child Find, and Early Steps are actively involved with Clay County families with very young children. KFF works closely with Children's Medical Services when placement is needed for children coming into care with significant medical issues.

Central Region

- STEPS - focuses on birth to five services and supports in Polk County.
- Heartland for Children (HFC), along with the Department, USF Department of Pediatrics, Children's Home Society Child Protection Team (CPT), Infants & Young Children of West Central Florida, and the Department of Health Children's Medical Services, has a working agreement with University of South Florida (USF) Early Steps. The purpose of this agreement is to ensure that children under the age of three who are involved in substantiated cases of child abuse or neglect are referred for early intervention services as appropriate. The agreement outlines referral procedures and information sharing provisions for Early Steps Intervention services as outlined in the Individuals with Disabilities Education Act (IDEA).
- Brevard Family Partnership (BFP) continued to seek to improve the safety, permanence, and well-being of children served by the child welfare system in Brevard County through the further integration of evidence-based and evidence informed practice in the community service delivery continuum. BFP contracted with Evidence Based Associates (EBA) in Charleston, South Carolina to organize the project in partnership with the Chadwick Center at Rady Children's Hospital in San Diego (RCHSD). The Chadwick Center together with the Child and Adolescent Services Research Center (CASRC) at RCHSD designed and manages the California Evidence-Based Clearinghouse (CEBC) for Child Welfare (www.cebc4cw.org) and has experience working with child welfare administrators in expanding the use of evidence-based practices. BFP used this roadmap to build capacity of promising practices by enhancing the current delivery system with the evidence-based practices of the Nurturing Parenting Program, Child Parent Psychotherapy, Brief Strategic Family Therapy, and Cognitive Behavioral Therapy. Brevard C.A.R.E.S. (Coordination, Advocacy, Resources, Education and Support) is Brevard Family Partnership's innovative, voluntary child abuse prevention program tailored to protect children, strengthen families and change lives. Brevard C.A.R.E.S. completed its second data validation study to achieve credentialing as an evidence-based practice around the prevention of future child maltreatment. In January 2017, Brevard C.A.R.E.S. was credentialed as a Level 3 Evidenced Based Practices with the CEBC as a child abuse prevention model that prevents future maltreatment.
- BFP utilized Child Parent Psychotherapy (CPP), a treatment for trauma-exposed children aged zero to five. Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g., culture and socioeconomic and immigration related stressors). Targets of the intervention include caregivers' and children's maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child's mental health. Over the course of treatment, caregiver and child are guided to create a joint narrative of the psychological traumatic event and identify and address traumatic triggers that generate deregulated behaviors and affect. CPP directly provides services to children/adolescents and addresses the exposure to trauma, internalizing and externalizing symptoms, and/or symptoms of posttraumatic stress disorder (PTSD).

SunCoast Region

- In Circuit 6 programs in place to serve children ages zero to three are Early Childhood Court, Dependency Drug Court, and implementation of FITT service.

- Eckerd Community Alternative in Circuit 6 has initiated Early Childhood Court in Pinellas and Pasco County. Eckerd facilitates a meeting between the biological parent and the foster parent to encourage open communication, co-parenting, and information sharing about the child and the child's family.
- Children's Network of Southwest Florida (CNSWFL), Circuit 20, has a specialized case management function that provides overlay and intensive services to specific populations. For example, there is a specialized unit for children under age 5. The adoption unit in the lead agency augments the case management organization's adoption units by completing all necessary paperwork and processes for permanency while the CMO provides home visits, court appearances and other direct services.
- The Office of Court Improvement and the Pinellas County Early Childhood Court facilitated training on Concurrent Planning: A Child's Tomorrow Begins at Day One. The target audience included case managers, foster parents, relative caregivers, judiciary, GAL, and attorneys. The training is located on Florida's Center for Child Welfare at <http://centervideo.forest.usf.edu/video/center/concurrentplan/start.html>
- Evidence Based (EB) Parenting and Structured Observation (SO) Training: Initiative of The Office of Court Improvement to standardize and provide quality measurements and standards for parenting programs and outcomes. Circuit 12 already had a Parenting Committee established and minimum standards for judicial cases to align program participation with permanency goals. Part of the EB Parenting requires that parents who have children age 5 and under also have Structured Observations occur. This adds a layer of validity to the parent having learned new skills from the programs and reduced the risk to the child.
- The Safe Children Coalition (Sarasota YMCA) in Circuit 12 created a faith-based network of community providers (Believes Against Abused and Neglected Kids/God Raising Incredible Parents/Sanctuary Church) who have been trained as facilitators of the Nurturing Parent Curriculum and the Structured Observation tools. As non-traditional providers, the faith community has service options for parents in county jails, local shelters, and neighborhood community centers.
- The Safe Children Coalition received new funding for the Early Childhood Court through private and public partnerships with the Baranick Foundation and Manatee County Government. This funding provided two Coordinator Positions and two case manager positions as well as a program supervisor position to serve up to 40 families with specialized case management and intensive clinical services

These contracted positions partnered with the Florida Center for Child Development. The program provides Child Parent Psychotherapy, intensive structured observational/therapeutic visitation, intensive case management and other wraparound support for a parent that meets screen in criteria. Families involved with Baby Court have at least 5 visits with the child age 3 or under a week to continue to build the bonds. Contacts the parent has in counseling, parenting, etc. with the toddler/baby can count toward those visitations. Assessment of application and engagement of services assists the team to determine how permanency decision making may be expedited.

Southern Region

- The Department and Our Kids worked together to identify and address needs of very young or special needs children. Monthly meetings of representatives from the Department, Our Kids, placement, Children's Legal Services review cases of children under five regarding the appropriateness of placement, update on relative searches, and any court issues that may be holding back permanency.

Southeast Region

- Communities Connected for Kids (CCK) in Circuit 19 utilized Behavior Basics and Refocusing the Modern Family where certified Behavior Analysts deliver applied behavior analysis services designed to promote positive and effective interactions for caregivers and victims of child maltreatment. Services are provided to CCK referred dependent children with a mental health diagnosis. Services include Behavioral Intervention Plans and caregiver training and support to implement the child's Behavioral Intervention Plan. Refocusing the Modern Family is a locally designed 12-week in-home parenting program conducted by Certified Behavior Analysts. Components include behavioral modification, proactive education, individualized family goals, applied support and role modeling to the entire family. Submitted to California clearinghouse for consideration as an evidence-based practice.
- CCK also worked with a local mental health agency that focuses in trauma informed infant mental health services on opportunities to deepen their partnership and expand evidence-based services for this population.

Human Trafficking

On a national level, DCF has partnered with multiple states to share information developed, lessons learned, and tools developed. Numerous phone conferences occurred with Tennessee, Texas, North Carolina, Washington D.C. and California, to name a few, to share Florida's Human Trafficking Screening Tool (HTST) and to discuss the evolution of its response model. DCF hosted both Texas and Ontario, Canada for site visits throughout our continuum of care. Florida continues to participate in the Region IV, Administration for Children and Families Human Trafficking work group and continued work on the Shared Hope International Expert Panel, drafting policy recommendations for national application. Shared Hope International put out a report on sex trafficking victim/offender intersectionality while the Region IV ACF Workgroup developed a guiding principles document for working with trafficking victims. Florida also participates in the Colorado Compendium, a national group of anti-trafficking experts from over 20 states. The Region IV Workgroup and the Colorado Compendium both maintain Dropboxes in which members can put useful information that may benefit the group.

Throughout the 2015-2019 CFSP, the Department continued to foster partnerships with providers that serve victims of human trafficking with substance abuse needs. The Department worked with these providers as they worked to increase their beds or non-residential services available to serve CSEC victims. Additionally, through the multidisciplinary team staffing process, the Department has increased its efforts to identify and address the needs of CSEC youth with substance abuse concerns.

While assessing the service array in Florida, a report outlining the different CANS being used throughout the state was developed. During the reporting period, the Department's Human Trafficking Unit utilized this report as a starting point in determining whether the CANS-CSE was still the appropriate assessment tool to utilize in Florida. The Department has facilitated multiple training efforts targeting various mental health professionals during the 2018/19 reporting period.

The Department has continued to work with Managing Entities, Community-based Care lead agencies, and Medicaid providers to identify clear pathways to obtain specialized treatment for victims of human trafficking. The Department addressed this through service array and placement array workgroups. The Human Trafficking Unit within the Department participated in these workgroups to assess current specialized treatment and placement options for victims of human trafficking. The Department also addressed this effort by working directly with current CSEC safe houses and other specialized residential providers. The Department hosts regular meetings with these providers to train on various funding streams and how to access them and other methods of ensuring sustainability of these placement options.

Additionally, the Department has collaborated with Community-based Care lead agencies and community partners to identify ways to provide more integrated, victim-centered practice for pregnant and parenting CSEC youth in DCF care. Multidisciplinary team staffings are facilitated for all suspected and verified CSEC victims to ensure all their individualized needs are met, including needs of expecting or currently parenting youth. Existing providers continue to be utilized as we work to expand service options specialized for this population. The Department will explore opportunities for further service integration with these two populations as efforts to implement the Family First Act move forward.

Another important partnership focuses on cultural competency and service options for LGBTQ victims of sex trafficking. The Department continues to develop partnerships with key providers to increase cultural competency and service options for LGBTQ victims of sex trafficking. Relationships have been established with two providers that serve CSE youth that identify as LGBTQ. The Department promotes efforts of these providers to raise awareness

on working with this population with other CSEC service providers. The Department also works with all CSEC safe houses and safe foster homes to develop cultural competency in serving CSEC youth. The Department regularly shares training opportunities with our specialized CSEC Child Welfare Professionals on working with LGBTQ youth. During the reporting period, the Department also developed internal trainings on working with youth identifying as LGBTQ+ to ensure competency in working with the population and determining best service and placement options. This will be a continued effort.

FY 2018 Kinship Navigator Funding

In September 2018, the Department was awarded a federal grant under Promoting Safe and Stable Families program in the amount of \$863,078.00. The funding was allotted to support the development, enhancement, or evaluation of Kinship Navigation programs. The Department elected to use the funding in three ways.

- 1) To help ensure the stability of children in care or children at risk of entering foster care, the Department distributed a portion of the funding to an existing kinship navigator program that currently provides services in Florida. This current program is one of two in the nation that is showing evidence of becoming a rated evidence-based practice in the Federal Clearinghouse. The current program expanded services across counties in both the Suncoast and Southern Regions. The Department utilized reporting systems that identified areas where there were decreases in relative placements, potentially due to lack of supports. The provider is delivering kinship care services that include community- based family support services, navigation, support groups, and case management. Additional services include family support plans, system of care meetings and referrals for relevant community resources.
- 2) In addition, the Department appropriated funding to provide an evaluation of the existing program chosen to provide kinship navigator services. This initiative began in January 2019 which included an inventory of current kinship practices in the state of Florida. This would give the state and community-based care lead agencies the opportunity to identify gaps related to kinship supports. The inventory has a 3-pronged approach which includes conducting a document review of all formalized kinship programs across the state, survey distribution in every region to different stakeholders, and collaborative community partners and focus groups to provide their robust understanding of kinship practices.
- 3) Lastly, a statewide training is being provided in May 2019 to discuss an overview about the Family First Prevention Services Act and its linkage to Kinship Care. The training will encompass key lessons learned through an implementation science lenses for implementing an evidenced based approach to a community kinship navigation model.

Child Welfare Waiver Demonstration Activities

In October 2006, Florida received flexibility through a five-year federal waiver so funding could follow the child instead of the placement of the child. On January 31, 2014, the State of Florida (the State) was granted waivers under Section 1130 of the Social Security Act to extend operation of the child welfare waiver demonstration project through September 30, 2018. As the only state with such a broad federal waiver, Florida dedicated resources to keeping more families together and helping parents change their lives and make their homes safe so they can keep or reunify with their children. The flexibility in funds allowed child welfare agencies to develop and implement innovative programs that emphasize parental involvement and family connections while ensuring the safety and well-being of children. In July 2018, the Department received approval for continuation of the waiver through September 2019.

During 2018, the Department implemented Strategic Initiative 3, Path Forward. A Path Forward workgroup comprised of senior leadership, program experts, and consultants oversees and leads the initiative. The Path Forward workgroup meets bi-weekly to review progress and address issues.

The Department in consultation with the Path Forward workgroup analyzed all state and federal funding sources for child welfare, developed and reviewed legislative requests, and identified activities and ways to leverage state and federal resources for long-term sustainability. The 2018 Florida Legislature passed legislation for the state to implement Title IV-E options for programs such as candidacy, Guardianship Assistance, and extended foster care. These Title IV-E options provide the necessary leverage to re-invest IV-E funds. The 2020-2024 CFSP discusses the strategic plan for transitioning into a non-waiver environment.

Florida's flexible Title IV-E funds has allowed the Department and its partner lead agencies to create a broader array of community-based services and supports for children and families. Funding supports child welfare practice, program, and system improvements that will continue to promote child safety, prevent out-of-home placement, expedite permanency and improve child and family well-being. This strategic use of the funds allowed community-based lead agencies to implement individualized approaches that emphasize both family engagement and child-centered interventions. The waiver demonstration project has served as a catalyst for systemic improvement efforts. As depicted throughout the APSR Final Report, waiver activities were integrated throughout the continuum of child welfare services and assisted with achievement of the 2015-2019 CFSP goals.

Florida's waiver demonstration project design was to determine whether flexibility of Title IV-E funding would support changes in the state's service delivery model, maintain cost neutrality to the federal government, maintain safety, and improve permanency and well-being outcomes. The basis of the theory of change is federal and state expectations of the intended outcomes of the waiver demonstration, and the hypotheses about practice changes developed from knowledge of the unique child welfare service arrangements throughout the state.

The expectation was that the waiver renewal would build on the lessons learned and progress made in Florida's child welfare system of care during the initial waiver period. The goals of the waiver demonstration are to:

- Improve child and family outcomes through the flexible use of Title IV-E funds;
- Provide a broader array of community-based services, and increase the number of children eligible for services;
- Reduce administrative costs by removing current restrictions on Title IV-E eligibility and on the types of services that may be paid for using Title IV-E funds.

The Waiver Demonstration Final Evaluation Report issued March 30, 2019 is available on Florida's Center for Child Welfare

<http://centerforchildwelfare.fmhi.usf.edu/kb/GenIVE/Phase%209-Revised%20FL%20Title%20IV-E%20Waiver%20Demonstration%20Evaluation%20Final%20Report.pdf>

The Final Evaluation design was comprised of four related analysis components: 1) a Process Analysis comprised of an Implementation Analysis and a Services and Practice Analysis; 2) an Outcome Analysis; 3) a Cost Analysis; and (4) two sub-studies.

- 1) The *Process Study* was comprised of two related research components: an implementation analysis and a services and practice analysis. The implementation analysis was to identify and describe implementation of the Demonstration extension within the domains of leadership, environment, organizational capacity, and infrastructure, Demonstration impact, and conclusions acquired throughout the process. The implementation analysis findings from stakeholder interviews showed that the goals of the Demonstration have been supported throughout the child welfare system in Florida. Each stakeholder described an increase in the types of services available for families. Stakeholders also described the increased focus on keeping children safely in the home. Although there were still challenges reported that affected child welfare work. Common challenges described were turnover among case managers and CPIs, increases in out-of-home care, lack of housing resources, and a lack of substance abuse and mental health services. Participants reported that the need for mental health and substance abuse services was increasing. Participants perceived the increases were due to increases in opioid use and increased recognition of mental health concerns through the assessment process implemented by the child welfare practice model. Poverty, lack of housing, generational DCF involvement, and a negative perception of DCF were reported barriers for child welfare involved families across stakeholder groups.

The services and practice analysis assessed progress in expanding the service array under the Demonstration extension. This included implementation of evidence-based practices and programs, changes in practice to improve processes for identification of child and family needs, connections to appropriate services, and enhanced use of in-home services to increase successful family preservation and reunification.

Findings related to the service array identified a variety of services provided throughout the state. A significant strength identified through the evaluation was that there is a wide array of evidence-based practices that have been implemented in various parts of the state. Although service utilization data are limited due to a combination of poor survey response rates and lack of tracking mechanisms among lead agencies, the data that were made available to the evaluation provided a partial picture. The data were most complete regarding family support services and safety management services and indicate that lead agencies provided a variety of services to prevent families from formally entering the child welfare system and to help children remain safely in their home. Expansion of these services was one of the primary focuses under the Demonstration extension.

- 2) In the *outcomes analysis*, longitudinal trends for permanency indicators revealed a steady trend. There is a trend of a declining proportion of children who achieved timely permanency including reunification; the adoption rates remained high and steady over time. An examination of safety indicators showed that the proportion of children who continue to stay safe remained stable over time. Re-entry into out-of-home care remained stable over time and approximately 91% of children did not re-enter out-of-home care across the Demonstration extension years. When the effects of child and family characteristics on outcome indicators were examined, results showed that child age, physical health and behavioral problems, parental substance abuse, and history of

domestic violence played an important role in predicting child outcomes. Findings also indicated considerable variability over time in the proportions of licensed foster families who were active after 12 months and the proportion of newly licensed foster families. Examination of statewide rates over time suggested that proportion of licensed foster families that were active after 12 months and the proportion of newly licensed foster families remained stable.

The constructs of child and family well-being were examined according to the applicable CFSR outcomes and performance items. The outcomes and performance items focus on improving the capacity of families to address their children's needs; and providing services to children related to their educational, physical, and mental health needs. At the state-level for both in-home and foster care cases from baseline (data pulled from the FL CQI case reviews online system on September 30, 2016) to final ongoing review (data pulled from the FL CQI case reviews online system on October 01, 2018) period the changes were not statistically significant. For in-home cases Circuits 8 (Alachua, Baker, Bradford, Gilchrist, Levy, and Union Counties) and 19 (Indian River, Martin, Okeechobee, and St. Lucie Counties) showed improvements over time across most performance and well-being outcome items. Circuit 5 (Citrus, Hernando, Lake, Marion, and Sumter Counties) showed declines over time across most performance and well-being outcome items. For foster care cases, Circuit 3 (Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, and Taylor Counties) showed improvements over time across most performance and well-being outcome items. Circuit 5, 11 (Miami-Dade County), and 12 (Desoto, Manatee, and Sarasota Counties) showed declines over time across most performance and well-being outcome items.

- 3) The *cost analysis* examined whether the Demonstration implementation was associated with changes in the use of child welfare funding sources. Findings indicated that front-end prevention services (family support services) increased during the initial Demonstration and the Demonstration extension. The number of children in out-of-home care was lower in the initial Demonstration and Demonstration extension compared to the pre-Demonstration period. Consistent with one of the goals of the Demonstration, the ratio of expenditures for licensed foster care to expenditures for front-end prevention services has trended downward over time. There was a minimal relationship between changes in spending patterns and changes in outcomes. Only the rate of abuse in foster care appeared to have a relationship with spending patterns. The 13 circuits that shifted resources from out-of-home care had lower average maltreatment rates while the child was in foster care compared to the 7 circuits that increased the share of expenditures spent on out-of-home services.

The cost study also examined child-level cost data reported by lead agencies through the Florida Safe Families Network (FSFN). Findings indicated that children with high cost cases require a disproportionate share of resources. Overall, children with high cost cases tend to be older, African-American, more likely to be a victim of sexual abuse and/or neglect, with parents who were more likely to abandon the child or be unable to provide care. However, parental substance abuse or domestic violence in the household was less common. These children were more likely to have very severe behavioral problems. Children that had high child welfare costs also tended to have high Medicaid costs.

- 4) *Sub-study one: cross-system services and costs.* This sub-study specific to the cost analysis was divided into three sections. The first section analyzed Medicaid enrollment and claims/encounter data for children who received out-of-home services, as well as, services funded through State Substance Abuse and Mental Health (SAMH) funding sources. The second section examined Medicaid and SAMH funded services for children

receiving in-home child welfare services. Finally, the third section examined three questions related to predicting health care needs, determinants of permanency, and determinants of child juvenile justice placements and involuntary examinations.

A number of interesting results emerged from section one. The vast majority of youth enrolled in the Medicaid program after removal from the home were also enrolled prior to removal. However, service penetration was much higher after removal from the home. The pattern of service use also differed before and after removal. Physical health inpatient services were more common before removal. Behavioral health outpatient services were much more common after removal from the home.

Findings from section two suggested that the majority of children who receive in-home child welfare services are Medicaid enrolled and used Medicaid funded services. SAMH was not a substantive funding source for these children. More children used Medicaid funded services after in-home child welfare services began, although use declined over the duration of in-home child welfare services. Medicaid-funded service use was not associated with the reason for in-home child welfare services.

Section three examined factors associated with higher unmet need for children and youth receiving out-of-home child welfare services. Unmet need was estimated based on the relationship between characteristics measured prior to removal and the health care service use after removal. Service use prior to removal was associated with service use after removal. However, when controlling for service use prior to removal, a number of factors were associated with expenditures in the year after removal. Mental health disorders were associated with higher unmet need, as were several less common physical health diagnostic groups. Victims of sexual abuse, physical abuse, and/or medical neglect also had greater unmet need when entering out-of-home care. Children and youth with physical or behavioral health problems were less likely to achieve permanency. Children and youth with physical health needs were more likely to be adopted and youth with behavioral health needs were less likely to be adopted. Reunification was less likely when the child or youth had substantial physical health needs and was less likely when the youth had behavioral health needs although the results were not as clear as some measures of need were not significantly associated with reunification. Guardianship was less likely when the child or youth had physical or behavioral health inpatient use. Guardianship was also less likely when the child or youth had behavioral health needs addressed through outpatient services. Children and youth who had behavioral health outpatient use in the prior year but not in the year after removal were more likely to be reunified. Findings indicated that caregiver loss and presence of mental health disorders predicted undesirable outcomes, such as greater number of out-of-home placements and placement in a correctional facility.

Sub-study two: Safe at Home and at High Risk for Future Maltreatment – Services and Practice Analysis/Outcome Analysis. To ensure that children whose safety is at risk are correctly identified and that their families receive the proper services, the Florida Department of Children and Families (DCF) implemented the Florida child welfare practice model. The child welfare practice model dictates that all families whose children are assessed as safe but at high or very-high risk for future maltreatment are to be offered voluntary family support services that target the building of family protective factors to improve the long-term safety of children in the home. This sub-study examined child welfare practice, services, and safety outcomes for families who received family support services. A matched comparison group was used to assess whether outcomes were improved for children whose families received family support service interventions.

Overall, findings indicated that children in the intervention group (i.e., who were assessed using the new child welfare practice model) had better outcomes compared to children in the comparison group (i.e., those who were assessed using standard practice). Specifically, children in the intervention group had a lower rate of recurrence of maltreatment, lower rate on entry in out-of-home care, and lower re-entry rate.

Adoption and Legal Guardianship Incentive Payments

Florida has received an Adoption Incentive Award for each of the last five years and all incentive award payments have been used to assist with Florida's significant maintenance adoption subsidy budget. During State Fiscal Year 2017/18, an estimated 39,000 adopted children received maintenance adoption subsidies with the average subsidy of \$4,903 annually. The primary reason for Florida's significant subsidy budget is the number of adoptions finalized during each of the last five years.

Adoption Incentive Awards are incorporated into the CBC Schedule of Funds allotments for each CBC contract. The Department's Revenue Management office, each CBC contract manager, and the Lead Agency Fiscal Unit within the Administrative Services office all monitor expenditure of these funds and provide oversight toward timely, accurate, and fiscally responsible management of resources.

The state did not implement the Guardian Assistance Program during the 2015-2019 CFSP.

CHAPTER 4. PROGRAM SUPPORT

Since 2014, when the training unit at the Office of Child welfare was reinstated, the unit continued to build up to its current state with one manager and four specialists dedicated to statewide training initiatives, training funding tracking and guidance, curriculum development, and training policy development. Training funds continued to be provided to each of the Department's six regions, Children's Legal Services, and contracted sheriff offices for the purchase and/or delivery of pre-service and in-service training for child protective investigators and attorneys. Training funds are allocated to the lead community-based care agencies for the delivery of training for case managers, adoption specialists, licensing specialists, and other case management related positions. There are approximately 33 training managers/directors and 127 trainers statewide, working directly for regions to train investigators and other work for contracted entities, including Community-based Care agencies.

Contracted agencies (and the regions) used these funds for child welfare education and training services. Each agency receiving training funds submitted a quarterly report on October 31st, January 31st, April 30th, and August 30th. Hundreds of training events and opportunities (classroom, online, webinar, field, etc.) have been provided on dozens of subject areas, including but not limited to:

| Training Subject | Description |
|----------------------------|--|
| AFCARS System | Training around the Adoption and Foster Care Analysis and Reporting System. |
| Assessment | Assessments to determine whether a situation requires a child's removal from the home. This does not include how to conduct a child abuse and neglect investigation. |
| Child Abuse/Neglect Issues | The impact of child abuse and neglect on a child and general overviews of the issues involved in child abuse and neglect investigations. The training cannot be related to how to conduct an investigation of child abuse and neglect. |
| Child Development | Training covering child development. |
| Communication Skills | Communication skills required to work with children and families. |
| Cultural Competency | Cultural competency related to children and families. |
| Domestic Violence | General domestic violence issues related to children and families in the child welfare system. Cannot be related to providing treatment or services. |
| Effects of Separation | Effects of separation, grief, and loss. |
| Ethics Training | Ethics training associated with a Title IV-E state plan requirement. |
| Foster Parent Training | Foster care candidate determination and pre-placement activities directed toward reasonable efforts. The training cannot be related to providing a service. |
| Investigations | How to conduct a child abuse investigation. |

| | |
|------------------------|---|
| Independent Living | Independent living and the issues confronting adolescents preparing for independent living. This category does not include trainings for 18-24-year old's. |
| Mental Health | General mental health issues related to children and families in the child welfare system. Cannot be related to providing treatment or services. |
| Permanency Planning | Permanency planning including using kinship care as a resource for children involved with the child welfare system. |
| Preserving Families | Training on how to preserve, strengthen, and reunify families. Training cannot be related to providing treatment or services. |
| Referrals to Services | Training on referrals to services. Cannot include how to perform the service. |
| SACWIS | Training on Florida Safe Family Network (FSFN) which is a Statewide Automated Child Welfare Information System (SACWIS). |
| Social Work Practice | Social work practice skills including family centered practice and social work methods such as interviewing and assessment. |
| Substance Abuse | General substance abuse issues related to children and families in the child welfare system. Cannot be related to providing treatment or services. |
| Title IV-E Policies | Title IV-E policies and procedures. |
| Visitation/Family Time | Training covering visitation/family time. |
| First Aid | First aid including CPR and facility security training |
| Job Performance | Job performance enhancement skills. |
| Safe Driving | Training regarding the use of safe driving techniques |
| State Agency Personnel | Policies and procedures centered around state agency personnel |
| Stress Management | Skill building around stress management. |
| Supervisory Skills | General supervisory skills or other generic skills needed to perform specific jobs. The training cannot be related to how to conduct an investigation of child abuse and neglect. |
| Team building | Skill building around team building. |
| Worker Retention | Skill building around worker retention. |
| Worker Safety | Skill building around worker safety. |

The focus of the training activities during this five-year period included continuing to support the implementation of Florida's Child Welfare Practice Model. This included contracting with several vendors to develop, release, and train on thirteen different topic areas related to the practice model including critical thinking, motivational interviewing, supervisory case consultation assessment, and safety planning. This curriculum continues to be available to use as skill building opportunities for new child welfare professionals and refresher courses for existing child welfare professionals. A proficiency process was implemented for Department of Children and Families supervisors at all levels to ensure adherence of fidelity to the practice model and to ensure child safety threats are addressed with the sense of urgency needed. A proficiency process for case management staff has begun to be developed. Also, during this period, the Department developed and implemented new curriculum for newly hired child welfare professionals (pre-service) which incorporates the practice model.

The Department contracted with the Child Welfare Training Consortium at the University of South Florida to develop and implement the Training Coaching and Competency Program (TCCP) for Pre-Service trainers. The focus of this program was to support the certification of trainers by building and enhancing trainer knowledge and delivery. Since implementation 110 Pre-Service trainers have applied for the TCCP and, of this group, 49 trainers have become certified as Child Welfare Trainers. Once certified, Child Welfare Trainers are required to attend 20 hours of annual training, including at least one in-service course from the TCCP, to maintain certification.

Florida held its statewide annual Child Protection Summit in September 2018. The summit focused on improving the child welfare system including investigations, judicial handling of cases of child abuse and neglect, and meeting the outcomes of safety, permanency, and well-being. Over 3,000 professionals attended the summit, including judges, child protection investigators, doctors, therapists, foster parents, child advocates, law enforcement, case managers, attorneys, and personnel from private and non-profit agencies. The Department of Children and Families uses Children's Justice Act grant funds, state revenue, and Title IV-E funds to provide scholarships to ensure broad attendance across the system of care.

During this reporting period, the Department continued to contract with the University of South Florida's Center for Child Welfare (www.centerforchildwelfare.org). The Center continues to provide ready access to training and reference materials, reports, best practice links and other supports.

Throughout the 2015-2019 report period, the Department and CBCs engaged with services from several of the capacity building centers and national experts.

The National Capacity Center assisted with developing an instrument to assess for organizational capacity related to Continuous Quality Improvement (CQI). The Center provided technical assistance by facilitation workgroup meetings, participating in conference calls, and assisting with pilot programs, specifically the cognitive pilot to determine if the questions asked were clear, meant what was being asked, and were understood by those being surveyed. The Center provided examples of other capacity assessments that were used to develop the CQI assessment.

National Resource Center for Diligent Recruitment assisted with the Intelligent Recruitment Project administered by the Department in partnership with four CBC lead agencies. The technical assistance from National Resource Center for Diligent Recruitment helped to develop a customer service model. Other technical assistance involved the Center for States and the Department on a project to Fully Execute Implementation Science. DCF showed its strengths in the area of innovation and research around best practices and development of initiatives; however, the Department benefited from capacity building supports focused on

change management and creating sustainability. Building capacity around all elements of implementation science helped to address statewide implications in both the short- and long-term. The Department and CBCs also enlisted assistance from other national experts such as Action for Child Protection, Casey Family, and Annie E. Casey.

CHAPTER 5. CONSULTATION AND COORDINATION BETWEEN STATE AND THE TRIBES

Requirements for compliance with the mandates of the Indian Child Welfare Act (ICWA) are contained in Florida Statutes and in Florida Administrative Code. Child protective investigators are required to determine the potential eligibility for the protections of ICWA at the onset of each child protective investigation. The Florida Continuous Quality Improvement and Program Improvement Plan case review findings indicate that both CPI and case management are making appropriate inquiries to determine if the child is of Native American descent.

The Department collaborated and hosted bi-monthly ICWA forum calls that allow for ongoing engagement, communication, and consultations about training needs, statewide barriers, and individual case concerns. The Seminole Tribal Court and DCF Child Legal Services completed a joint training at the 2017 Child Protection Summit on new ICWA regulations. The Department has maintained ongoing communication and collaboration to include information sharing regarding Family First Prevention Services Act. Although the tribe welcomes the Department's collaboration, the tribe respectfully declined to become a Title IV-E tribe. Additional communication included an invitation from the tribe, inviting the Department's statewide liaison to the reservation to learn more about their culture. The tribe has extended an invite and offered to purchase the registration fees to the 2019 NICWA conference to the DCF statewide liaison but due to Florida's travel ban, the Department had to respectfully decline the offer with hopes the travel will be approved next year. The Department will be providing scholarships for two tribal associates to attend the 2019 Child Protection Summit in Orlando. There are plans to conduct a statewide training upon finalization of the statewide MOA. This will be addressed in the 2020-2024 CFSP.

The Department has reached out to the Miccosukee Tribe of Florida to collaborate in the creation of an ICWA forum call. In 2018, the Miccosukee tribe sent a representative from the Governor's Office to correspond on their behalf regarding collaboration, consultation, and engagement. At that time the Department provided an open invitation to assist in any form that could be of service to the tribe. The Department has shared informational material regarding the Family First Prevention Services Act. The tribe welcomed the material but opted out of becoming a Title IV-E tribe. The Department has offered scholarships for two tribal associates to attend the 2019 Child Protection Summit.

The Department's Youth and Young Adult Transition Services Specialist and Out of Home Care Specialist met with the Miccosukee Tribe's liaison from the Governor's Office to share information on supervised services for transitioning youth and CFCIP (Chafee) and ETV programs, to which the tribe has agreed to review the material. The tribe has recently transitioned to new leadership.

The Seminole Tribe of Florida does not have their own court system to oversee dependency cases. As a result, a Florida dependency Judge in Broward Circuit Courts has taken the initiative to hear all ICWA cases on the Seminole Tribe reservation. This initiative has been an ongoing collaboration that has allowed the Chief Tribal Judges to become familiar with Florida's process and court proceedings. The Miccosukee tribe of Florida has their own court system and oversees their dependency court cases.

Statewide trainings are scheduled in Hillsborough county and Manatee county to discuss the foundational education of ICWA, active efforts, notifications, placement preference and a host of other information. The scheduled dates are May 29, 2019, June 6, 2019, and June 26, 2019.

The Department is currently amending two rules: 1) 65C-30.002, Florida Administrative Code, (safety planning and case transfer) and 2) 65C-28.13 (Indian Child Welfare Act) to align with federal guidelines. Additional updates are also being made to the operating procedure CFOP 175-36 (Reports and Services Involving American and Alaskan Indian Children) to include additional and detailed information referencing active efforts and other updates.

The statewide memorandum of agreement is in the process of being reviewed for finalization by the Seminole tribe. There is an executed local memorandum of understanding between the Seminole Tribe, Broward county sheriff's office, and the Department of Children and Families, as this area has the largest geographical reservation. The effective date was April 8, 2018.

CHAPTER 6. FLORIDA'S CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) PLAN

This chapter serves as the application for Florida's Child Abuse Prevention and Treatment Act (CAPTA) funding. The chapter includes activities and accomplishments during the reporting period, and the annual data report (in Appendix A).

This plan supports goals of the Child and Family Services Plan 2015-2019:

Goal 1. Children involved in child welfare will have increased safety and expanded protection.

Goal 2: Children involved in child welfare will live with permanent and stable families, avoiding disruption and return to out of home placement.

Goal 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.

There are no substantive changes in Florida Statutes that adversely affect the state's eligibility for the CAPTA State grant.

It is paramount that children are, first and foremost, protected from abuse and neglect. The Florida Department of Children and Families, with primary support from the Office of Child Welfare, continues to be the lead agency designated to administer the Child Abuse and Prevention and Treatment Act grant funds. The Child Welfare Program Office is also the designated lead agency for the Community-Based Child Abuse Prevention (CBCAP) federal grant and the Children's Justice Act (CJA) grant. This oversight affords technical assistance for the implementation of evidenced-based and other effective practices and for the development of systemic approaches to outcome improvement at both the state and local community levels.

This continuity in lead agency designation facilitates and promotes achievement of the following defined statewide objectives:

- Prevent children from experiencing abuse or neglect.
- Ensure the safety of children through improved investigative processes.
- Ensure the safety of children while preserving the family structure.

CAPTA ACTIVITIES AND ACCOMPLISHMENTS

Overview

The Department of Children and Families continues its commitment to the prevention of abuse, neglect and abandonment by implementing strategies that support goals for all levels of prevention (primary, secondary and tertiary).

The state continues to develop, strengthen and support prevention and intervention services in the public and private sectors to address child abuse and neglect. Because of Florida's multi-ethnic and multi-cultural state population, the Department and the Executive Office of the Governor have addressed Section 106 (a) of CAPTA through community-based plans and services. Florida funds a multitude of unique community-based services designed by community groups and delivered by child welfare professionals.

Each Community-Based Care Lead Agency (CBC) under contract with the Department will continue to use CAPTA funds to support case management, service delivery, and ongoing case monitoring in its area. The array of services includes in-home supports, counseling, parent education, Family Team Conferencing, homemaker services and support groups. In

In addition to the CAPTA funds, the Department uses a blended and braided funding approach to accomplish the full child welfare continuum of services. Both federal funds specific for child welfare and state funds (general revenue and trust funds) are also utilized to accomplish the goals and objectives of the overall system of care. Prevention services are delivered at the primary, secondary and tertiary levels and treatment interventions are designed to prevent the reoccurrence of child abuse and neglect. Both federal and state monies are used to fund the prevention services.

There have been no significant changes from the state's previously approved state plan. Florida continued to target the same service program areas defined in the CAPTA State Plan. They are as follows:

- Intake, assessment, screening, and investigation of reports of abuse and neglect (106 (a) (1))
- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (106 (a) (3))
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols (106 (a) (4))
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (106 (a) (5))
- Developing, strengthening, and facilitating training (106 (a) (6))
- Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect (106 (a) (8))
- Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect (106 (a) (11))
- Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (106 (a) (14))

Florida will commit annually to report on additional progress as it relates to the other CAPTA program areas, if applicable.

Activities and Accomplishments Related to the Plan Requirements

Florida has been a Children's Justice Act (CJA) grant recipient since 1997. These funds have allowed for the review, development and implementation of projects that should produce a greater impact on the child protection response system. Therefore, Florida's child welfare system continues to benefit from the CJA grant by providing education, training and reform.

Florida also receives the Federal Community-Based Child Abuse Prevention Program (CBCAP) grant award based on Florida's child population, match through the state's Tobacco Settlement Trust Fund and leveraged funds. Most of the allocated funds support continuation of prevention programs, such as a continuing contract with the Ounce of Prevention Fund of Florida, Inc. for direct client services and activities related to the annual child abuse prevention campaign.

Statewide and pilot projects focus on public awareness and community education initiatives, training for professionals, and support of statewide resources for family violence prevention.

Collaboration

PART C

The Child Abuse Prevention and Treatment Act (CAPTA) has a significant requirement for States to have provisions and procedures for the referral of children under the age of three who are involved in substantiated cases of child abuse or neglect to early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA) [42 U.S.C. 5106a, Sec. 106(b)(2)(A)(xxi)]. Florida has defined “substantiated” as any case with verified findings of child abuse or neglect.

The Department of Health (DOH) is the state’s lead agency and has the primary responsibility of delivering services under Part C in Florida. However, there are activities and services where collaboration between the Department of Children and Families and the Department of Health is essential.

Florida’s Early Steps program is designed to ensure that children under the age of three who are involved in substantiated cases of child abuse or neglect and are potentially eligible for early intervention services are referred for assessment and potential services.

Florida’s Early Steps Program provides services to infants and toddlers with disabilities and developmental delays, and their families, from birth to 36 months of age. Effective, January 1, 2018, Early Steps began serving children at-risk of developmental delays, including infants with Neonatal Abstinence Syndrome with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding. Services include Individualized Family Support Planning; Service Coordination; Developmental Surveillance; and Family Support.

The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) is authorized and required by Part C of the Individuals with Disabilities Education Act (IDEA) as amended by Public Law 105-17. The role of FICCIT is to assist public and private agencies in implementing a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to infants and toddlers with disabilities and risk conditions and their families. The Department of Health is the lead agency for this council, as well. Representatives from the Department are members and active participants.

The Office of Adoption and Child Protection

The 2007 Legislature created the Executive Office of the Governor’s Office of Adoption and Child Protection in the Governor’s Office. In addition, the 2007 Legislature created the Florida Children and Youth Cabinet.

Florida’s collaborative efforts in the prevention of child abuse and neglect previously supported by the Inter-program Prevention Task Force will continue to work collaboratively with the Governor’s Office of Adoption and Child Protection. The Office of Adoption and Child Protection oversees a Child Abuse Prevention Advisory Council comprised of representatives from each state agency and appropriate local agencies, and organizations to serve as the research arm of the office. Additionally, the Advisory Council assists in the development of an action plan for better coordination and integration of the goals, activities and funding pertaining to the prevention of child abuse, abandonment and neglect conducted by the office.

Citizen Review Panels

In response to the CAPTA requirements, as required in 42 U.S.C. 5106a, Section 106 (c)(6), the Department has designated Citizen Review Panels. Each of these meets the requirements of the Child Abuse Prevention and Treatment Act. The currently designated panels are:

- Independent Living Services Advisory Council;
- Florida Child Abuse Death Review Committee; and,
- Florida Faith-Based and Community-Based Advisory Council.

Independent Living Services Advisory Council (ILSAC)

The Independent Living Services Advisory Council (ILSAC) is legislatively mandated under s. 409.1451(7), Florida Statutes. The ILSAC functions include reviewing and making recommendations concerning the implementation and operation of the independent living transition services, but also touch upon many broader aspects of foster care.

Council members have a variety of experiences and are from diverse backgrounds, including former foster care young adults. The 40-member panel meets quarterly. Each year, the council prepares and submits an annual report to the Florida Legislature and the Department of Children and Families on the status of the services being provided, including successes and barriers to these services. The annual report provides recommendations for improvements to the services for Florida's children and young adults. See Appendices 1 - 6 for the annual reports and the Department's responses.

These reports are available at: <http://www.myflfamilies.com/service-programs/independent-living/reports>.

The Florida Child Abuse Death Review Committee

This citizens' committee was established by the Florida Legislature in 1999 under section 383.402, Florida Statutes. The committee is comprised of a statewide appointee panel and locally developed multi-disciplinary teams charged with reviewing, the facts and circumstances surrounding all child fatalities reported to the Florida Abuse Hotline. The committee prepares an annual report to the governor and legislative branch with key data-driven recommendations for reducing preventable child deaths.

These reports are available at: <http://www.flcadr.com/reports/>.

Florida Faith-Based and Community-Based Advisory Council

The Florida Faith-Based and Community-Based Advisory Council (Advisory Council) was created in 2006 in s. 14.31, Florida Statutes. The Florida Faith-Based and Community-Based Advisory Council exists to facilitate connections to strengthen communities and families in the state of Florida. The Council is charged to advise the Governor and the Legislature on policies, priorities and objectives for the state's comprehensive efforts to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law.

The Advisory Council website can be found at: www.flgov.com/fbcb.

Activities and Accomplishments Related to State Plan Program Service Areas: 42 U.S.C. 5106a

The second requirement of the CAPTA grant is to address Florida's three program areas in its state plan. Each of these program areas underpins and was integrated with the Program Improvement Plan (PIP) and the Children and Families Services Review (CFSR).

In addition to the three state plan program areas, gains in other program areas are briefly described. Note: In this section, the CAPTA program areas are numbered consistent with the structure in Section 5106a of the Act.

(1) Intake, assessment, screening, and investigation of reports of abuse and neglect.

The Department is responsible for conducting child protective investigations in 60 of 67 Florida counties. Sheriff's offices in the remaining seven counties (Broward, Hillsborough, Pasco, Pinellas, Manatee, Seminole, and Walton counties) conduct child protective investigations through grants. Child protective investigations involve three types of settings. Intra-familial, In-Home investigations with a parent or legal guardian as the alleged perpetrator with the child residing in the caregiver's household comprise the largest share of investigations. A second, much smaller subset of investigations involve alleged maltreatment by a caregiver outside the child's immediate family (e.g., weekend visit with grandparent, adult babysitter caring for the alleged victim in the child's or sitter's home, etc.) or reports involving human trafficking when the alleged perpetrator is not the child's parent or legal guardian. The third significant type of child investigation involve alleged maltreatment in an institutional setting (e.g., school, child care, foster home, etc.) or by a person legally responsible for a child's welfare per Florida Statute.

Florida's child welfare practice model provides a set of common core constructs for determining when children are unsafe, assessing risk of subsequent harm and how to engage caregivers in achieving change. The Abuse Hotline initially gathers information related to the presence of Present Danger and the nature and extent of the alleged maltreatment. The child protective investigator validates the initial information received and obtains additional information to determine: (1) the presence of danger threats; (2) if a child is vulnerable to an identified threat; and (3) whether there is a non-maltreating parent or legal guardian in the household who has sufficient protective capacities to manage the identified danger threat in the home. The totality of this information and interaction of these components are the critical elements in determining whether a child is safe or unsafe. The investigator also completes a risk assessment for each In-home investigation in which the child is determined to be safe. All high or very high risk households are encouraged to work with Family Support programs to reduce the risk of future maltreatment.

The same core constructs guide actions to protect children (safety management) and support the enhancement of caregiver protective capacities during the provision of case management services. Additional information collection continues for the Family Functioning Assessment – Ongoing and Progress Updates to inform case planning and the identification of family conditions and behaviors that must change to ensure child safety, improve child well-being and obtain permanency.

The Florida Abuse Hotline

The single-entry point to child welfare services in Florida is the Florida Abuse Hotline. The centralized Florida Abuse Hotline located in Tallahassee operates twenty-four hours a day, seven days a week. Reports can be placed via the toll-free telephone number (1-800-96-ABUSE), including through telecommunication devices for the deaf and hard of hearing; by fax; and electronically via the Department's internet website.

Florida Abuse Hotline counselors assign response times (Immediate or 24-hour) to reports based upon the assessment that the child's immediate safety or well-being is threatened. In addition, Hotline staff provide child protective investigators important criminal and child welfare history prior to their arrival at the home to improve safety assessments and front-end decision-making.

Assessment, Screening, and Special Conditions

Florida recognizes that incidents with serious safety concerns should receive complete and comprehensive child protective investigations. However, some situations reported to the Department do not allege abuse, abandonment or neglect and are more appropriately addressed by the provision of resources or services outside of the child protection system.

For example, situations reported to the Florida Abuse Hotline that do not rise to the level of a protective investigation may be addressed as a “prevention referral.” This practice is designed to give the Department an opportunity to help communities identify and provide services for families to avoid formal entrance into the child welfare system. The Department tracks and monitors such prevention referrals, which are called “Parent in Need of Assistance.”

Criminal Background Checks in Florida

Upon receiving and accepting a report for an allegation of abuse, neglect, and/or abandonment, Hotline counselors generate a report in Florida Safe Family Network, which is then forwarded to Crime Intelligence staff to complete criminal history checks. The complete abuse/neglect report is then forwarded to the appropriate investigative office in the county where the child is physically located or, if the child is out of state, the location the child will reside upon returning to Florida.

Hotline Crime Intelligence staff complete criminal history checks for investigations to include subjects of the investigation for both child and adult abuse reports, other adult household members, and children in the household 12 years or older. Staff also complete criminal history checks for emergency and planned placements of children in Florida’s child welfare system.

The type of checks performed, and data sources accessed is based on the program requesting the information as well as the purpose of the request (subjects of the investigation or individuals being considered for placement of children). The Florida Abuse Hotline Crime Intelligence staff has access to the following criminal justice, juvenile delinquency, and court data sources and information:

- Florida Crime Information Center (FCIC) – Florida criminal history records and dispositions;
- National Crime Information Center (NCIC) –National criminal history records and dispositions;
- Hotfiles (FCIC/NCIC) – Person and status files such as: wanted person, missing person, sexual predator/offender, protection orders;
- Department of Juvenile Justice (JJIS) – Juvenile arrest history;
- Comprehensive Court Information System (CCIS) – Florida court case information;
- Department of Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database including current drivers’ history, license status, photos, signature;
- Department of Corrections (DOC) – current custody status, supervision, incarceration information;
- Justice Exchange Connection– Jail databases for current incarcerations, associated charges, and booking images.

When a CBC is considering a placement option for a child upon removal from his or her home, they must contact the Florida Abuse Hotline, Background Screening Unit, and request criminal history record information on potential caregivers.

For placement checks, fingerprint submissions must be obtained by the investigator or case manager within 10 days for all persons in the placement or potential placement home over the age of 18 years following the Hotline's query of the NCIC database.

By adding statutory language (Chapter 39) on criminal background screening for investigations and placement, the federal requirements are more clearly defined for screening for adoptive parents, relative and non-relative placements.

(2) Multidisciplinary teams and interagency, interstate, and intrastate protocols to enhance investigations; and improve legal preparation and representation

- Following initial Office of Child Welfare on-site visits, each Community-based Care provider completed a self-assessment of their Family Support and Safety Management service array. Data collected was used to provide a baseline with the specific focus on family support services for safe children and to gain a better understanding of the formal and informal safety management services currently being provided. Based on the preliminary results of the service array survey, the Department identified a need for additional Family Support Services throughout the State, including services provided to families who have been identified as at-risk for abuse or neglect through community referrals, assessments, or calls received by the Florida Abuse Hotline. Updated assessments are on-going.
- HB 281, effective July 1, 2018, requires the department to include incarcerated parents in the case planning process for their dependent children.
- HB 1435, Child Welfare, effective July 1, 2018, addresses a number of changes to improve the use and support of relative and nonrelative caregivers for children removed from their homes due to abuse or neglect. The Department is updating operating procedures to incorporate statutory changes regarding family finding requirements and exploring possible training packages for child welfare staff in relative search techniques to locate placements for children who are currently in foster care.
- HB 1435 additionally revises attendance and reporting requirements for children enrolled in early education or child care programs and requires a transition plan for a child from birth to school age who is leaving an early education or child care program.
- HB 1079, effective July 1, 2018, expands the definition of abuse and clarifies the definition of harm, giving the Department the ability to remove a newborn from the home when there is an open dependency case and allows the Department to take into consideration prospective harm when a caregiver has an extensive, abusive, and chronic use of a controlled substance or alcohol.
- HB 1079 additionally establishes a Guardianship Assistance Program (GAP), which is another option for relatives, next of kin, and fictive kin, to receive financial assistance for the dependent child(ren) placed in the custody of the relative or kin.
- Additionally, the Department collaborated with the Institute for Child Welfare and Action for Child Protection.

(3) Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

When child protective investigation indicates that parents or guardians are unable to protect their children (the child is “unsafe”), the Department provides a full spectrum of services aligned with a safety plan. In-home safety plan services are emphasized to keep children safe in their home whenever possible to do so. Florida’s child welfare practice emphasizes the least intrusive approach with the family while keeping the safety of the child as the paramount concern.

The Office of Child Welfare continued to implement operating procedure, CFOP 170-9, Family Assessment and Case Planning, which provides comprehensive statewide standards for family engagement during every stage of a child welfare case transferred to the CBC lead agency. The standards provide for the on-going assessment of caregiver protective capacities and child well-being indicators, whether the case involves in-home protective services or out-of-home care. The standards for family engagement include child and family assessment, identifying family change strategies and barriers to change, co-constructing case plans and collaborating in the on-going assessment of progress.

A significant portion of the Department’s safety management service array for families under in-home protective supervision is linked to the Promoting Safe and Stable Families program, as described in the Promoting Safe and Stable Families. Availability of each type of service depends on the local CBC service structure and system of care to address community needs and population differences.

Domestic Violence and Child Welfare Collaboration:

The Florida Coalition Against Domestic Violence (FCADV), the Domestic Violence Program Office, and the Office of Child Welfare hold frequent meetings. These meetings serve as collaboration and integration opportunities in support of ongoing initiatives.

Historically, the Department and FCADV have shared a strong working partnership aimed at integrating a seamless service delivery system when working with families experiencing domestic violence. The FCADV remains committed to assisting child welfare professionals through technical assistance, training, and legislative requests for funding opportunities that will continue to support this strong initiative for building the capacity for domestic violence advocates to be co-located within CPI and other community-based child welfare agencies. The “CPI Co-located Domestic Violence Advocate Project” was first started in 2008 with six pilot projects in Florida. The projects are a collaborative effort between FCADV, the Office of the Attorney General, the DCF, local Certified Domestic Violence Centers, Community-based Care agencies (CBCs), and criminal justice system partners that implement Leadership Teams to provide an optimal coordinated community response to families experiencing the co-occurrence of domestic violence and child abuse. FCADV’s CPI Project also establishes formal partnerships in which domestic violence advocates are co-located within CPI Units.

The domestic violence co-located advocates provide consultation to child protection staff, referral services to survivors, and attend meetings between all partnering stakeholders to develop strategies to resolve any barriers or issues that may arise. The goal of these projects is to bridge the gap between child welfare and domestic violence service providers to enhance family safety, create permanency for children, and hold perpetrators accountable for their actions.

Substance Abuse and Mental Health Integration Information:

Integration of Child Welfare and Behavioral Health is critical to the successful outcomes for children and families served by the Department. Parental substance use and/or mental

health conditions are evident in over 60% of the cases of child maltreatment and are represented at a higher percent for children in out of home care. For these parents, access to quality treatment and recovery support is essential. Children and youth, due to exposure to trauma and other factors, are at a high risk for behavioral health disorders as well. Over the last year, the Department has strengthened working relationships between child welfare and the substance abuse and mental health programs both at the headquarters and regional levels.

Children in these families are more vulnerable to instances of maltreatment, as diminished parental capacities may contribute to child safety concerns. To successfully support families with mental health and substance use disorders the system is realigning the current service provision model and move from a philosophy of “task-based case plan compliance” to an effective model of integrated treatment that supports behavioral change and improves parental capacity to safely care for their children. Failure to do so will continue to place children at risk of maltreatment and increased recidivism.

Human Trafficking Information:

On a national level, DCF has partnered with multiple states to share information developed, lessons learned, legislative language, and tools developed. DCF also partnered with other states to co-author the Guiding Principles for Agencies Serving Survivors of Human Trafficking, which provides a framework for any providers interested in serving this population. <https://www.acf.hhs.gov/otip/news/region4guidingprinciples>

DCF continues to host and provide technical assistance to states interested in its safe house model. Florida continues to participate in the Region IV, Administration for Children and Families Human Trafficking work group and continued work on the Shared Hope International Expert Panel, drafting policy recommendations for national application. Florida also participates in the Colorado Compendium, a national group of anti-trafficking experts from over 20 states, and serves a supportive role for the Region VI, ACF Human Trafficking work group.

Secretary Chad Poppell serves as the Vice Chair for the Florida Statewide Human Trafficking Council as well as chair of the Services and Resources Committee of the Statewide Council. The Council was created in 2014 and is led by the Florida Attorney General. The Council was created for the purpose of enhancing the development and coordination of state and local law enforcement and social services to combat human trafficking and to support victims. The Council provides recommendations through an annual report to the Legislature. The Services and Resources committee of the Statewide Human Trafficking Council is focused on the broad statewide continuum of care for youth and adult victims from prevention to placement and treatment, ending with transition and resiliency.

The DCF Statewide Human Trafficking Prevention Director maintains close collaborative working relationships with counterparts from the Attorney General’s Office, the Department of Juvenile Justice, the Department of Health, the Department of Education, and the Florida Department of Law Enforcement. Collectively these agencies are continuing to build and implement agency strategic plans in human trafficking prevention, intervention, data collection and a coordinated statewide response. The Department continued on-going trainings for a wide variety of state and private entities, as well as DCF’s child welfare staff. DCF Human Trafficking Unit staff also provides continual support to service providers providing CSEC-specific services, such as the safe houses, safe foster homes, and community-based service providers throughout the state. DCF also connects prospective providers with current providers for mentorship.

The Department maintained working relationships with local human trafficking task force leadership throughout the state and participates in all human trafficking task forces in Florida. Currently there are task forces operating in all 20 circuits; some cover entire judicial circuits, while others are county-level or regional task forces. These taskforces address local or regional needs around education and awareness, legislative response, continuum of care and response, as well as county/circuit plans to respond to cases of human trafficking. This allows for the DCF Human Trafficking Unit personnel to have a true statewide understanding of the unique regional needs, flavor and responses, as well as recognizing gaps in continuum of care.

The Department continues to monitor execution of statutory mandates originating in legislative language from the 2014 and 2017 state legislative sessions. In the fall of 2018, the Department's Human Trafficking Unit completed a quality assurance review of human trafficking cases to assess compliance with the statutory mandates created by House Bill 7141 (2014) and Senate Bill 852 (2017) and the subsequent policy changes to operating procedures resulting from the changes to statute. A list of recommendations for DCF staff statewide were provided as a result of this review.

DCF utilizes a collaborative approach to address several of the challenges and needs in human trafficking identification and response mechanisms. As shared in the prior APSR, DCF utilizes both a collaboratively developed Human Trafficking Screening Tool, a multidisciplinary team staffing tool, and a Level of Care Placement Tool to determine victimization and service needs to address the victimization. The Department also utilizes a monthly reporting tool to collect information on services provided and funding. The Department of Juvenile Justice utilizes the same Human Trafficking Screening Tool to identify potential trafficking victims within their system.

There is a recognition of the need to engage survivor leadership in the development of policies and procedures in the area of human trafficking response, as well as strategic direction of next steps. As such, a volunteer advisory group comprised of Florida survivor leadership provides feedback to DCF on a variety of issues as requested.

(4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.

Florida continues to assess and evaluate the functionality of tools and protocols related to its practice model. The Department has assessed fidelity to the practice model as well as the functionality of the tools available to front line child welfare workers. The Department has contracted with outside vendors to provide technical assistance and develop capacity for learning the child welfare practice model and to assist in ensuring implementation of the practice model with fidelity.

(5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.

The Florida Safe Families Network (FSFN) is the state's automated official case management record for all children and families receiving child welfare services, from screening for child abuse and neglect at the Florida Abuse Hotline through adoption. FSFN provides opportunities to identify child welfare outcomes and practices and ensure a complete record of each child's current and historical child welfare information.

The Department continued to collaborate with all stakeholders and contracted providers. Examples of collaboration include:

- System improvements and defining build content.

- Defining and validating functional requirements and designing system improvements.

Modernization of the Interstate Compact on the Placement of Children (ICPC)

The Interstate Compact on the Placement of Children (ICPC) ensures protection and services to children placed across state lines. The need for a compact to regulate the interstate movement of children was recognized over 40 years ago. Since then the Department has worked with the Association of

Administrators of the Interstate Compact on the Placement of Children (AAICPC) to address identified areas of concern within the Interstate Compact such as the time it takes to place children in the dependency system in safe homes across interstate lines.

The ICPC office collaborates with our partners, other states, and stakeholders. The use of lead ICPC liaisons within individual CBCs allows a single point of contact for both the CBC and the ICPC office, which streamlines communication and increases the efficiency of the ICPC process. The office collaborates with the regions through monthly conference calls, quarterly face-to-face meetings, through use of the National Electronic Interstate Compact Enterprise (NEICE), and through daily emails. Additionally, the Compact Administrator participates in the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) and currently services as the association's president. The Compact Administrator attends the annual AAICPC conference and serves on various committees within the organization, allowing for the establishment and maintenance of relationships with ICPC central office staff as well as local staff from other states. The Compact Administrator also attends conferences and presents at meetings with both private and public sector partners throughout the year.

The Compact Administrator works with CLS, case managers, and representatives from other states on difficult cases, and often facilitates conference calls between Florida workers and other states to ensure positive outcomes for children. Additionally, the Florida ICPC office provides presentations as needed to the Children's Legal Services attorneys, judiciary, Guardians Ad Litem, Attorneys Ad Litem, case managers, supervisors, licensed social workers, investigators and ICPC liaisons at Community-Based Care Lead Agencies. Furthermore, the Compact Administrator works closely with CLS and members of the judiciary, participating in meetings and presentations throughout the year.

Modernization of the ICPC processes is an ongoing technology effort. The ICPC processing system within the State of Florida began a conversion to electronic transmittal and web-based data transmission in the spring of 2008. The goal of the modernization project was to eliminate transmittal of paper ICPC files through the mail, reduce the number of persons who handle a file, and shorten the time spent in the approval process. The assignment of cases by state resulted in personal relationships being developed between Florida ICPC specialists and their counterparts in other states. Staff has also gained additional knowledge of the laws and regulations of their assigned states.

ICPC modernization initially converted the existing paper tracking system to a paperless file system known as the Interstate Compact System (ICS). Florida's ICS system then served as the basis for the National Electronic Interstate Compact Enterprise (NEICE), a national web-based program through which states can exchange ICPC cases and information. Florida served as one of the six pilot states for the NEICE system in 2014 and served as part of the technical advisory team on the project. The results of the pilot showed a significant decrease in processing time for ICPC cases and nationwide implementation began in June 2015. Nationwide implementation continues, with 29 states currently onboard.

(6) Developing, strengthening, and facilitating training.

Organizationally, the Department's training unit is situated within the Office of Child Welfare. The unit consists of one supervisor and four specialists. The supervisor is dedicated solely to training initiatives. One specialist is dedicated to curriculum design. The other specialist is dedicated training initiatives.

Programmatically, the training unit will be responsible for ensuring that all training and staff development activities are in direct support of Florida's practice model and Florida's goals for prevention, safety, permanency, and well-being. Specifically, the training unit will ensure the following:

- The seven professional child welfare practices are effectively taught and reinforced through curricula, performance expectations, structured field experiences, coaching and supervision.
- Training curricula and field experiences are safety focused, trauma-informed, and family centered.
- Child welfare trainers have ready access to quality training materials and resources and are adequately prepared, supported, and – eventually - certified.

Administratively, the training unit is responsible for the following:

- Tracking the training activities of the Department and community-based training providers to ensure they are supportive of the Child and Family Services Plan goals and objectives as well as the ongoing professional development of child welfare staff.
- Monitoring the expenditure of Title IV-E training dollars.
- Acting as liaison between the Office of Child Welfare and its Center for the Advancement of Child Welfare Practice (housed at the University of South Florida).

Various in-service training, work sessions, supervisory support and technical assistance needs were procured through contractual agreements with various vendors in an effort to support the continued growth and skills of Florida's child welfare professionals.

(7) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

The Child Protection Summit provides support and technical assistance to those on the front end of child welfare, offering an opportunity to attend sessions designed to improve and strengthen the knowledge base and specialties of front-line staff and their supervisors. In addition to the summit, the Department and Community-based Care lead agencies offer training to enhance the skill base of staff serving Florida's most vulnerable citizens.

Florida's Center for Child Welfare, "The Center," operating within the University of South Florida's College of Behavioral and Community Sciences, Department of Child and Family Studies, works in collaboration with the Department to ensure information contained on the site is timely, accurate, and useful to child welfare professionals and others. The Center is funded by the Department. Information and training resources are available 24 hours a day.

Vital to information sharing and education is the partnership between the Department and the University of South Florida's Center for Child Welfare (Center). The Center provides a plethora of information to front line staff, partners and stakeholders. Included on the Center's website are Florida Statutes, Administrative Rule, Florida Department of Children and Families Operating Procedures, training and educational opportunities. The Center's site

is mobile friendly and an invaluable resource to those staff who often need correct, timely information quickly.

Key areas include:

- A comprehensive resource library by subject area
- A comprehensive video training library
- Frequently asked questions
- Live web events and other web conferencing services on various subjects. Interactive web events such as training, meetings, workgroup events, etc.

The Center is also home to “Just in Time Training” (part of the Quality Parenting Initiative). This service responds to requests from foster parents for training topics and provides live and recorded training for foster parents, related caregivers and child welfare professionals.

(8) Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect.

Section 39.201(1)(a), Florida Statutes, states that “Mandatory reports of child abuse, abandonment or neglect” require that **any** person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child’s welfare **must report such knowledge or suspicion to the Florida Abuse Hotline**. Reports may be made by one of the following methods:

- Toll-free telephone: 800-96-ABUSE
- Toll-free Telephone Device for the Deaf (TDD): 800-453-5145
- Toll-free fax transmission: 800-914-0004
- Internet at <https://reportabuse.dcf.state.fl.us>

Members of the general public may report anonymously, if they choose. However, reporters in specific occupation categories are **required to provide their names** to the Abuse Hotline staff. The names must be entered into the record of the report but are kept confidential as required in Section. 39.201, Florida Statutes. Everyone is considered a mandatory reporter. The following describes training on the reporting of child abuse or neglect in Florida:

- **Child Care Staff.** The Child Care Services Program Office within the Department of Children and Families is statutorily responsible for the administration of child care licensing and child care training throughout Florida. Child care personnel must begin training with 90 days of employment in the child care industry. The introductory child care training is divided into two parts: The identification and reporting of child abuse and neglect; annual in-service training requirements include child abuse, working with children with disabilities, and community, healthy and social service resources.
- **Teachers.** The Florida Department of Education (FDOE) in partnership with the Florida Department of Children and Families (DCF), and the Florida Department of Health (DOH), Children’s Medical Services developed the Child Abuse Prevention Sourcebook for Florida School Personnel. The purpose of the sourcebook is to provide Florida teachers and other school district employees with information about their legal responsibilities as mandatory reporters of suspected child abuse and/or neglect, to assist them in recognizing indicators of abuse and neglect and to better prepare them to support students who have been maltreated. A one hour course is also available to educators. This course is available online and details the reporting process and outlines individual reporting requirements.

- **Public.** In the recent past curriculum was developed for a statewide public awareness campaign and educational initiative for the prevention of child abuse, through that awareness campaign there remains an active website, dontmissthesigns.org as well as related information provided through the Department's webpage, myflfamilies.com.

In compliance with the *Victims of Child Abuse Act Reauthorization Act of 2018*, Florida Statute 39.203(1)(a), F.S., expressly provides for immunity for liability for "any person, official, or institution participating in good faith in any act authorized or required by this chapter, or reporting in good faith any instance of child abuse, abandonment, or neglect to the department or any law enforcement agency shall be immune from any civil or criminal liability which might otherwise result by reason of such action."

(9) Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions.

The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) is authorized and required by Part C of the Individuals with Disabilities Education Act (IDEA) as amended by Public Law 105-17. The role of FICCIT is to assist public and private agencies in implementing a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to infants and toddlers with disabilities and risk conditions and their families. The Department of Health is the lead agency for this council, as well, but this represents one of the more critical partnerships for young children for the Department of Children and Families.

(10) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect

The Florida Abuse Hotline supports each circuit with training material concerning mandated reporter information upon request.

The Florida Abuse Hotline provides on-site community support and training around the guidelines and procedures for identifying suspected child maltreatment and reporting requirements. This training is provided throughout the state.

The Florida Abuse Hotline also facilitates tours of the facility and allows people to listen to "live" calls to experience the process as it happens. Staff from investigations, the Guardian ad Litem, court personnel and other professionals from around the state participate in these educational tours.

(11) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Florida Circle of Parents Network, a self-help parent support group program model, is managed by Prevent Child Abuse Florida affiliated with the Ounce of Prevention Fund of Florida, Inc. and is an additional contracted activity funded through the CBCAP grant. Florida's network is modeled after the evidence-based Circle of Parents® national program. It has expanded the number of support groups to 57 statewide, and currently provides technical assistance and training to the local groups. It is continuously working to expand and support groups statewide.

Program Activities

Florida Circle of Parents Network, in partnership with the Ounce of Prevention and the Department:

- Provides facilitation skills, support group dynamics and parent leadership training to all Florida network members;
- Offers technical assistance and parenting resources to local providers that conduct the Florida Circle of Parents meetings;
- Takes the opportunity to provide training to other state PCA chapters, such as their Circle of Parents Train-the Trainer Training (T-3);
- Is based on a framework of shared leadership, mutual respect, shared ownership and inclusiveness;
- Provides social support, reduces isolation, and builds self-esteem within parents;
- Does not charge for participation, is confidential and non-judgmental;
- Practices shared leadership among facilitators and parents in order for participants to both receive and provide help to others;
- Serves a diverse population which provides the opportunity to apply “field” setting experiences structured to include the diverse profile of families in collaborative planning, designing, and evaluating of prevention programs;
- Maintains information on the Florida Circle of Parents® support groups on the Ounce of Prevention Fund’s website www.ounce.org for parents to access dates, times and location of group meetings; and evaluate to what degree the support groups are meeting the objectives of the Circle of Parents program.

(12) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

The Department and its various educational partners, the Department of Education, local school boards, post-secondary institutions, foster parents and caregivers, continue to work together toward common goals for educating children, youth and young adults.

Collaboration among public and private agencies has increased significantly in recent years at the state and local levels.

At the state level, the Department has Memoranda of Understanding with the Departments of Juvenile Justice, Education, Health, and Law Enforcement that outline coordination efforts to include prevention.

An example of such collaboration efforts are frequent meetings with the Department of Health, Prevent Child Abuse Florida, Healthy Families Florida and The Governor’s Office of Adoption and Child Protection. As a result of these key agencies meeting on a regular basis, consistent and cooperative messaging of efforts is occurring.

Critical partnerships and key linkages within systems have proven successful within the state.

(13) Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs.

The Office of Adoption and Child Protection

The Office of Adoption and Child Protection was created, within the Executive Office of the Governor (The Office), to establish a comprehensive statewide approach for the promotion of adoption, support of adoptive families and prevention of child abuse, abandonment and neglect. The duties and responsibilities of the Office of Adoption and Child Protection are detailed in Section 39.001, Florida Statutes, entitled *Proceedings Relating to Children*.

The Office of Adoption and Child Protection (OACP) are the Governor's liaison with agencies, governments and the public on matters that related to the promotion of adoption, support of adoptive families, and child abuse prevention.

Partnering with the Office of Adoption and Child Protection assists the Department's efforts to raise the awareness levels of the public and to implement meaningful practice around prevention activities. The Office coordinates the state's Child Abuse Prevention and Permanency (CAPP) Plan in collaboration with the CAPP Advisory Council and 20 circuit taskforces to implement strategies and initiatives that address the state and local priorities in these areas. The central focus of the state plan is to build resilience in all of Florida's families and communities in order to equip them to better care for and nurture their children.

Local planning teams were convened in each of the twenty judicial circuits around the state. Aligned geographically with the judiciary and the Department's operational circuits, representation on these local planning teams is consistent with the make-up of the statewide Advisory Council.

(14) Developing and implementing procedures for collaboration among child protective services, domestic violence services and other agencies.

Children who are exposed to domestic violence in the home are also victims. The highest reported child maltreatment categories in Florida each year alternate between domestic violence and substance abuse.

The DCF Domestic Violence Program serves as FCADV's primary partner to end domestic violence in Florida. To that end, the DCF Domestic Violence Program's primary responsibilities include oversight of funding, initial certification of newly formed domestic violence centers, and annual renewal of certifications for existing centers. As a result of the implementation of the Statewide Child Protection Investigation (CPI) Project, DCF and FCADV continue to work collaboratively to revise policy and training programs to address the complexities associated with the needs of families involved in the child welfare system that are experiencing domestic violence.

State's continued efforts to support the needs of infants born and identified as being affected by substance misuse.

As a result of changes in federal legislation and the guidance learned from a review of sample cases involving substance exposed newborns, the Departments Child Maltreatment Index (CFOP 170-4) was updated on December 23, 2016 as follows:

- Added a maltreatment specific to substance-exposed newborns.
- Enhanced the definition of substance-exposed newborn to more clearly articulate when parental substance abuse poses a threat of harm to young children.
- Provided additional guidance in Factors to Consider for the maltreatment.

Florida Safe Families Network (FSFN) functionality for the additional maltreatment for substance-exposed newborn was updated to ensure alignment with the current maltreatment index.

Also updated was CFOP 170-5, Chapter 11, Substance Abuse Consultations. For the purposes of child protection assessment and interventions, it is important to accurately identify substance abuse disorders in order to determine child safety and inform parents of the comprehensive array of services available to achieve or maintain recovery. Out-of-control conditions in substance abusing families can be particularly challenging for investigators to assess because family and individual dynamics, such as denial and co-dependency issues, minimize if not outright deny that alcohol or substance misuse are problematic or are active in the family. These aspects associated with the dynamics of addiction emphasize the need for the investigator to consult with substance abuse professionals in order to assist in an accurate assessment and identification of any substance misuse or dependency problem.

CFOP 170-8, Chapters 1, 2, and 3 were written in consultation with field staff to address the needs of infants and their families that have been affected by substance use. The updated chapters ensure clear, concise guidance and policy when dealing with the needs of infants and families affected by substance use.

CFOPs were updated to incorporate and address the requirements of the Comprehensive Addiction and Recovery Act (CARA). These CFOPs outline the action steps and engagement efforts needed to serve families affected by substance use. Components of the Plans of Safe Care will be addressed and incorporated into assessments and work products addressing the infant's, mother's and family's needs.

The Department was selected to attend the 2017 Policy Academy: Improving outcomes for pregnant and postpartum women with opioid use disorders and their infants, families and caregivers. Work with the policy academy was extremely beneficial, the work brought statewide partners together and produced valuable movement in Florida's efforts to meet the needs of this complex population.

The Department identified a statewide leadership group to coordinate the multiple systems involved in the care of these infants and their families. Through this group ongoing policy review and revisions are occurring.

Included on the statewide leadership group are the Department of Children and Families' Offices of Child Welfare and Substance Abuse and Mental Health, Department of Health, Agency for Health Care Administration, Healthy Families, Healthy Start, Florida's Maternal, Infant and Early Childhood Home Visiting (MIECHV), Florida Hospital Association, Early Steps, behavioral health care providers and associations, and the University of Florida.

As part of these leadership contacts, ways in which partner agencies can leverage internal policies and messaging are being maximized. The pathway and processes for notifications and response continue to be explored. As needs in practice or needed revisions in policy come to light, this information is shared and problem-solved. Florida's statewide work has incorporated the pre-pregnancy, pre-natal, and neonatal periods and the needs of the mother, infant, and family.

The Florida Abuse Hotline will remain the common intake point for notifications, a record of those notifications either "screened in" or "screened out" is available. Those notifications to the hotline which were "screened out" will be addressed through partner agencies, including but not limited to, Healthy Start, Healthy Families, MEICHV programs or through the caregiver's own doctor or medical provider. Those screened in may be provided needed services through family support services or through case management.

The Office of Child Welfare continues dissemination of a quarterly tip sheet, *Trends in Investigative Practice*. The tip sheet is intended to provide information to front line staff on the most recent developments in the field of child protection while addressing issues facing

staff and the families that are served. Prior tip sheets have addressed maternal opioid drug use and neonatal abstinence syndrome.

Trainings to address Plans of Safe Care continue throughout the state. The University of South Florida, Center for Child Welfare is a repository for information related to Plans of Safe Care.

Maternal and Child Health (MCH)

With funding from the MCH block grant, the MCH Section within the Department of Health (DOH) has contracted with the Florida Perinatal Quality Collaborative (FPQC), at the University of South Florida, to develop and implement a Neonatal Abstinence Syndrome (NAS) quality improvement initiative. Despite awareness of a rising NAS incidence, there is a scarcity of evidence-based management for NAS, lack of improvement in length of inpatient stay, and a rise in health care costs, which highlight the considerable variations in its management by pediatricians and neonatologist. The goal of the initiative is to standardize assessment and treatment of NAS to reduce the length of hospital stay and ultimately the cost to care for these infants.

The MCH Program is also contracting with the FPQC to implement a Postpartum Long-Acting Reversible Contraceptives (LARC) quality improvement initiative. The purpose of the initiative is to work collaboratively with maternal health care providers and hospitals to develop and implement policies to improve the use of LARC methods at delivery among postpartum women to reduce the number of unintended pregnancies. Recent evidence has shown that providing LARC methods during the immediate postpartum period is safe and is supported by clinical evidence and guidelines. Unintended pregnancies can result in delayed initiation of prenatal care and poor pregnancy outcomes for mother and baby. LARCs include copper or hormonal intrauterine devices (IUDs), and the progestin arm implant; they are safe and highly effective in preventing unintended pregnancies and can be given to women immediately after delivery. The American Academy of Pediatrics (AAP) and the American Congress of Obstetricians and Gynecologists (ACOG) both recommend that mothers have a postpartum care visit within at least four to six weeks after delivery. The postpartum care visit is important because it provides an opportunity to assess the well-being of the mother, both physical and psychosocial, as well as discuss desires and methods of family planning. Women who do not receive prenatal care or who currently use, or have a history of substance abuse, may not attend their postpartum check-up or receive family planning counseling.

FPQC in partnership with other agencies has developed a NAS toolkit. The Florida Neonatal Abstinence Syndrome (NAS) tool kit is intended to provide guidance to hospitals and neonatal providers in the development of individualized policies and protocols related to NAS. It is a collection of resources that may be adapted by local institutions in order to develop standardized protocols for NAS.

The MCH Program, the Maternal, Infant and Early Childhood Home Visiting program, Healthy Families Florida and the Florida Association of Healthy Start Coalitions (FAHSC) piloted a coordinated intake and referral (CI&R) system in ten coalition catchment areas. Florida's unique network of community-based home visiting programs is providing a foundation for the development of local systems of care with a goal of linking at-risk families with services that best meet their preferences and needs.

The CI&R system is leveraging the Department's established universal prenatal and infant screening process to facilitate access to an array of home visiting programs that focus on maternal and child health, prevention of abuse and neglect, and school readiness. The universal screening process began in 1992 and is primarily used to identify pregnant women

and infants at risk and are referred for services through the Department's state Healthy Start program.

To expand from lessons learned during the pilot, the Department of Health has contracted with the 32 coalitions to establish a CI&R system in every county in Florida. The goal is for all referrals for pregnant women, infants and young children to go to one place, the local CI&R team to minimize duplication of services and for families to have choice. The team will contact the person referred, obtain information, determine which maternal-child programs she is eligible for and assist her in selecting a program of her choice to participate. Substance using pregnant women and exposed newborns are priority populations for auto inclusion in the state Healthy Start program and most medical providers and hospitals automatically refer for services. Healthy Start offers education, support and encourages women to obtain treatment and refers to partner organizations with specialized programs and services to meet the needs of this population. Some Healthy Start coalitions allocate funds specifically for substance abuse treatment and counseling for pregnant women and new mothers and have multi-disciplinary engagement specialist in the community.

DOH is partnering with the Department of Children and Families (DCF), to focus on behavioral health disorders, including mental illness and substance use as a priority of the State Health Improvement Plan. Goals include decreasing the number of infants born with NAS and to reduce the number of opioid overdose deaths among individuals with opioid use disorders. Strategies to reach these goals include increasing the number of pregnant women in treatment for opioid disorder and increasing access to naloxone kits to first responders, including law enforcement, and emergency room personnel.

Florida Birth Defects Registry (FBDR)

Recognizing the public health importance of the increasing trend in the prevalence of opioid prescription drug abuse and increasing incidence of NAS, the Florida Department of Health (DOH) added NAS to the List of Reportable Diseases/Conditions on June 4, 2014.

The Florida Birth Defects Registry (FBDR), is currently conducting enhanced surveillance of NAS, which in addition to multi-source passive case finding efforts, incorporates trained abstractor review of maternal and infant hospital medical records in order to capture all relevant clinical information to classify potential NAS cases, determine specific agents to which mother/infant were exposed, and to obtain a more complete understanding of this public health issue.

Despite limitations, the use of FBDR and other existing surveillance systems allows community leaders to obtain a more complete understanding of this important public health issue, respond to local concerns and provides insight into the epidemic of prescription drug abuse and its effects on babies.

The complexity of this issue is daunting, actions must be strategic in order to have maximum impact and address this enormous issue in a thoughtful, well planned manner. While there is still a great deal of work to be done, Florida has navigated a large state with many moving parts to bring decision makers and front-line personnel to the table with many innovative and exciting ideas. The issue of substance misuse and its impact on Florida's families is a foremost priority and it is our hope through continued diligent efforts to address plans of safe care that positive momentum is achieved leading to safe infants and healthy families.

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CHAPTER 7. TARGETED PLANS

Foster and Adoptive Parent Diligent Recruitment, Licensing, and Retention Plan.

The Department re-instated the placement array workgroup on March 6, 2019 in collaboration with Community-based Care lead agencies, Casey Program, Capacity Building for States, Children's Home Network, and DCF. The workgroup has incorporated the Children's Service Array Capacity and Gap Analysis report <https://ficw.fsu.edu/sites/g/files/upcbnu1106/files/pdf-files/Florida%20Children%27s%20Service%20Array%20Capacity%20and%20Gap%20Analysis%20Report%20Final%201.29.18.pdf> to assist in the support for caregivers by utilizing the 24 evidence-based or promising resources that will serve at least 15 different groups of children in the child welfare system and their placement needs. To achieve the goals of the joint strategic initiative on an adequate array of placement resources, the workgroup created four subgroups. Each of the four subgroups will focus on specific deliverables and continue to provide updates at the monthly placement array meetings.

Subgroup 1: The Recruitment, Support, and Retention of foster homes

Subgroup 2: Overlay of Service Array and Placement Continuum

Subgroup 3: Foster Home Estimator Tool

Subgroup 4: Assessments (Child/Placement Match)

Characteristics of children for whom foster and adoptive homes are needed:

More than 4,000 children were adopted from foster care during last year, with approximately 50% being adopted by relative caregivers, 26% by foster parents, and 24% by recruited families. Currently, and at any given point in time during the last several years, 800 children available for adoption require recruitment efforts. Florida Safe Families Network data March 31, 2019 document that the following demographics describe the available children who require recruitment efforts:

- Race: 46 % are African American, 45% are Caucasian and 8% are a mix of other races
- Gender: 61% are male and 39% are female
- Age: 7% are 0-8 years of age; 22% are 9-13 years of age and 71% are 13-17 years of age.
- Sibling groups being adopted together: 45-50 sibling groups are available at any given point with 90% of them being sibling groups of two
- Length of Time since TPR:
 - 17% have been in care less than 12 months since TPR
 - 25% have been in care between 12-24 months since TPR;
 - 19% have been in care between 24-36 months since TPR;
 - 39% have been in care more than 36.

Embrace Families was awarded a \$8.610,000 grant for Strong Families to focus reducing the number of teens re-entering care, family finders, and strengthen frontline supervisors. Embrace is developing an implementation plan for approval by the Children's Bureau which will also include a possible strategy for conditions of return. The Department will be collaborating with Embrace on their journey of successful delivery of services.

The Department continued to collaborate with One to One Child of Florida and has as new partnership with Family's First and All Pro Dads in the efforts to provide general information and recruitment efforts to Florida Foster and Adoptive community within Florida's child welfare community. Florida has 12 CBC's currently participating in Permanency Roundtables (PRT). CBC's are also incorporating Youth Centered Youth Center Roundtables (YRT) into their system of care. Youth Centered Roundtables builds on the PRT model that helps establish

permanent connections for foster children but allows the children to be included in the process. Youth Centered Roundtable training was held on November 7, 2018 to assist agencies who are interested in incorporating YRT in their service area. Representatives from Family Support Services of North Florida, Family First Network, Kids Central, Eckerd Connects, Pasco and Pinellas, Heartland, and Brevard Family Services were among the agencies present at this training.

The Department's Communication Office worked closely with foster/adoptive families and child welfare staff throughout the state to support recruitment efforts and to conduct public awareness events. This included prevention events, legislative session activities, and partnerships with community-based care organizations.

The Department updated operating procedure 170-1 Chapter 14 which went into effect 11/1/18 to reflect efforts in locating kinship caregivers and completing diligent efforts. In addition, a webinar was provided to give guidance surrounding the new operating procedures, and available on the Center for Child Welfares website. The Department submitted a Legislative Budget Request (LBR) for general revenue funding to train the state on a Family Finding model and approach, however, funding was not approved.

The Department's dashboard contains recruitment statistics related to child welfare measures, federal measures, and trends.

<https://www.dcf.state.fl.us/programs/childwelfare/dashboard/>

On January 24, 2019 the Department facilitated a face to face statewide regional meeting that included OCW and DCF Regional Licensing Staff. The meeting included a discussion of cultural competency related to recruitment and retention. Regional staff shared current recruitment and retention strategies specific to their area and shared methods in which they meet the cultural needs specific to their region. Recruitment brochures developed in Creole and Spanish to reach Spanish/Creole speaking communities were shared.

Each region meets with their CBC licensing teams on a monthly or quarterly basis to discuss best practices on recruitment and retention. DCF does not have a standardized methodology that determines a foster home recruitment goal. Select CBCs have developed their own individual methodology. The Casey foster home estimator tool was piloted with a select set of CBCs, however, upon utilization it was determined that the tool itself was not defined, causing each CBC to enter data based on their own determination. This use of this tool has been delayed while the Placement Array Workgroup adjusts the tool. The intent of the tool is to capture the population most needed for recruiting foster parents of the children who need to be served including children with special needs, human trafficking history, behavioral concerns, in addition to placement needs for siblings and older youth. Additionally, the CBCs conducted "cold calls" with families who did not become licensed and learned that the biggest drop of commitment was between orientation and the first class for educational supports (pre-service). The placement array workgroup is also focusing on recruitment efforts to include identifying appropriate tools to track the recruitment process of families from initial inquiry.

Rule 65C-28.004, Florida Administrative Code, on Placement Matching is used to assist the CBC in determining the most appropriate level of care (relative, non-relative, foster care, group home care) for each child entering out of home care. The data collected confirms if the assessment guides the appropriate level of care and can assist the CBC in determining if additional foster homes are a need in the CBC's catchment area. This information is used in the CBC's recruitment methodology as needed.

Completed Year Four work plan for the Federal Intelligent Recruitment Project (FIRP). Project team members:

- Built organizational capacity within individual CBCs to assure appropriate staffing as outlined by the project.
- Implemented customized marketing plans developed through a stratified marketing and recruitment approach based on data gathered from the in-depth strategic questionnaire for each of the FIRP service areas.
- Focused work on the revision of data collection tools, foster parent surveys, year four work plan tasks, marketing materials, sustainability plan, dissemination plan, and coordination of FIRP integration with QPI. The partners continued to refine expectations, measure progress, and improve communication within the project team. Deliverables included, updated marketing plans, Dissemination Plan, Inquiry and Recruitment Tracking Log, a refined Sustainability Plan, customer service toolkit and curriculum, and Work Plan Status and Updates.
- Completed technical assistance from National Resource Center for Diligent Recruitment to develop a customer service model. The FIRP team has developed a customer service toolkit for the partners to implement.
- Coordinated and participated in the Federal Project Officer's site visit to assess the progress Florida has made in the Intelligent Recruitment Project. Analyzed the use of concurrent case planning in comparison to federal expectations as part of the FIRP project. This activity resulted in recommendations regarding policy changes to the Department.
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- Completed the piloting of the Quality Standards Assessment tool. The next phase is to develop a plan for statewide implementation. The Department believes that the implementation of the Quality Standard for Residential Group Homes will result in significant improvements in the provision of quality residential group care.

The piloting of the Quality Standards Assessment tool was completed. The next phase is to develop a plan for statewide implementation. The Department believes that the implementation of the Quality Standard for Residential Group Homes will result in significant improvements in the provision of quality residential group care.

A few examples of successful recruitment efforts in certain catchment areas are:

- Referral bonus for existing foster parents,
- FIRP,
- Media coverage,
- Live Facebook events/ social media,
- Engagement with faith-based community, and
- Wendy's recruitment program.

CBC's have also taken the initiative to partner with organizations to assist in recruitment efforts such as All Pro Dad and Trust-Based Relational Intervention (TBRI) developed by Texas Christian University.

There is always a need to recruit homes for the teen population which led to the collaboration with the Children's Alliance. The Children's Alliance helped to develop methods for teen recruitment as well as working with Clarity and Synergy who focus efforts in recruiting foster homes for teens. A pilot program launched that provides core "teen"

training for families interested in fostering teens. This pilot has been launched in other states such as Tennessee, Pennsylvania, and Cherokee Nation in North Carolina. Additional collaboration includes partnering with agencies that serve the LGBT and Human trafficking population.

Other recruitment tactics included hiring foster parents to answer foster parent inquiry calls, outsource/contract recruiters, and the development of a zip code heat map. The heat map outlines removals to allow the CBC to identify targeted recruitment communities.

Quality Parenting Initiative

The Quality Parenting Initiative (QPI) is one of Florida's approaches to strengthening foster care, including kinship care. It is a process designed to help sites develop new strategies and practices, rather than imposing upon them a predetermined set of "best practices."

- QPI meetings were held or scheduled with respective regions to discuss recruitment and retention efforts with local community-based agencies and stakeholders. Regional QPI Champions were reinstated to include a representative from each region of the state. QPI champions attend statewide calls and regional meetings as scheduled along with providing support to their respective regions. Regional QPI meetings have resumed with the most recent meetings held on the following dates: 2/28/19, 3/6/19, and one upcoming on 4/3/19.
- The Quality Parenting Initiative (QPI) team conducted statewide calls each quarter. These calls included DCF Regional staff, providers, child welfare professionals, and foster parents. Topics discussed were related to recruitment and retention of foster families, a youth's perspective, and system of care partnerships.
- Discussions were held regarding the current and future status of the pilot along with reported trends. The assessment tool was revised in September 2018 along with amendments to CFOP 170-5 Ch.28 and 170-11 Ch.9 to outline the protocol investigations involving foster parents. Training will be conducted April 1, 2019 to onboard additional circuits in Central and Suncoast regions. Additionally, attendees from Southern and Northeast region will be in attendance and will onboard their regions at a future date. The Foster Parent Investigation Pilot added two new regions piloting the assessment tool.
- QPI, in collaboration with DCF, launched their first mini-series webcast titled, "The Partnership Plan & Quality Parenting: Values that Support Excellent Parenting and Help Children Thrive." The foundation of the series is the Partnership Plan and addresses various topics related quality parenting and parent engagement in the child welfare system. The series continues until July 2019, providing valuable QPI material.
- QPI published trainings, via the web, emphasizing the importance of maintaining a child's connection. These webinars are located at <http://www.qpiflorida.org/videoTopic.html> under the subtopic, Transitions and Working with Birth Families.
- The QPI team conducted statewide calls each quarter with the most recent call held on 3/19/19. These calls include attendees such as DCF Regional staff, providers, child welfare professionals and foster parents. QPI continues to rotate statewide meetings across the state that are open to all CBC and DCF. QPI facilitated a workgroup at the 2018 Dependency Summit. QPI published trainings, via the web, emphasizing the importance of maintaining a child's connection. These webinars are located at <http://www.qpiflorida.org/videoTopic.html> under the subtopic, Transitions and Working with Birth Families. The foster home assessment tool was revised in September 2018 along with amendments to CFOP 170-5 Ch.28 and 170-11 Ch.9 to

outline the protocol investigations involving foster parents. Training was conducted April 1, 2019 to onboard additional circuits in Central and Suncoast regions. Representatives from Southern and Northeast regions also attended and will onboard their regions at a future date.

- All but two (2) of Florida's CBCs were actively participating in the Quality Parenting Initiative which involves ongoing technical assistance, as well as special initiatives. The Department partnered with QPI and CBCs on several initiatives, including:
 - Streamlining licensing requirements;
 - Coordinating with CBCs to improve recruitment & retention of foster homes for teens, and children with special needs;
 - Continuing to strengthen partnership with caregivers, child welfare agencies, and the judiciary;
 - Improving foster parent retention by QPI staff work with CBCs to build relationship with the Judiciary around the state;
 - Collaborating with QPI staff to improve the process for foster parent investigations;
 - Strengthening information sharing with caregivers, child welfare agencies. For example, training on caregiver's right to be heard at court hearings;
 - Facilitating co-parenting;
- Devereux CBC Caregiver Support Program added the position of QPI and licensing specialist to increase the system of care engagement with QPI. Devereux CBC has been an active participant in the Quality Parenting Initiative and sponsors local meetings with foster parents, community partners, and case managers.

Adoptive Parent Training, Communication, and Organizations

The Department hosts a statewide training opportunity for adoptive parents once a year. The 2019 statewide training was held in St. Petersburg on May 18, 2019. Nationally recognized adoption experts such as Loryn Smith, Pat O'Brien, and Dr. Wayne Dean conducted the training sessions. Each training contains a general information and question and answer session, conducted by the state's Adoption Policy Specialist.

The Department continued to collaborate with the Florida Association of Heart Galleries to provide general awareness as to the needs of the foster parents, respite, mentors, volunteers and adoptive families.

Wendy's Wonderful Kids (WWK), funded by the Dave Thomas Foundation for Adoption, has 15 adoptive home recruiters working with 10 CBCs in Florida. Florida has requested for 2019-2020 fiscal year, legislative funds to expand the partnership with WWK and add an additional 15 recruiters statewide to various CBCs.

The Florida State Foster Adoptive Parent Association (www.floridafapa.org), a key partner in recruitment activities, conducted quarterly training sessions, hosted an annual training conference, and attended Children's Week activities during Florida's annual legislative session. Partnership with the association provides opportunities for feedback from current caregivers for recruitment and retention efforts. The association provided examples of "real life" examples of foster care/adoption experiences to share with the media and others for recruitment purposes. The association has partnered with the National Foster Parent Association to provide a joint training and conference here in Florida. This joint training and conference will take place in Daytona Beach from June 20 to June 23, 2019.

The Department uses information from Florida's statewide website to update the information about Florida's children on the national website, adoption.com. The information includes photo, age, and web memo narrative for each child/sibling.

The Department's Adoption Specialist has conducted monitoring of the children who are available without an identified family, according to FSFN, and are not on the statewide website. This effort has risen the awareness the Explore Adoption Website and in the quality of the information provided.

The Department collaborated with One Church One Child in efforts to recruit adoptive families for foster children by engaging local churches across Florida. The focus of One Church One Child is to continually reach out to the African American community. African American children represent about half (40 – 50%) of the available children awaiting adoption. In addition, One Church One Child provides education and outreach about the adoption process in the church community. This outreach is primarily to provide public awareness, support children in need of a permanent family, support foster/adoptive families, and keep the community involved and engaged. It is difficult to quantify the number of adults who become mentors, foster or adoptive parents, or supportive adults to someone in their church due to the time spans between outreach, response, and training.

Rapid Permanency Reviews

In conjunction with Casey Family Program, the Department has incorporated Rapid Permanency Reviews (RPRs) in various areas throughout the state. Rapid Permanency Reviews are designed to address the functioning of the child welfare system (executive, legislative and judicial branches) to achieve system transformation and timely permanency. Five Community-based Care lead agencies have incorporated the RPR model in their business process.

Training Plan

This overview summarizes training data submitted by all Community-Based Care lead agencies, Sheriff's Office grantees, Children's Legal Services and the Department of Children and Families for the period of January 1, 2018 to December 31, 2018 through Quarterly Training Reports. During this period, the Florida Department of Children and Families and its partner agencies offered approximately 9,524 training activities or events to 104,331 attendees. This includes 401 Core and Specialty track Pre-Service trainings.

The population of trainees was comprised of foster and adoptive parents; child protective investigators; foster care and adoption case managers; licensing and independent living specialists, children's legal services staff, services providers and other staff of state or local agencies administering the Title IV-E State Plan. The tables below show In-Service data broken down by audience, course type and training settings. Totals vary across tables because of missing data.

Table 1 shows the numbers of individuals who received In-Service training by stakeholder groups. As in the past, the case management group was the largest consumer of trainings offered, followed by child protective investigations. The raw number for case management decreased from 92,281 to 76,129. Child Protective Investigations increased from 8,893 to 13,543. The proportion of the foster and adoptive parents as a share of all the attendees increased from 6.7 to 8 percent. It is important to note that the case management group includes several categories of trainees.

Table 1: Description of FY 2018 Audience

| Audience Group | Number of Participants | Percentage |
|---------------------------------|------------------------|------------|
| Case Management | 76129 | 76.84% |
| Child Legal Services | 3090 | 3.08% |
| Child Protective Investigations | 13543 | 13.49% |
| Foster and Adoptive Parents | 7619 | 7.59% |
| Grand Total | 100,381 | 100.00% |

Table 2 shows the distribution of trainees by Title IV-E function category. In this reporting period, the functions with the most participation were, in order of importance, (1) social work practice; (2) trainings that were not covered with Title IV-E funds at the 75% FFP rate; (3) child abuse and neglect issues; (4) communication skills; (5) foster and adoptive parents Training; (6) Permanency Planning; (7) Mental Health; (8) assessment; (9) SACWIS; and (10) Ethics Trainings.

Table 2: Trainee Participation by Title IV-E Function

| Title IV-E Admin Function Category | Number of Participants | | Percentage |
|------------------------------------|------------------------|--|------------|
| AFCARS System | 142 | | 0.141% |
| Assessment | 4650 | | 4.632% |
| Child Abuse and Neglect Issues | 10046 | | 10.008% |
| Child Development | 1812 | | 1.805% |
| Communication Skills | 8516 | | 8.484% |
| Cultural Competency | 1605 | | 1.599% |

| | | | |
|--------------------------------------|----------------|--|-------------|
| Domestic Violence | 2027 | | 2.019% |
| Effects of Separation | 461 | | 0.459% |
| Ethics Training | 2440 | | 2.431% |
| Foster and Adoptive Parents Training | 7037 | | 7.010% |
| Foster Parent Training | 714 | | 0.711% |
| Human Trafficking | 7 | | 0.007% |
| Independent Living | 363 | | 0.362% |
| Mental Health | 4866 | | 4.848% |
| Not 75% Eligible Training | 13459 | | 13.408% |
| Permanency Planning | 5440 | | 5.419% |
| Preserving Families | 1164 | | 1.160% |
| Referrals to Services | 1093 | | 1.089% |
| SACWIS | 3424 | | 3.411% |
| Social Work Practice | 21700 | | 21.618% |
| Substance Abuse | 2039 | | 2.031% |
| Title IV-E Policies | 354 | | 0.353% |
| Visitation/Family Time | 330 | | 0.329% |
| Undetermined | 6,692 | | 6.667% |
| Grand Total | 100,381 | | 100% |

Table 3 shows the distribution of In-Service training events by audience group. For this reporting period, case management had the highest number of trainings, followed by Child protective investigations and Foster and Adoptive Parents-related training events.

Table 3. Training Events Offered by Audience Groups

| Audience Groups | Number of Trainings | Percentage |
|---------------------------------|---------------------|------------|
| Case Management | 7921 | 86.82% |
| Child Legal Services | 89 | 0.98% |
| Child Protective Investigations | 804 | 8.81% |
| Foster and Adoptive Parents | 309 | 3.39% |
| Grand Total | 9123 | 100.00% |

Overall, these training data show lower numbers of training events and trainee participation compared to previous report. However, patterns in attendance of trainee groups show that Foster and Adoptive Parents have a higher share of events. There are notable changes in the participation of trainees by type of training subject. In addition, the Department continues to believe that the quality of the data collected has improved due to changes made to the Quarterly Training Report template. The Office of Child Welfare has been meeting with training managers, both in person and through conference calls to discuss emerging quality improvement challenges.

Florida's Child Welfare Disaster Plan

As required, Florida's Child Welfare Disaster Plan is a discrete plan within Florida's Child and Family Services Plan (CFSP) 2015-2019. The link for the CFSP and full Child Welfare Disaster Plan on Florida's Center for Child Welfare is:

<http://www.centerforchildwelfare.org/DisasterPlanning/DisasterPlanningHome.shtml>

Update

Florida experienced a major hurricane during 2018/2019 that required activation of the disaster plan for preparations, evacuation and sustained post-hurricane recovery efforts.

Hurricane Michael, October 10, 2018 made landfall near Mexico Beach, Florida, in the Florida Panhandle. Hurricane Michael was the strongest hurricane to ever hit the Florida Panhandle and the second known category 5 landfall on the northern Gulf Coast. Many of the Department's child protection investigators and 40 of 47 case managers employed in the area either lost their homes or had extensive damage. There was also significant damage to many of the Department and provider buildings in the affected area.

Post Hurricane Michael: As of the end of May 2019, seven months after Michael struck, the Department was still providing various levels of support to the counties impacted.

Department leadership reflected on the lessons learned from this catastrophic event:

1. The cycles of grief for staff are visible and sustained. The trauma experienced by staff needs to be a consideration as they return to work.
 - The Department's Employee Assistance Program (EAP) has been needed across all programs, multiple times, in varying levels. EAP is an especially important resource as many local mental health and substance abuse programs lost facilities and continue to experience staff shortages. A range of EAP options are important to ensure access, face-to-face, phone, pamphlets, and multiple times.
 - Initial assistance on-site for staff with needs immediately after the hurricane.
 - Mid-way as staff were able to return to office and began seeing peers for the first time and sharing their losses.
 - Long-term for staff who need more than just a one-time session or phone call. The Panama City office is bringing a full-time mental health clinician on site for employees from the end of May to mid-July.
 - The Department allowed the child welfare team to come back to work but not necessarily do their normal work. A week after the hurricane, all team members were requested to come to the office if able. This allowed the Department to assess at what level team members were and if they were mentally able to do investigative work. Many were not; some had to be told that they did not appear ready. The Department operated as if the investigative staff may not return and built outside resources to support day-to-day workforce needs. Temporary (OPS) employees were utilized for a variety of needs outside of their normal work duties to continue to receive a paycheck.

- Workforce reinforcements during post-hurricane recovery:
 - The hardest hit areas received staff from other locations to assist with child protection investigations, case management, and other child welfare responsibilities.
 - Regional and Office of Child Welfare assistance was immediate for investigations. Teams were created immediately and worked to bring in vehicles, supplies for employees, respond to immediate investigation needs, placed orders for work supply needs, and had deliveries made outside of the disaster area. A team member drove supplies in as delivery via normal means was not feasible.
 - One major activity done by the Assessment Response Team in Northwest was a review and triage of all investigations. This allowed for assignment of investigation based on individual family needs/dynamics. Statewide assistance was within two weeks. The assistance provided at the statewide level ranged from offsite reviews to a team of more than 30 individuals taking on the open investigations. This was the crux of keeping the investigation workload afloat and ensuring our families were served with quality.
 - Case management utilized Office of Child Welfare, investigations, and case management teams from across the state to conduct initial checks on all families. This was a critically important first step.
 - Due to the severity of the damage, some staff have relocated. Other staff have taken positions in construction due to competitive pay. Creative solutions and resources are needed to recruit employees to an area where there are no places to live.

The Department's General Services Unit responsible for the Department's Disaster Plan is reviewing the lessons learned from Michael and will determine how the information can be incorporated into various briefings and trainings as the 2019 hurricane season approaches. After review and reflection of how effective the disaster plan worked when operationalized and updated, all information from Chapter IX, Florida's Child Welfare Disaster Plan, CFSP 2015-2019 remains relevant.

Health Care Oversight and Coordination Plan

The Agency for Health Care Administration (AHCA) is responsible for the administration of Florida's Medicaid program. Florida provides a Statewide Medicaid Managed Care program that is responsible for both physical and behavioral health care for Medicaid recipients. Sunshine Health Child Welfare Plan (Sunshine Plan) was created by AHCA in collaboration with the Department to provide specialized health care and behavioral health services to children and youth in the child welfare system. To be eligible for enrollment in the child welfare specialty plan a child must be served by the child welfare system as documented by an open child-welfare case or post-adoption case in Florida Safe Families Network (FSFN), including young adults who choose to remain in extended foster care up to the age of twenty-six years. All children in out-of-home care, including children placed with relatives or in foster care, are automatically enrolled in the Sunshine Plan. They may opt out of the Sunshine Plan, for example children with complex medical issues who need the Children's Medical Services Plan. Other examples would be the family's desire for their child to stay with their existing Managed Medical Assistance (MMA) plan and providers.

The Sunshine Plan subcontracts with Cenpatco, a behavioral health managed care organization, to provide mental health and substance abuse services. Another subcontractor, Community- Based Care Integrated Health (CBCIH), a consortium of child welfare CBCs, provides assistance with plan operations and facilitates communication between child welfare and managed care services. The Sunshine Plan has an established Child Welfare Advisory Committee with broad representation of child welfare system stakeholders and the provider network, including an adolescent psychiatrist, a pediatrician, and a CBCIH representative.

A major focus of the Sunshine Plan has been the integration of physical health, behavioral health and child welfare services for children. To accomplish integration, the Sunshine Plan provides funding for health and behavioral health expertise as part of the plan's core operations within the CBCs to be available for frontline support. Teamwork is promoted across all levels of expertise:

- Sunshine Plan Care Management team of licensed nurses and behavioral health clinicians provides specialized care management to meet the unique needs of children in child welfare;
- Community-Based Care Integrated Health (CBCIH) provides care coordination and clinical expertise to support the CBC care coordinators and case managers;
- Nurse care coordinators provide local care coordination at each CBC;
- Behavioral health care coordinators provide local care coordination at each CBC;
- Adoption coordinators provide local care coordination at each CBC for post-adoption members

The Phase 9 Florida Title IV-E Waiver Demonstration Evaluation Final Report (10/2013-09/2018), submitted March 29, 2019, provided the following information about Medicaid enrollment for children in the child welfare system:

- The vast majority of children enrolled in Medicaid after removal from the home were also enrolled prior to removal.
- Medicaid-funded service use was much higher after removal from the home, especially behavioral health services.
- The majority of children who receive in-home services are Medicaid enrolled and use Medicaid-funded services.

The Sunshine Plan reports serving approximately 40,000 children. Half of the children served are in out-of-home care, including children placed with relatives. Forty percent of children served were adopted from the child welfare system (post-adoption).

As of May 6, 2019, 67.54 percent of the children in out-of-home care are enrolled in the Sunshine Plan (Source: CBC Integrated Health data received from FSFN and matched with AHCA eligible and Child Welfare Specialty Plan enrolled.)

The Sunshine Plan and other MMAs were awarded five-year contracts by AHCA in 2014. Prior to reprocurement AHCA conducted a major evaluation of the entire statewide managed care program, including all specialty plans ([Access, Integration of Care and Service Utilization for Child Welfare Involved Children in Florida's Managed Medical Assistance \(MMA\) Program, Final Report, University of South Florida, December 12, 2016](#))

The evaluation included a special focus on how well the needs of the child welfare population were met. This included determining whether children in child welfare had better access to services and benefited from the integration of physical health, behavioral health and child welfare services in the specialty plan. The study also examined differences in patterns of service utilization between children in the child welfare system who were enrolled in different MMAs. Sunshine Health was the only incumbent specialty plan to win a second AHCA contract. The evaluation results led to improvements and expanded benefits in the Sunshine Plan as well as other MMAs.

The Sunshine Plan and MMA plan enrollment analysis found that for Medicaid eligible children receiving out-of-home child welfare services during state fiscal year (SFY) 2014-2015, 53 percent were enrolled in the Sunshine Plan as of December 2015. Study results indicated that children diagnosed with mental health disorders were more likely to be enrolled in the Sunshine Plan whereas children with physical health problems were more likely to be enrolled in other MMA plans. The latent class analysis revealed two classes of children:

- Children with Multiple Needs (Class 1), representing 3 percent of children served in out-of-home care, and Children in Families with Complex Needs (Class 2), representing 97 percent of children served in out-of-home care.
- When the likelihood of enrollment in the Sunshine Plan was examined, results indicated that compared to Children in Families with Complex Needs (Class 2), Children with Multiple Needs (Class 1) had much higher probability of enrollment in the Sunshine Plan versus other MMA plans (66 percent for Class 1 vs. 23 percent for Class 2).

The evaluation showed that overall, access to services in the Sunshine Plan was reported to be good for the services that were available. Challenges experienced by CBC respondents included:

- Delays for authorization of services;
- A lack of approval of services after evaluation recommendations;
- Delays when switching a child from another plan to the Sunshine Plan and limited services for children diagnosed with autism, developmental delays or conduct problems;
- The most often reported and significant challenge was the lack of providers overall.
 - There is a general shortage of specialized physical and dental providers;
 - The lack of specialized therapeutic foster care (STFC) and therapeutic group care (TGC) was reported as a concern by all the agency respondents;

- Sometimes the capacity of the local Sunshine Plan provider network necessitates that CBCs enroll children in a Standard MMA plan available in their area.
- Most CBCs also reported challenges with access to Statewide Inpatient Psychiatric Program (SIPP) services;
- Caregivers and CBC case managers echoed that the primary challenge experienced was the lack of providers;
- Even providers reported that there is a statewide shortage of qualified behavioral health professionals.

The evaluation conducted by USF explained the broader context of Florida's shortage of qualified behavioral health care professionals.

"Health Professional Shortage Areas (HPSAs) are designated by the Health Resource and Service Administration (HRSA) as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers) (HRSA, 2016). Sixty-two (62) of the 67 Florida counties have an area, population, or facility designated as a mental health HPSA, with sixteen entire counties designated as a mental health HPSA (HRSA, 2016).^[1] Additionally, 13 Florida counties were designated as a primary medical care HPSA, five counties^[2] have a primary medical care HPSA Service Area designation, and 47 counties have primary medical care HPSA designated low-income or low-income migrant populations. Two counties had facilities designated as primary medical care HPSAs. Further, since 2000, 32 of 67 Florida counties have received either a medically underserved area (MUA) or a medically underserved population (MUP) designation (HRSA, 2016)." (Page 7, Access, Integration of Care and Service Utilization for Child Welfare Involved Children in Florida's Managed Medical Assistance Program, University of South Florida, 2016)

Recommendations for all MMA Standard and Specialty Plans

Evaluation recommendations, applicable for all MMA Standard and Specialty plans, concerning the service system overall and the need to eliminate policies and financing restrictions that impose limitations on service access. Considering widespread use of the wraparound model in Florida as a best practice, it should be easier to access an array of blended services without what were viewed as unnecessary restrictions. Furthermore, it was noted that for a system of care model to be successful, improvements in the continuum of behavioral health services should be made. As described by multiple stakeholders, integral partners in this process are the managing entities across the state responsible for the contracting of behavioral health services and tailoring funding to meet the service needs of each of their assigned regions. It was mentioned that improved coordination with the MEs would be an opportunity for improvement in some regions.

A recommendation and challenge mentioned by several respondents related to the MMA plans overall was the low reimbursement rate for medical services and psychological evaluations. The low rates affect the ability to develop the provider network and sometimes requires that a CBC pay for a necessary service. One CBC also mentioned delays in payment as a factor that negatively impacts maintaining and developing the provider network.

^[1] HPSA facility designation is made if a facility is providing mental health services to an area or population group designated as having a mental health professional(s) shortage, and the facility has insufficient capacity to meet the psychiatric needs of the area or population group.

^[2] Clay County (Keystone Heights-Clay), Collier County (Immokalee/Everglades), Escambia County (Atmore), Martin County (Indiantown), and Pinellas County (Bayview).

A need to improve access to needed services for children with developmental and intellectual delays in the child welfare system was emphasized by stakeholders. Specifically, there is a need for facilities that provide SIPP services for children with intellectual delays and behavioral health services for children with Autism Spectrum Disorders.

Additionally, multiple respondents highlighted that there are no services for children with behavior problems who do not have a mental health diagnosis. Respondents suggested creating a level of care for these children; one that is below a SIPP, but above a TGC.

For Standard MMA plans, a recommendation was made to provide training to the health plan representatives about child welfare and the dependency system and to have service managers for the Standard plans attend multi-disciplinary staffings for children in care. This would provide those who are involved in care coordination and utilization management with a better understanding of a child's medical needs. Furthermore, it was recommended that a current contact list of service managers for the Standard MMA plans be made available to child welfare staff responsible for care coordination to improve service access. It was suggested that AHCA could be helpful in building a connection with the Standard MMA plans.

Recommendations for the Child Welfare Specialty Plan

- Most CBCs indicated a desire to enroll all children in child welfare in the Sunshine Plan due to good care coordination and communication with Sunshine Health and their understanding of the child welfare system.
- CBCs recommended that the provider network continue to be built in a strategic manner based on the number of children eligible for the Sunshine Plan, service needs, and service utilization.
- The availability of 24-hour Sunshine Plan telephonic medical services through Sunshine Plan to prevent the need for urgent care or emergency room services.
- Sunshine Health described the need to provide continued training about the Sunshine Plan for stakeholders across the child welfare system, including judges, GAL, dependency case managers, foster parents and adoptive parents, and to facilitate dialogue with these stakeholders to understand the barriers that exist.

Medicaid Program Enhancements

AHCA established four new quality improvement goals for managed care, three of which have special relevance to all children including those in the child welfare system:

- Reduce potentially preventable medical events
 - Admissions
 - Readmissions
 - Emergency department visits
- Improve birth outcomes
 - Reduce Primary Cesarean Section Rate
 - Reduce Pre-term birth rate
 - Reduce rate of Neonatal Abstinence Syndrome
- Improve access to dental care
 - Increase the percentage of children receiving preventive dental services
 - Reduce potentially preventable dental related emergency department visits

Each MMA plan, including the Sunshine Plan, had to determine how their plans would help to achieve these goals. AHCA has established performance metrics in each MMA plan as appropriate that track these goals. Information, data and plan approaches to achieve these goals is provided in [Statewide Medicaid Managed Care Quality Initiatives](#), January 25, 2019.

Another quality improvement that AHCA implemented to provide members with more options for behavioral health services is the benefit “in lieu of services” (ILOS). One example would be the provision of infant mental health services (pre and post assessment) in lieu of a psychological assessment. Health plans must still pay for all behavioral services listed in the Medicaid State Plan. Each health plan’s enrollee handbook lists Medicaid State Plan services and ILOS, and whether the health plan must prior authorize the benefit. Health plans can offer an ILOS when that alternative service or setting is:

- Medically appropriate but costs less than the service or the place of service listed in the Medicaid State Plan;
- Optional for enrollees. Health plans may not require enrollees to use an ILOS instead of a service listed in the Medicaid State Plan; and,
- Listed in the health plan’s signed SMMC contract with the State.

More details about ILOS can be found in [Statewide Medicaid Managed Care In Lieu of Services \(ILOS\)](#).

Dental services for Medicaid recipients were previously included in Medicaid Managed Care Plans. AHCA tracked whether preventive dental services for children improved under the Medicaid Managed Care Program and determined that overall, 37 percent of all children served received dental services as of FFY 2017, compared to 27 percent prior to implementation. To further improve dental care results, AHCA removed dental services from all MMA plans and the Child Welfare Specialty Plan and procured dedicated dental plans committed to higher performance outcomes. As of December 2018, dental services are accessed directly through three different dental providers. Detailed information on the reasons for the change and the new dental benefits provided is posted on the AHCA website [Statewide Medicaid Managed Care Dental Program Overview, October 2018](#).

Enhancements to the Sunshine Plan

Measures to respond to the AHCA quality improvement goals and other recommendations that resulted from the child welfare managed care evaluation include:

- Reduced and/or eliminated the prior authorization process for high performing providers;
- Expanding the use of telemedicine;
- Improved availability of transportation;
- Expedited the process for provider credentialing;
- Designated a dental plan liaison;
- Provide new health risk assessments for serious mental illness, diabetes, asthma and pregnancy;
- Strengthened outreach and a variety of supportive services to teens who are pregnant;
- Expanded availability of adoption competent therapists with Sunshine network;
- No longer allow delegation of the grievance system to subcontracted providers;
- Created a Healthy Rewards Program to increase participation; and,

- Enhanced Emergency Management Plans to improve access to primary services needed after normal business hours.
- Expanded services to support youth transitioning.
 - Specialized Care Management;
 - Targeted transition planning in coordination with the CBCs to address healthcare needs and social determinants of health (housing, education, employment);
 - Training/workshops for youth related to accessing healthcare as they transition; and,
 - Partnerships and coordination with agencies/programs serving Transitional Independent Living youth throughout the state.
- Strengthened services for post-adoption children.
 - Community partnerships with organizations and adoption supports;
 - Network development; and,
 - Training to adoptive parents, CBCs, and other stakeholders.
- Sunshine Health innovations developed to help members get services, education and community services:
 - Aunt Bertha to identify community resources and supports;
 - Telemedicine options to provide live chat access with pediatric and behavioral health clinicians; and,
 - Krames-Staywell Health Library provides members with health information on 4,000+ topics through a mobile application or online.
- In Lieu of Services benefits (ILOS) to improve access to appropriate behavioral health services:
 - Mobile Crisis Assessment and Intervention in lieu of Emergency Behavioral Health Care/In-Patient (new);
 - Infant Mental Health Pre- and Post-Testing Services in lieu of Psychological Testing (new);
 - Family Training and Counseling for Child Development in lieu of Targeted Behavioral Overlay Services (TBOS) (new);
 - Community-Based Wraparound Services in-lieu of TGC or SIPP (new);
 - Detoxification or Addiction Receiving Facilities in lieu of Inpatient Detox (new);
 - Ambulatory Detox Services in lieu of Inpatient Detox Hospital Care (new);
 - Drop-In Center in lieu of Clubhouse Services –ages 18 and over (new); and,
 - Crisis Stabilization Unit in lieu of Inpatient Psychiatric Hospital Care (continued).

Detailed information about Sunshine Plan covered services can be found at [Sunshine Health Child Welfare Specialty Plan](#).

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Appendices

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Appendix 1

INDEPENDENT LIVING SERVICES ADVISORY COUNCIL 2018 ANNUAL REPORT

<https://www.myflfamilies.com/service-programs/child-welfare/docs/2019LMRs/Independent%20Living%20Services%202018%20Annual%20Report.pdf>

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Appendix 2

Response to INDEPENDENT LIVING SERVICES ADVISORY COUNCIL 2018 ANNUAL REPORT

**Department of Children and Families
Response to the Independent Living Services
Advisory Council
2018 Annual Report**

December 31, 2018

Rebecca Kapusta
Interim Secretary



Rick Scott
Governor

INTRODUCTION

Since the establishment of the Independent Living Services Advisory Council (the council) by the 2002 Legislature, the Council has provided recommendations concerning the implementation and operation of independent living services as part of a comprehensive report. As required in s. 409.1451(7), Florida Statutes (F.S.), the Department of Children and Families' (department) is submitting the Independent Living Services Advisory Council 2018 Annual Report, along with the department's responses to each of the recommendations.

RECOMMENDATION FOR POSTSECONDARY EDUCATION SERVICES & SUPPORT (PESS)

1. **\$1256 STIPEND:** The council has determined the following recommendation for the PESS stipend be adopted. Modify s. 409.1451(2)(B)(1),(3), & (5), F.S., to read "the amount is Florida minimum wage multiplied by 40 hours per week." The set amount of \$1256 is to be stricken from the language. With a set dollar amount written in the statute, a legislative change would be needed each time the amount is changed. With the language stating that the stipend will be calculated by multiplying the Florida minimum wage by 40 hours per week, the amount can be adjusted with the minimum wage adjustment without needing a legislative change each time.
2. **FORMALIZED BUDGETING PLAN:** Community-Based Care Lead Agencies (CBCs) and case management organizations should be working with young adults on budgeting and ensuring the young adult is financially savvy. A formal, statewide budgeting plan should be developed and used with all young adults transitioning to Independent Living that is evidence-based or has an evidence-informed curriculum.

DEPARTMENT RESPONSE

The department will explore revisions to s. 409.1451, F.S., regarding the amount of financial assistance for young adults participating in PESS. Before reaching a decision as to whether the department will recommend a statutory change to the legislature, consideration must be given to the total federal and state appropriation needed to implement all of Florida's independent living services. For Fiscal Year (FY) 2018-2019, the legislature appropriated approximately \$37 million, an increase of more than \$7.5 million from FY 2017-2018, for the implementation of PESS, Extended Foster Care (EFC), and Aftercare Services. The implementation of Title IV-E EFC will enable the state to draw down Title IV-E dollars to help fund EFC. It is anticipated that \$7.5 million will be made available to help fund Florida's independent living services. An analysis is needed to determine the effects if a specific financial increase is given to assist young adults in PESS. The analysis needs to include the impact on existing EFC and Aftercare Services program funding, and to include consideration of the overall fiscal impact affecting all of Florida's citizens and stakeholders.

The department supports CBCs and their subcontracted direct service providers implementing a budget tool or plan as they work with youth and young adults on becoming financially literate during their transition to independence. Currently, youth under the department's protective supervision are required to receive information offered by the Department of Financial Services (DFS) on a financial literacy curriculum called "Finance Your Future" when they turn 16- and 17-years-old. The curriculum provides core lessons covering subjects such as Budgeting, Saving, Credit Cards, Banking, debt,

and numerous other important areas to maintain a young person's financial health. CBCs and their providers should leverage existing mandates and explore methods for working with young adults in PESS. DFS and the Division of Consumer Services have dedicated a website to providing all Floridians with the resources and information needed to assist in money management: <https://www.myfloridacfo.com/Ymm/default.aspx>. The department looks forward to working with CBCs on this initiative.

RECOMMENDATIONS FOR GUARDIAN AD LITEMS REMAINING ON CASES

1. The Guardian ad Litem Program should remain on cases where young adults have aged out and the court has retained jurisdiction, if the young adult still wants guardian ad litem assigned to them.
2. The Guardian ad Litem Program should be available for appointment on cases where a young adult does not currently have a guardian ad litem and the young adult requests guardian ad litem to be appointed for them, as long as the court retains jurisdiction.
3. The Legislature should provide adequate funding to the Guardian ad Litem Program to be able to fulfill this function in addition to its best interest advocacy work on behalf of children under 18 years of age.

DEPARTMENT RESPONSE

The department supports Guardian ad Litem (GAL) assignments for youth and young adults in transition. Supportive adults such as GAL volunteers are essential in an effective transition to independence. The GALs often fulfill a role of mentor, friend, teacher, and coach. Most importantly, the GALs are a positive connection and an effective voice when youth and young adults may not be able to vocalize their needs. Additionally, young adults who readmit to EFC should be provided the opportunity to have a GAL appointed if agreed upon by the young adult. The department is willing to work with the Florida Guardian ad Litem Program to explore the additional resources needed to better bolster and advocate for transitioning youth and young adults under the juvenile court's jurisdiction pursuant to s.39.013, F.S.

Appendix 3

Child Abuse Death Review 2018 Annual Report

<http://www.flcadr.com/documents/CADR2018AnnualReportFinalPDF.pdf>

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Appendix 4

Response 2018 State Child Abuse Death Review Committee Report



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Chad Poppell
Secretary

March 14, 2019

Dr. Robin Perry, Chairperson
State Child Abuse Death Review Committee
Florida Mechanical and Agricultural University
1339 Wahnish Way
300 Banneker Bldg. B
Tallahassee, FL 32307

Dear Dr. Perry,

Thank you for the opportunity to review and respond to the 2018 State Child Abuse Death Review Committee Report. The Department of Children and Families appreciates the work of both the state and local Child Abuse Death Review Committees and the continued efforts to reduce preventable child fatalities.

Below is a summary of on-going activities within the span of our control in response to the recommendations contained in the annual report:

Committee Recommendations: (1) Expand efforts to relay timely information to parents regarding the safety of children. (2) Use social media to provide timely messaging and support to parents.

DCF Response: The department works closely with the Ounce of Prevention Fund (Ounce). The Ounce continues to develop and strengthen community-based programs serving children and families throughout the state, encouraging collaborative efforts at both the community and state levels.

In recent years, the department and the Ounce have increased social media messaging. The Ounce has evaluated the most effective way to reach parents and caregivers and are infusing the information obtained from parent focus groups into their media plan. The department has enhanced social media messaging within the last year by utilizing various social platforms widely used by parents and caregivers and analyzing past social metrics to develop future messaging. The department experienced a significant increase in audience and engagement last year, with data supporting future steady growth.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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Dr. Robin Perry, Chairperson, State Child Abuse Death Review Committee
 March 14, 2019
 Page 2 of 3

Committee Recommendations: (1) Leverage the power of shared data. (2) Continue to encourage collaborative partnerships at both the state and community levels.

DCF Response: The department remains steadfast in its commitment to partnering with other state agencies and community partners. The department, other state agencies, and nonprofits meet regularly to discuss prevention messaging and more effective and impactful pooling of limited prevention resources. Additionally, across the continuum of child welfare, the department works closely with the Florida Coalition for Children, Inc. and its respective community-based care lead agency members to transition from the Florida Safe Families Network to the much more extensive Comprehensive Child Welfare Information System (CCWIS). While the timeframe for full CCWIS operationalization is still two years in the future, the potential advances in maintaining and sharing quality data are immense.

Committee Recommendations: Continue to support the integration of behavioral health services into the child welfare system.

DCF Response: The integration of child welfare and behavioral health is a department priority. Over the last year, the work has been focused on four initiatives:

- Implementation of Child Welfare and Behavioral Health integration plans of action at the regional level
- Creation of Integrated Data Analytics to review specific performance across child welfare and behavioral health
- Study and recommend a modified referral and assessment process for parental behavioral health assessments
- Complete an analysis of the array of services for parents and create a regional tool to guide service and financial planning

Committee Recommendations: Continue to support programs that enhance parenting skills.


DCF Response: The department continues an intentional incorporation of the protective factors throughout policy and practice. The prevention strategies around protective factors include statewide and local initiatives and is heavily collaborative across various state agencies and other partners. The department works with Healthy Families Florida, through their evidence-based home-visiting program, to sustain and increase capacity for serving families at high risk of child maltreatment due to domestic violence, substance abuse, and mental health issues. The department has also increased the partnership with home visiting programs and work involving the Federal Child Abuse Prevention and Treatment Act as it relates Plans of Safe Care.

Please extend my gratitude to the committee for their service and dedication to reducing child fatalities throughout Florida. The Florida legislature continues to recognize and support the importance of this work and I personally appreciate our mutual ownership and ongoing partnership to strengthen and enhance community involvement for the

Dr. Robin Perry, Chairperson, State Child Abuse Death Review Committee
March 14, 2019
Page 3 of 3

safety of Florida's children. Please feel free to contact me or Erin Hough, Prevention Specialist, at (850) 717-4658 or Erin.Hough@myflfamilies.com if you have any questions or need further information.

Sincerely

 for
Chad Poppell
Secretary

Appendix 5

Annual Report Faith-Based and Community-Based Advisory Council

<https://www.flgov.com/fbcb>

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Appendix 6

Response Faith-Based-Community-Based Advisory Council



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Chad Poppell
Secretary

March 14, 2019

Richard Albertson Chairman
Florida Faith-Based And Community-Based Advisory Council
c/o Governor's Office of Adoption and Child Protection
The Capitol, Suite 2002
400 South Monroe Street
Tallahassee, FL 32309

Dear Mr. Albertson:

Thank you very much for the opportunity to review the 2018 Annual Report of the Florida Faith-Based and Community-Based Advisory Council. During the past year, the Council has worked closely with the Department of Children and Families and I look forward to this continuing partnership. Throughout 2018, the Council has supported many activities to advance initiatives related to child welfare.

The department recognizes and is appreciative of the Council's ongoing efforts to foster relationships and build upon prior partnerships, leading to improved and strengthened service delivery to our constituents. The continued development of a grassroots network is critical to the connecting of organizations at the state and local levels. It is through these outreach efforts that the Council fosters innovative thinking and creativity.

The Council has been instrumental in the highlighting of best and promising practices so that others may glean new insight and understanding, and the department will continue to support these efforts.

If you have any questions, please contact Erin Hough at (850) 717-4658 or Erin.Hough@myflfamilies.com.

Sincerely,


Chad Poppell
Secretary

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Appendix 7

Annual CAPTA Data Report 2017/2018

**The State of Florida
2017-2018 CAPTA ANNUAL DATA REPORT**

1. **The number of children who were reported to the State during the year as abused or neglected.**
262,652
2. **Of the number of children described in paragraph (1), the number with respect to whom such reports were—**
 - A. **Substantiated:** 37,817
 - B. **Unsubstantiated:** 224,838 (Note: Florida's count for Unsubstantiated includes no indication findings and Not Substantiated); **or**
 - C. **determined to be false:** 578 investigations closed in FFY 2018
3. **Of the number of children described in paragraph (2) —**
 - A. **the number that did not receive services during the year under the State program funded under this section or an equivalent State program;**
Information not available
 - B. **the number that received services during the year under the State program funded under this section or an equivalent State program; and**
During the State Fiscal Year (SFY) 2017-2018 there were 37,098 unduplicated victims
 - C. **the number that were removed from their families during the year by disposition of the case.**
15,899 (FFY 2018)
4. **The number of families that received preventive services, including use of differential response, from the State during the year.**
We do not have the number of families in the NCANDS Agency File any longer. At the direction of the feds, the families number is left blank to avoid duplicate counts. We served 23,358 children, and that is reported to the feds, but we do not have the number of families.
5. **The number of deaths in the State during the year resulting from child abuse or neglect.**
98 (SFY 07/01/2017-06/30/2018)
6. **Of the number of children described in paragraph (5), the number of such children who were in foster care.**
3 (SFY 07/01/2017-06/30/2018)
7.
 - A. **The number of child protective service personnel responsible for the—**
 - i. **intake of reports filed in the previous year ;**
 - ii. **screening of such reports;**
 - iii. **assessment of such reports; and**

iv. investigation of such reports.

As Florida contracts out for investigation services in several areas of the state, we cannot state with certainty how many staff are full time versus part time. We can say that there were 2,518 investigators (which includes Child Protective Investigators and Supervisors; and CPI Sheriffs and Supervisors), as many as 211 Hotline Staff Intake Counselors, and 31 Hotline Staff Intake Supervisors *Source: 2018 NCANDS Agency File*

B. The average caseload for the workers described in paragraph (A)

Please see CPI Workforce Study 2018

http://centerforchildwelfare.fmhi.usf.edu/kb/LegislativeMandatedRpts/CPI_WorkforceStudy2018.pdf

The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

11 hours from time report received to time report commenced

Source: 2018 NCANDS Agency File

8. The response time with respect to the provision of services to families

11 hours from the time the Child Protective Investigator upon commencement assesses the need for services for families and children where an allegation of abuse or neglect has been made.

9. or child protective service personnel responsible for intake, screening, assessment, and investigations of child abuse and neglect reports in the State—

- A. Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;**
- B. Data of the education, qualifications, and training of such personnel;**
- C. Demographic information of the child protective service personnel; and**
- D. Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.**

See CPI Workforce Study 2018

http://centerforchildwelfare.fmhi.usf.edu/kb/LegislativeMandatedRpts/CPI_WorkforceStudy2018.pdf

The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse and neglect, including the death of the child.

The number of children reunited with their families: 2,965
The number of children receiving family preservation services: 5,654
Source: 2018 NCANDS Agency File

10. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

The number of children for whom individuals were appointed by the court to represent the best interests of such children:

39,792

The average number of out of court contacts between such individuals and children.

Children are required to be seen monthly.

11. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6).

See attached.

12. The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.

The number of children active as a child welfare case who were in a juvenile justice placement as of December 31, 2018 was 1064. This count includes any child who had an active juvenile justice placement in a residential or detention facility, or community supervision, during the month.

13. The number of children referred to a child protective services system under subsection (b)(2)(B)(ii)

This information was not readily available in Florida's SACWIS system. Beginning in November 2013, the Florida's Safe Families Network (FSFN) was enhanced to allow for the documentation of three additional Maltreatments for *Substance Misuse*:

- *Substance Misuse*
- *Substance Misuse - Alcohol*
- *Substance Misuse- Illicit Drugs*
- *Substance Misuse- Prescription Drugs*
- *Substance Exposed Newborn*

3,157. This includes an unduplicated count of children who were verified victims of any of the Substance Misuse maltreatments or Substance Exposed Newborn who were under age one based on Incident Date in investigations completed in FFY.

Number of Infants identified under subsection 106(b)(2)(B)(ii)

In March 2017 the State of Florida created a new maltreatment in the Florida Safe Families Network (FSFN) specific to 'Substance Exposed Newborns'.

1,793 Verified findings of Substance Exposed Newborn during FFY. Number of Verified Substance Exposed Newborns for whom a plan of Safe Care was developed and referred for appropriate services Florida's Plans of Safe Care operating procedure (CFOP 170-8) has been implemented. Chapter One primarily addressed practice requirements for all child welfare professionals, identifying plan components and responsibilities for both child protective investigators and case managers when information obtained indicates an infant was exposed prenatally to alcohol or controlled substances. Chapter Two outlines requirements for both the initiation of referrals and service provision by providers related to Plans of Safe Care. Multiple trainings and a hospital toolkit have been completed, the toolkit is available on line for hospital staff.

4. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et. seq.).

The number of children determined to be eligible:

The number of children referred in State Fiscal Year (SFY): 1,502

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Appendix 8

Child Protective Investigators 2018 Workforce Study

http://centerforchildwelfare.fmhi.usf.edu/kb/LegislativeMandatedRpts/CPI_WorkforceStudy2018.pdf

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Appendix 9

Class and Position Descriptions



DEPARTMENT OF MANAGEMENT SERVICES

For Reference Only

CLASS CODE:5961

PAY GRADE:019

CLASS TITLE: ABUSE REGISTRY COUNSELOR

ALLOCATION FACTOR(S)

This is professional telephone counseling and referral work in the Central Abuse Registry assessing reports of alleged abuse, neglect or exploitation of children, elderly or disabled persons and determining the necessity for immediate investigation.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Receives and assesses complaints alleging abuse, neglect or exploitation of children, elderly or disabled persons by conducting telephone interviews and researching Abuse Registry data systems.
- Refers cases to appropriate district intake unit for investigation within one hour from receipt of call noting those cases requiring immediate investigation.
- Issues Statewide-Alerts and Requests-to-Locate for victims who have been abused or neglected.
- Receives and refers, as appropriate, complaints against vendors, related licensed facilities and department employees which may include human rights violations, inappropriate treatment and inadequate services.
- Enters reports on the Abuse Registry data system.
- Provides supportive counseling and information and referral services to persons calling for assistance.
- Maintains liaison with district investigative staff, supervisors and other adult/child protective staff in both public and private sectors.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practices in counseling, social work or education.
- Knowledge of professional ethics.
- Knowledge of interviewing techniques.
- Ability to provide counseling and guidance to persons in crisis.
- Ability to conduct fact-finding interviews and assess risk factors.
- Ability to plan, organize and coordinate work assignments.
- Ability to actively listen to others.
- Ability to communicate effectively.
- Ability to establish and maintain effective working relationships with others.

MINIMUM QUALIFICATIONS

- A bachelor's degree from an accredited college or university.

EFFECTIVE:

11/16/1999

HISTORY:

06/30/1999



DEPARTMENT OF MANAGEMENT SERVICES

08/01/1987

For Reference Only

CLASS CODE:5962

PAY GRADE:421

CLASS TITLE:ABUSE REGISTRY SUPERVISOR - SES

ALLOCATION FACTOR(S)

This is work supervising Abuse Registry Counselors. The primary duty of the employee(s) in the position(s) allocated to this class is to spend the majority of time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward or discipline subordinate employees or to effectively recommend such actions.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Motivates employees to improve the quality and quantity of work performed.
- Plans work loads, work flows, deadlines, work objectives and time utilization with employees.
- Evaluates employees through establishing evaluation criteria and responsibilities and meeting regularly with employees to ensure the established criteria are met.
- Trains employees in methods for performing an effective and efficient job.
- Communicates on a regular basis with employees both individually and in staff meetings.
- Directs the work of employees to ensure best use of time and resources.
- Reviews investigative reports and service requests for completeness and compliance with policies and standards.
- Provides general supervision of staff within the unit by making special assignments, assisting with case problems and planning schedules of activities.

- Plans and holds regular and special conferences with employees to provide guidance and technical assistance in the performance of their duties.
- Assists with the preparation of statistical reports.
- Provides technical assistance to other agencies and organizations concerned with abuse and neglect cases.
- Monitors incoming and outgoing abuse reports for appropriateness, clarity and adequacy.
- Communicates on a regular basis with district personnel involved with child/adult protective investigations.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practices in counseling, social work or education.
- Knowledge of professional ethics.
- Knowledge of physical and behavioral indicators of abuse and neglect.
- Knowledge of interviewing techniques.
- Ability to supervise people.
- Ability to conduct fact-finding interviews.
- Ability to provide counseling and guidance to others
- Ability to provide information and referral to child/adult protective agencies, both public and private.
- Ability to plan, organize and coordinate work assignments.
- Ability to determine work priorities, assign work and ensure proper completion of work assignments.
- Ability to actively listen to others.
- Ability to understand and apply relevant laws, rules, regulations, policies and procedures.
- Ability to communicate effectively.
- Ability to establish and maintain effective working relationships with others.

MINIMUM QUALIFICATIONS

EFFECTIVE:

7/1/2001

HISTORY:



**DEPARTMENT OF MANAGEMENT
SERVICES**

04/22/1988

For Reference Only

CLASS CODE:8371

PAY GRADE:019

CLASS TITLE:CHILD PROTECTIVE INVESTIGATOR

ALLOCATION FACTOR(S)

This is professional work protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children, in the Department of Children and Families. The employee(s) allocated to position(s) in this class may have collateral duties such as contract management and maximization of Federal funds.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Makes contacts with families with allegations of abuse, neglect and/or maltreatment.
- Responds to allegations of abuse, neglect, abandonment and/or special conditions; determines findings; and enters information into Florida Abuse Hotline Information System, and other systems.
- Responds to Hotline reports and determines immediate risk to child.
- Conducts child safety assessments.
- Opens, maintains and closes files related to the families being served.
- Arranges for or provides transportation for to clients.
- Schedules and gathers information for and participates in case staffings.
- Explains child protection to children and families.
- Explains rights and responsibilities to children and family members.
- Performs on-call duties.
- Reports indication of abuse, neglect and/or abandonment to Florida Abuse Hotline.
- Arranges for emergency placement for children at risk.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practice in child protection.
- Knowledge of professional ethics relating to child protection and counseling.
- Knowledge of family-centered interviewing and counseling techniques.
- Knowledge of investigative techniques.
- Knowledge of interviewing and observation techniques.
- Skill in considering child development in guiding placement of children.
- Ability to recognize indicators of abuse and neglect.
- Ability to conduct risk and safety investigations.
- Ability to plan, organize and coordinate work assignments.
- Ability to understand and apply relevant laws, rules, regulations, policies and procedures.
- Ability to actively listen to others.
- Ability to communicate effectively.
- Ability to maintain well-executed case files.
- Ability to establish and maintain effective working relationships with others.
- Ability to utilize computer systems.
- Ability to write accurate investigative reports.

MINIMUM QUALIFICATIONS

- A bachelor's degree from an accredited college or university and attainment of a passing score on the basic skills Introduction to Child Protection Written Assessment.

EFFECTIVE:

5/10/2002

HISTORY:



**DEPARTMENT OF
MANAGEMENT
SERVICES**

For Reference Only

CLASS CODE:8372

PAY GRADE:421

CLASS TITLE:CHILD PROTECTIVE INVESTIGATOR SUPERVISOR-SES

ALLOCATION FACTOR(S)

This is advanced professional work supervising and directing the work of child protective investigators and support staff. The primary duty of the employee(s) in the position (s) allocated to this class is to spend the majority of the time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward, or discipline subordinate employees to effectively recommend such actions.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Motivates employees to improve the quality and quantity of work performed.
- Plans work loads, work flows, deadlines, work objectives and time utilization with employees.
- Evaluates employees through establishing evaluation criteria and responsibilities and meeting regularly with employees to ensure the established criteria are met.
- Trains employees in methods for performing an effective and efficient job.
- Communicates on a regular basis with employees both individually and in staff meetings.
- Directs the work of employees to ensure best use of time and resources.
- Develops performance standards and job duty expectations with investigators, reviews standards and plans for continuous improvement.
- Communicates investigator's compliance with job duty expectations on a regular basis.

- Develops management tools to assure the quality and efficient timelines of services provided by investigators.
- Monitors and directs the work of investigators.
- Provides leadership of the unit in the assignment of cases, and reviews and assists with complex cases and the scheduling of work activities on a regular basis.
- Reviews assessments and case plans with investigators, and provides consultation and direction to them to assure appropriateness, clarity, quality and thoroughness.
- Identifies performance improvement plans.
- Provides guidance to investigators by coaching, motivating, training and providing other staff development activities.
- Identifies and promotes outstanding performance.
- Acts as a liaison to other organizations/divisions.
- Collects, analyzes, and reports data in area of expertise.
- Facilitates and participates in a variety of staffings.
- Reviews and ensures proper documentation of investigators' casework.
- Establishes and maintains a close working relationship with the District/Region program office and program specialists.
- Develops training and staff development plans with each investigator under his/her supervision.
- Conducts review and performance plans with unit staff.
- Provides community education through public presentations.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practice of child protection, counseling, social work, investigations and assessments.
- Knowledge of professional ethics relating to child protection and counseling.
- Knowledge physical and behavioral indicators of abuse and neglect.
- Knowledge of effective management skills.
- Knowledge of interviewing techniques.
- Knowledge of court procedures and legal requirements.
- Knowledge of methods of collecting, organizing and analyzing data.
- Knowledge of management and supervision techniques.
- Knowledge of family-centered interviewing and counseling techniques.
- Knowledge of investigative techniques.
- Knowledge of interviewing and observation techniques.

- Skill in direct observation of investigator's abilities in interacting appropriately with families, community resources, service providers and other department professionals.
- Skill in considering child development in guiding placement of children.
- Ability to recognize indicators of abuse and neglect.
- Ability to conduct risk and safety investigations.
- Ability to actively listen to others.
- Ability to maintain well-executed case files.
- Ability to write accurate investigative reports.
- Ability to develop and implement individual case plans.
- Ability to assess investigators' performance and develop performance improvement plans.
- Ability to analyze the effectiveness of service programs, and identify resources or make adjustments to meet needs.
- Ability to plan, organize and coordinate work assignments.
- Ability to communicate effectively.
- Ability to establish and maintain effective working relationships with others.
- Ability to effectively supervise staff members.
- Ability to understand and apply relevant laws, rules, regulations, policies, and procedures.
- Ability to use computer systems.
- Ability to demonstrate knowledge of group dynamics.
- Ability to staff cases.
- Ability to conduct thorough case staffings and other meetings.

MINIMUM QUALIFICATIONS

EFFECTIVE:

5/10/2002

HISTORY:

Appendix 10

Child Protective Investigator Position Description

Appendix 11

CAPTA Demographic Data

Table 1. Educational degree and experience for CBC staff

| Lead CBC and Case Management Organization | Supervisors with BSW | Supervisors with MSW | Supervisors Avg Years Child Welfare Experience | Case Managers with BSW | Case Managers with MSW | Case Managers Avg Years Child Welfare Experience |
|--|----------------------|----------------------|--|------------------------|------------------------|--|
| Big Bend CBC | 2 | 4 | 3.5 | 30 | 0 | 3 |
| *Anchorage Children's Home, Inc., Children's Home Society, Inc. Emerald Coast Division, Children's Home Society North Central Division, DISC Village, Inc. | 1 | 1 | 13 | 7 | 1 | 3 |
| Brevard Family Partnership | | | | | | |
| Family Allies | 0 | 1 | 13 | 9 | 1 | 3 |
| Brevard CARES | 0 | 2 | 11.71 | 2 | 0 | 8.31 |
| Embrace Families (Formerly CBC Central Florida) | | | | | | |
| One Hope United | 0 | 1 | 7.75 | 8 | 0 | 5 |
| Children's Home Society | | | | | | |
| Gulf Coast Jewish Family and Community Services | 0 | 0 | 8.3 | 4 | 1 | 4.5 |
| Devereux | 1 | 0 | 9 | 11 | 3 | 3 |
| ChildNet, Inc. Circuit 15 | 4 | 1 | 7.6 | 6 | 4 | 4.2 |
| ChildNet, Inc. Circuit 17 | 5 | 2 | 7.7 | 13 | 12 | 2.3 |
| Children's Network SW Florida | | | | | | |
| Children's Network Case Management | 0 | 1 | 7.8 | 10 | 7 | 3.28 |
| Lutheran Services Florida | 0 | 0 | 8.5 | 0 | 1 | 4.6 |

| Lead CBC and Case Management Organization | Supervisors with BSW | Supervisors with MSW | Supervisors Avg Years Child Welfare Experience | Case Managers with BSW | Case Managers with MSW | Case Managers Avg Years Child Welfare Experience |
|---|----------------------|----------------------|--|------------------------|------------------------|--|
| Camelot North CMO | 0 | 1 | 16.8 | 3 | 0 | 8.74 |
| Camelot South CMO | 0 | 0 | 10 | 7 | 2 | 1.5 |
| Family Preservation Services | | | | | | |
| Communities Connected for Kids | 1 | 0 | 5 | 12 | 0 | 6 |
| *CC Kids and Children's Home Society of Florida | | | | | | |
| Community Partnership for Children | 2 | 3 | 11 | 4 | 3 | 5 |
| Eckerd – Pasco and Pinellas | 1 | 0 | 12 | 0 | 0 | 0 |
| Youth and Family Alternatives | 1 | 1 | 5.1 | 19 | 4 | 2.9 |
| Lutheran Services FL | 2 | 1 | 9 | 6 | 0 | 5.4 |
| Camelot Community Care | 0 | 0 | 0 | 0 | 0 | 0 |
| Directions for Living | 3 | 0 | 6 | 6 | 0 | 6 |
| Eckerd-Hillsborough | | | | | | |
| Gulf Coast Jewish Family and Community Services | 2 | 1 | 10 | - | - | - |
| Devereux | 1 | 0 | 10 | 8 | 0 | 4 |
| Directions for Living | 2 | 2 | 8 | 10 | 1 | 5 |
| Children's Home Society | | | | | | |

| Lead CBC and Case Management Organization | Supervisors with BSW | Supervisors with MSW | Supervisors Avg Years Child Welfare Experience | Case Managers with BSW | Case Managers with MSW | Case Managers Avg Years Child Welfare Experience |
|---|----------------------|----------------------|--|------------------------|------------------------|--|
| Camelot Community Care | | | | | | |
| One Hope United | | | | | | |
| Youth and Family Alternatives, Inc. | 0 | 0 | 3.6 | 15 | 2 | 1.4 |
| Families First Network* | | | | | | |
| Family Support Services of North Florida | | | | | | |
| Nassau County Service Center | 1 | 0 | 7.75 | 1 | 1 | 5.42 |
| Jewish Family & Community Services | 0 | 0 | 5.16 | 7 | 0 | 1.85 |
| Children's Home Society | 0 | 0 | 8 | 2 | 1 | 6.8 |
| Daniel Memorial | 0 | 1 | 7.6 | 3 | 1 | 4.7 |
| Heartland for Children | | | | | | |
| One Hope United - Florida Region, Inc. | 3 | 0 | 6.7 | 13 | 1 | 3.5 |
| The Children's Home Society of Florida | 6 | 4 | 12 | 22 | 9 | 3 |
| The Devereux Foundation, Inc. | 0 | 0 | 7 | 8 | 0 | 3 |
| Kids Central, Inc. | | | | | | |
| Life Stream Behavioral Center | 0 | 0 | 12.57 | 5 | 2 | 10.9 |
| Youth & Family Alternatives | 0 | 0 | 5.2 | 11 | 2 | 2.0 |
| The Centers | 1 | 0 | 7.5 | 3 | 1 | 3 |

| Lead CBC and Case Management Organization | Supervisors with BSW | Supervisors with MSW | Supervisors Avg Years Child Welfare Experience | Case Managers with BSW | Case Managers with MSW | Case Managers Avg Years Child Welfare Experience |
|---|----------------------|----------------------|--|------------------------|------------------------|--|
| Independent Living @ Kids Central, Inc. | 0 | 0 | 11 | 0 | 0 | 5.8 |
| Kids First of Florida | 2 | 1 | 5 | 9 | 1 | 2 |
| Our Kids | | | | | | |
| Center for Family and Child Enrichment, Inc. | 1 | 1 | 14 | 12 | 3 | 5 |
| Family Resource Center | 0 | 1 | 12.96 | 15 | 6 | 5.69 |
| Children's Home Society | 0 | 0 | 3 | 1 | 2 | 1 |
| Wesley House Family Services | 0 | 0 | 2.5 | 2 | 0 | 2 |
| Partnership Strong Families | | | | | | |
| Children's Home Society of Mid Florida | 0 | 0 | 13 | 0 | 0 | 19 |
| Camelot Community Care, Inc. (Alachua County) | 5 | 2 | 3 | 29 | 1 | 3 |
| Devereux Foundation, Inc. | 0 | 3 | 5 | 12 | 2 | 3 |
| CDS Family & Behavioral Health Services | 0 | 0 | 13 | 0 | 0 | 11 |
| Camelot Community Care, Inc. | 3 | 1 | 5 | 20 | 4 | 3 |
| Sarasota YMCA-Safe Children Coalition | | | | | | |
| Youth & Family Alternatives, Inc. | 3 | 1 | 3.3 | 3 | 3 | 1.4 |

| Lead CBC and Case Management Organization | Supervisors with BSW | Supervisors with MSW | Supervisors Avg Years Child Welfare Experience | Case Managers with BSW | Case Managers with MSW | Case Managers Avg Years Child Welfare Experience |
|--|-----------------------------|-----------------------------|---|-------------------------------|-------------------------------|---|
| Sarasota YMCA CM | 2 | 1 | 5.4 | 3 | 0 | 2.2 |
| St. Johns Family Integrity Program | 1 | 0 | 14.5 | 1 | 2 | 5.4 |

Table 2. Demographic information of the child protective service personnel in CBCs

| Lead CBC and Case Management Organization | Black | White | Other | Hispanic |
|--|--------------|--------------|--------------|-----------------|
| Big Bend CBC | 21 | 8 | 2 | 0 |
| *Anchorage Children's Home, Inc., Children's Home Society, Inc. Emerald Coast Division, Children's Home Society North Central Division, DISC Village, Inc. | 19 | 25 | 4 | 0 |
| Brevard Family Partnership | | | | |
| Family Allies | 12 | 21 | 0 | 5 |
| Brevard CARES | 57 | 45 | 10 | 7 |
| Embrace Families (formerly) CBC Central Florida | | | | |
| One Hope United | 29 | 10 | 3 | 8 |
| Children's Home Society | | | | |
| Gulf Coast Jewish Family and Community Services | 13 | 9 | 3 | 12 |
| Devereux | 20 | 13 | 3 | 7 |
| ChildNet, Inc. Circuit 15 | 68 | 19 | 1 | 12 |
| ChildNet, Inc. Circuit 17 | 131 | 21 | 5 | 1 |
| Children's Network SW Florida | | | | |
| Children's Network Case Management | 21 | 37 | 0 | 9 |
| Lutheran Services Florida | 65 | 78 | 1 | 16 |
| Camelot North CMO | 11 | 17 | 0 | 3 |
| Camelot South CMO | 12 | 38 | 1 | 19 |
| Children's Home Society | 0 | 2 | 1 | 1 |
| Communities Connected for Kids | 26 | 12 | 4 | 2 |
| Community Partnership for Children | 62 | 32 | 1 | 6 |

| Lead CBC and Case Management Organization | Black | White | Other | Hispanic |
|--|--------------|--------------|--------------|-----------------|
| Eckerd – Pasco and Pinellas | 15 | 71 | 5 | 8 |
| Youth and Family Alternatives | 24 | 57 | 6 | 8 |
| Lutheran Services FL | 32 | 70 | 3 | 5 |
| Camelot Community Care | 7 | 5 | 0 | 0 |
| Directions for Living | 22 | 42 | 5 | 2 |
| Eckerd-Hillsborough | 28 | 50 | 4 | 16 |
| Gulf Coast Jewish Family and Community Services | 29 | 25 | 5 | 12 |
| Devereux | 29 | 25 | 4 | 10 |
| Camelot Community Care | | | | |
| Directions for Living | 61 | 30 | 6 | 19 |
| Youth and Family Alternatives, Inc. | 45 | 27 | 27 | 16 |
| Families First Network* | | | | |
| Family Support Services of North Florida | | | | |
| Nassau County Service Center | 1 | 9 | 0 | 0 |
| Jewish Family & Community Services | 25 | 28 | 7 | 6 |
| Children's Home Society | 19 | 7 | 0 | 0 |
| Daniel Memorial | 21 | 18 | 0 | 2 |
| Heartland for Children | | | | |
| One Hope United - Florida Region, Inc. | 24 | 35 | 1 | 7 |
| The Children's Home Society of Florida | 28 | 18 | 2 | 7 |
| The Devereux Foundation, Inc. | 35 | 11 | 2 | 6 |
| Kids Central, Inc. | | | | |

| Lead CBC and Case Management Organization | Black | White | Other | Hispanic |
|--|--------------|--------------|--------------|-----------------|
| Life Stream Behavioral Center | 33 | 41 | 2 | 3 |
| Youth & Family Alternatives | 18 | 63 | 14 | 7 |
| The Centers | 23 | 32 | 3 | 6 |
| Independent Living @ Kids Central, Inc. | 0 | 6 | 0 | 0 |
| Kids First of Florida | 28 | 63 | 0 | 1 |
| Our Kids | | | | |
| Gulf Coast JFCS | | | | |
| Center for Family and Child Enrichment, Inc. | | | | |
| Family Resource Center | | | | |
| Children's Home Society | | | | |
| Wesley House Family Services | 9 | 42 | 1 | 11 |
| Partnership Strong Families | | | | |
| Children's Home Society of Mid Florida | 1 | 0 | 0 | 1 |
| Camelot Community Care, Inc. (Alachua County) | 19 | 26 | 1 | 3 |
| Devereux Foundation, Inc. | 6 | 24 | 0 | 1 |
| CDS Family & Behavioral Health Services | 2 | 1 | 0 | 1 |
| Camelot Community Care, Inc. | 12 | 18 | 1 | 0 |
| Sarasota YMCA-Safe Children Coalition | | | | |
| Youth & Family Alternatives, Inc. | 19 | 38 | 9 | 27 |

| Lead CBC and Case Management Organization | Black | White | Other | Hispanic |
|--|--------------|--------------|--------------|-----------------|
| Family Preservation Services | 9 | 29 | 3 | 2 |
| St. Johns Family Integrity Program | 2 | 29 | 0 | 1 |

Table 3. Educational degree and experience for CPI staff

| Child Protective Investigations Sheriff | Supervisors with BSW | Supervisors with MSW | Supervisors Avg Years Child Welfare Experience | Investigators with BSW | Investigators with MSW | Investigators Avg Years Child Welfare Experience |
|--|-----------------------------|-----------------------------|---|-------------------------------|-------------------------------|---|
| Pasco | 0 | 2 | 13.5 | 4 | 0 | 2.85 |
| Hillsborough | 1 | 0 | 14.3 | 3 | 1 | 4.9 |
| Manatee | 1 | 0 | 14.8 | 2 | 0 | 2.5 |
| Broward | 2 | 0 | 14 | 6 | 1 | 2 |
| Pinellas | 3 | 1 | 17.07 | 1 | 0 | 6.48 |
| Seminole | 1 | 0 | 17 | 1 | 0 | 4.66 |
| Walton | 0 | 0 | 17 | 0 | 0 | 4.25 |

Table 4. Demographic information of the child protective investigation personnel in Sheriff Offices

| Child Protective Investigations Sheriff | Black | White | Other | Hispanic |
|--|--------------|--------------|--------------|-----------------|
| Pasco | 11 | 50 | 2 | 3 |
| Hillsborough | 14 | 65 | 4 | 13 |
| Manatee | 6 | 46 | 0 | 7 |
| Broward | 109 | 7 | 2 | 10 |
| Pinellas | 11 | 50 | 2 | 3 |
| Seminole | 7 | 33 | 0 | 4 |
| Walton | 1 | 7 | 0 | 1 |