

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, 2023



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EXECUTIVE SUMMARY

The mission of the Florida Department of Children and Families (Department) is to work in partnership with local communities to protect the vulnerable, promote resiliency and strong economically self-sufficient families, and advance personal and family recovery and resiliency. This mission is driven by a vision to empower Floridians with opportunities that support and strengthen resiliency and well-being.

The Department is comprised of four (4) program offices providing a variety of services to individuals, families, and children. These program offices are the Office of Child and Family Well-Being (OCFW), the Office of Substance Abuse and Mental Health (SAMH), the Office of Economic Self-Sufficiency (ESS), and the Office of Quality and Innovation (OQI). Each of these program offices meet the critical needs of those we serve and attend to families with complex and overlapping needs. Due to the prevalence of mutually served customers, and the understanding that addressing their comprehensive needs results in improved and sustained outcomes, the Department recognizes the importance of systems integration as a core competency. To improve the communication and engagement between offices and to enhance partnerships with state and local stakeholders, the Department developed a three-year Integration Plan that encompasses the Department's priorities for increasing contacts with at-risk families, improving outcomes for mutually served families, and reducing re-entry into the system. This plan also outlines the desired outcomes for each of the statewide priorities and strategies to accomplish each goal.¹

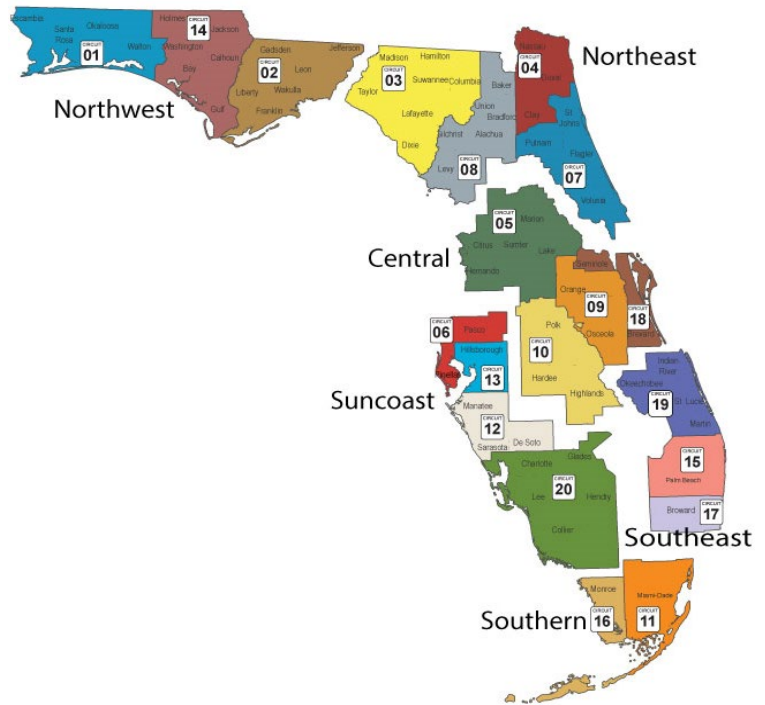
VISION AND PRACTICE PRINCIPLES

The mission of the Department of Children and Families is to work in partnership with local communities to protect the vulnerable, promote resiliency and strong economically self-sufficient families, and advance personal and family recovery². The Department's vision is that every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections.

¹ Florida Department of Children and Families Integration Plan (2019-2022), page 5.

² Section 20.19, Florida Statutes

The Department, stakeholders, and multiple partners have engaged in the development of this fourth Annual Progress and Services Report (APSR) to highlight the progress during the last year on meeting the strategic goals, initiatives, and activities for the five years outlined in the CFSP 2020-2024.



STATE AGENCY RESPONSIBLE

The Department supervises the administration of programs that are federally funded, state directed, and locally operated. The Department is responsible for the supervision and coordination of programs in Florida that are funded under federal Titles IV-B, IV-E, and XX of the Social Security Act (45 CFR 1357.15(e)(1) and (2)). The following offices in the Department have different roles and responsibilities for oversight of the child welfare system.

1. Deputy Secretary

The Assistant Secretaries for the Offices of Child and Family Well-Being (OCFW), Quality and Innovation (OQI), Substance Abuse and Mental Health (SAMH), and Economic Self-Sufficiency (ESS) report to the Deputy Secretary. An organizational chart is available on the Department’s website, www.myflfamilies.com.

2. Office of Child and Family Well-Being

The OCFW’s responsibilities encompass a wide range of services, including assistance to families working to stay safely together or be reunited, foster care, youth and young adults transitioning from foster care to independence, and adoption. The Department and the Office of Child & Family Well-Being works in partnership with local communities, courts, and tribes to ensure the safety, timely permanency, and well-being of children.

Within the OCFW there are eleven units between two divisions:

- Operations
 - Adult Protection
 - Child Protection
 - Family Navigation
 - Family Well-Being
 - Florida Abuse Hotline
 - Special Programs (Domestic Violence, Human Trafficking, Missing Children, Permanency)
- Support Services and Administration

- o Strategic Initiatives
- o Policy
- o Data and Information Services
- o Business Operations
- o Continuing Care

3. Children’s Legal Services

[Children’s Legal Services \(CLS\) http://www.myflfamilies.com/service-programs/childrens-legal-services/](http://www.myflfamilies.com/service-programs/childrens-legal-services/)

represents the State of Florida through the Department in dependency proceedings. CLS coordinates dependency actions with Child Protection Investigators (CPIs) or case managers at every Chapter 39, Florida Statutes proceeding to advocate for the safety, well-being, and permanency of abused, abandoned, or neglected children. In addition, CLS is responsible for coordination with attorneys under contract from the State Attorney’s Office for Pinellas and Pasco counties.

4. Office of Quality and Innovation (OQI)

The Assistant Secretary for the Office of Quality and Innovation (OQI) is responsible for administering policies and practices within the areas of quality assurance, innovative processes and support, training development, and licensing throughout the state of Florida.

The Office of Licensing, within the Office of Quality & Innovation, functions within three program areas: Foster Care and Community Care, Substance Abuse and Mental Health, and Child Care, and ensures that licensing requirements are met with inspections, investigations of allegations of unsafe facilities and homes, and supports training and technical assistance to providers.

CHAPTER 1. COLLABORATION

COLLABORATION WITH STAKEHOLDERS AND SYSTEM PARTNERS

The Department collaborates through many different avenues with our internal programs, sister human services agencies, child and family well-being organizations, and service providers statewide through various Data Sharing Agreements and Memorandums of Understanding. The Department also participates on statewide advisory councils and steering committees to promote partnership and a collaborative approach to the needs of the State. Through these various partnerships, critical stakeholders work together in a coordinated and integrated effort to serve individuals and families that cross multiple systems and achieve common goals.

Florida's community-based child welfare system is comprised of a partnership between the Department of Children and Families (DCF), other state agencies, the courts, law enforcement agencies, service providers, and local communities. There are 19 Community-Based Care Lead Agencies that each provide coverage to specific geographic areas within the 20 Judicial Circuits in Florida. Several lead agencies cover more than one geographic area and areas may include one or more counties. Although services vary among Lead Agencies, they have a shared role in participating and ensuring safety, permanency, and well-being for all children in the state.

[The Child & Family Well-Being Council](#) was recently established to advance the well-being of Florida's children and families and help fulfill the Department's statutory mission and purpose of working 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 Council was created out of the CJA/Child Welfare Task Force, as the number of stakeholders wanting to participate in that venue has grown over the years. The Council advances the Department's vision and strategy to invite multiple stakeholder groups, including non-traditional stakeholders, parent and lived-experience voices, and sister agencies to the same discussions. As the Child & Family Well-Being council is being built over the second quarter of Federal Fiscal Year (FFY) 2022-2023, there is intent to create a collaborative policy development and recommendation system for stakeholders to better inform the Department's direction.

STAKEHOLDER INVOLVEMENT IN IMPLEMENTATION OF THE CFSP

The OCFW collaborates with stakeholders through various advisory bodies, workgroups, ongoing information-sharing, solution-focused meetings, and other forms of communication.

OCFW and regional liaisons engage in different collaborative efforts with stakeholders and partners to establish a foundation for the annual report. Stakeholders and partners included, but were not limited to, staff from other divisions within the Department, Lead Agency providers, local Sheriff's Office liaisons, members of the Florida Coalition for Children (FCC) who provide leadership to lead agencies for multiple strategic initiatives and workgroups, youth from Florida Youth SHINE, parents, relative caregivers, foster parents, members of the Quality Parenting Initiative (QPI), Guardian Ad Litem (GAL), Office of the State Courts Administrator's Office of Family Courts, and the Dependency Court Improvement Panel (DCIP).

Regional liaisons collaborated with various stakeholders and partners to implement the CFSP and provided updates with input from across the local child welfare spectrum throughout the State of Florida. The planning, reviewing, and drafting of the APSR began in mid-January. Each Region worked with their local staff (including child welfare professionals), community partners, stakeholders, and those with lived experience to provide an update on areas of strength and opportunities, review if changes or modification

of goals were needed, and to share the great work occurring to support goals. The updating of the APSR is shared throughout the child welfare community through various councils and posting to the Department's publication's webpage. The involvement of organizations in the Department's planning and other activities, as outlined above, is described throughout the APSR.

A team from the Department, in conjunction with community stakeholders, conducts monthly meetings with Florida's Office of State Courts Administrator's Office of Family Courts/DCIP. These collaborative meetings allow for the opportunity to share and discuss rising issues, DCIP activities, and needs for joint input on initiatives, topics, and goals. The Department reaches out and engages the Office of Family Courts to assist in the updating and drafting of the annual APSR. Discussion about the APSR is a standard topic that occurs frequently throughout the meetings. The Office of Family Courts is a well-established partner and always participates in the planning and execution of the Annual Joint Planning Meeting.

STAKEHOLDER INVOLVEMENT IN TRANSITION TO CHILD WELFARE INFORMATION SYSTEM

The Department and its stakeholders are engaged in ongoing analysis and planning to facilitate the transition from the Statewide Automated Child Welfare Information System (SACWIS), Florida Safe Families Network (FSFN), to a Comprehensive Child Welfare Information System (CCWIS). FSFN is the Department's statewide automated Child Welfare Information System (CCWIS) and contains the official record and comprehensive case file for each adult and child protective investigation and case, consisting of 30 years of data on more than 8,000,000 people. As reflected in policy, statute, and contracts, all pertinent information about every investigative and case management function must be recorded in FSFN. A single statewide automated case record is available for each child as he or she moves through the child welfare system.

During SFY 2021-2022, CCWIS transition activities focused on making FSFN modifications required to comply with the Family First Prevention Services Act and the changes needed to comply with new AFCARS reporting requirements. During Florida's 2022 Legislative session, the Department was awarded \$15 million to aid in the CCWIS modernization effort.

The Department has developed a phased approach to implement CCWIS functionality that will replace FSFN by SFY 2026-27. Phase 1 started in SFY 2022-23 and includes implementing intake and investigation modular functionalities. The Intake module supports the Florida Abuse Hotline team, while the Investigations module supports Sheriff's Offices and Department Child Protection teams. The Department expects to launch Phase 1 in Fall of 2023. Phases 2 through 4 propose an ongoing modular functionality implementation approach but are subject to change based on acquired funding and associated planning. During Florida's 2023 Legislative session, the Department was again awarded \$15 million to continue modernization efforts.

STAKEHOLDER INVOLVEMENT IN CHILD AND FAMILY SERVICES REVIEW ROUND 4

Once Florida received confirmation of being a Year 1 state in the CFSR Round 4 Process, the team immediately began reviewing resources and held multiple kick off meetings via Microsoft TEAMS to share the information about the CFSR process and to designate leads for the Statewide Assessment (SWA). The team included the CFSR coordinator, Policy Manager, and the Director and team members from the Office of Quality and Innovation, as well as other team members from the Office of Child and Family Well-Being. These calls began in August 2022 and continued through November 2022. During each call, the systemic factor items were reviewed, the SWA drafting tools and resources shared, and a lead was identified that was tasked with forming a team for drafting to include collaboration with key partners and stakeholders, including those with lived

experience, to demonstrate how well the systems are functioning. Bi-monthly check-in calls were held with all CSFR Team leads to address any identified barriers and/or questions raised during the drafting work.

The Department met with Representatives from the Tribes at the Summit held in August 2022 in Orlando. During this meeting the Department shared about Florida's CFSR Year 1 designation, the upcoming Statewide Assessment, and the case review process. A follow up meeting with the Tribes was held on December 19, 2022, where again the Department shared the CFSR process and inquired if the Tribes would be willing to participate as a stakeholder in the statewide assessment drafting.

Further, the Department and a facet of stakeholders presented information on Florida's Child Welfare System as it relates to specific Systemic Factor items during CFSR technical assistance calls with the Children's Bureau. These calls provided an opportunity for the Children's Bureau to hear from stakeholders and Department staff directly and allowed for feedback on the areas presented to be specifically addressed in the Statewide Assessment.

To continue collaboration into the CFSR process, Florida is also building upon the work of the newly created Child and Family Well-Being Council for assistance with Florida's Child and Family Services review. The formal request for stakeholders was presented during the December 6, 2022, meeting. Welcome meetings to provide an overview of the CFSR process and the expectations of the participants were held on December 16, 2022, and January 16, 2023. Each lead conducted and set the cadence for the work of all stakeholders for the drafting of their section(s) of the Statewide Assessment. A monthly cadence for check in with the stakeholders was established with the first meeting to begin in February 2023. The CFSR coordinator facilitated the meetings that were held via Microsoft TEAMS.

This subcommittee was formed to maximize stakeholders' involvement in the assessment process and is comprised of internal and external partners from across the state. The group had a standard monthly meeting to share/summarize the work occurring and items completed, as well as participate in various Microsoft TEAMS meetings to work as a team on information gathering and drafting of the narrative for the Statewide Assessment. The group was formed with representatives of the Department (state and region), CBC Lead Agencies, Sheriff's Offices, Courts, Foster Parents, Youth and Young Adults, Guardian ad Litem, and other state agencies. The committee members reached out to other local partners who provided input on local needs including performance measurement gaps on outcomes and systemic factors, particular focus areas for services or specific population groups, and strategies and initiatives.

Florida's focus on providing opportunities for individuals with lived experience to influence policy is made possible by the state's strong connection with youth advocacy groups, biological parents, relative caregivers, and other organizations. The Department is also focused on ensuring that those with lived experience influence the daily culture and operations of the Department through the Office of Continuing Care, which is staffed by Hope Navigators with lived experience. Additionally, to incorporate youth voice into policy and decision-making, the Department works closely with One Voice Impact, Florida Youth Shine, GAL Champions, and the Florida Youth Leadership Academy. The Department is also working to ensure that biological parents and caregivers have an opportunity to share their experiences and help influence policy making. The Department has engaged PATH, an organization made up of biological parents that have had experience with Florida's child welfare system. Several birth parents have volunteered to participate in Florida's CFSR statewide assessment process. Please see the stakeholder listing.

The Office of Continuing Care (OCC) makes youth voice a consistent part of daily culture. The young adults with lived expertise in foster care that are employed with the Department are compensated for their time through their salary. This includes the Youth Advisor and OCC Hope Navigators. The Youth Advisor is also responsible

for ensuring every young adult's voice is represented, regardless of their readiness or participation in advocacy groups. The office strives to capture "youth voice" across many avenues, recognizing that every individual in the foster care system has unique experiences.

Youth Advisor Position & Incorporating Lived Experience

The Department established an internal position to employ a young adult with lived experience to support the policy and practice team and Office of Continuing Care. This position of Youth Advisor allows for continued collaboration and communication between the Department and some of the youth advocacy programs, including One Voice IMPAACT, Florida Youth Shine, and GAL Champions to promote youth empowerment throughout the state.

The Youth Advisor is communicating with youth councils, boards, and groups around the state to gather their feedback on the new policies and changes. Further, the Youth Advisor meets with youth from group homes, foster homes, transitional housing facilities, and other placement types to ensure youth experience from all placement types are recognized and included.

The Youth Advisor is conducting site visits statewide. These site visits are specifically geared to gather feedback from youth and young adults who are not currently involved in advocacy. This work is relatively new but through intentional implementation, the Youth Advisor will build trust, allowing more young people to reach out directly as well.

The Youth Advisor will conduct young adult specific training for youth and young adults about changes within the Department that is geared towards closing the feedback loop regarding how their feedback is put into practice within the Department. This is underway for the new transition plan ready for statewide implementation in the new year.

Understanding that lived experience extends to those in the child welfare system, the Department involved representatives from all Regions seeking lived experience that includes Management, Child Protective Investigators, CBC leadership, case managers, foster parents, birth parents, youth, children, Guardian Ad Litem, Attorneys (Parents), relative and nonrelatives, and other state and community stakeholders to participate on the Region's team for the completion of the SWA.

The Department also incorporated Florida's multidisciplinary Dependency Court Improvement Panel, which is comprised of judicial and child welfare leaders from around the state, whose purpose is to direct dependency court improvement activities. This panel assisted with providing insight and feedback on the CFSR process by helping with the development of survey questions, drafting systemic factor item narratives, and providing suggestions regarding information to be included in the Statewide Assessment to assist in telling Florida's story.

To reach more stakeholders for input and involvement in the SWA, a web-based survey was disseminated statewide. The Department, with the assistance of internal staff, the Capacity Building Center, Youth with Lived Experience, Office of the State Courts Administrator, and the Dependency Court Improvement Panel drafted a survey with multiple questions to assess the overall operation of Florida's child welfare system statewide.

OUTCOMES AND PERFORMANCE

Florida’s Child Welfare Results-Oriented Accountability Program (ROA) is established in [section 409.997, Florida Statutes](#), to provide a comprehensive framework for evaluating the achievement of child welfare outcomes by the Department, Community-Based Care Lead Agencies (Lead Agencies), and their subcontractors. The Department’s OQI Quality Reviewers, Data Scientists, Performance Improvement Managers, and the program training units all work to evaluate data and recommend practice and policy changes for the system of care. New and improved accountability metrics have been developed and continue to be improved for regions, circuits, contracted Sheriff’s offices, and Lead Agencies, including, for the first time, qualitative data from file reviews.

The Department’s Contract Oversight Unit (COU) conducts administrative reviews of Lead Agency contracts to address requirements in [section 402.7305, Florida Statutes](#), for monitoring Lead Agency contracts. The OQI monitors and evaluates performance on quantitative and qualitative outcomes, and leading indicators are reviewed with each region, circuit, contracted Sheriff’s offices, and Lead Agency during the newly implemented Quarterly Quality events. The Quarterly Quality events are intended to facilitate participation from the Department, Lead Agencies, and stakeholders for each community. The Department will have held four quarterly events during this reporting period.

The OQI is charged with assessing the quality of child and family services across the state and conducting statistical analysis to improve gaps in quality. To assess the quality of child and family services, the Office of Quality and Innovation has launched its Life of Case Review Tool, which guides quality reviews that are conducted in each circuit throughout the state. The Life of Case Tool was built to align with the CFSR items and, in addition, assesses other factors to help identify etiologies for gaps in performance. Sample sizes for quality reviews are determined to ensure representative demographic factors and the achievement of a 90 percent confidence level and 10 percent margin of error within each circuit. Additionally, a formalized process has been established to ensure that inter-rater reliability is consistent with industry standards and expert opinion. The life of case tool and quality review process were launched in July 2021. This baseline year of data collection, around the quality reviews, concluded in June 2022 and the Department now has a highly reliable dataset to begin conducting more robust analysis into root causes of gaps in quality across the state. With this baseline data, the department can better pinpoint areas of concerns and develop more comprehensive and targeted strategies for improving performance.

The Department has developed and maintains many quantitative and qualitative resources. [Florida’s Child Welfare Statistics](#), shown on the Department’s child welfare dashboard, provides a broad range of data that can be used to create and view historical trends by state, region, or Lead Agency, and other information, such as child ages, gender, and race. The data on the dashboard and in other reports posted is derived from Florida’s Child Welfare Information System and the Department’s quality assurance activities. Primary documents used for analyses in this chapter were the PIP progress reports, Florida Continuous Quality Improvement review data from the Online Monitoring System (OMS), Life of Case reviews for Child Protective Investigations, and the Federal Data Profile.

CFSP OUTCOME UPDATE

Recently the Department developed a statewide accountability system as the new method that assesses the overall health of each circuit’s child welfare system by evaluating performance for child protective

investigators, community-based care lead agencies, and children’s legal services. The Department collaborated with key stakeholders throughout the state who provided critical input, resulting in strong metrics and methodology in which all Floridians can have confidence. To access the 2021-2022 Accountability Report and the supporting documents, please visit [Annual Accountability Report - Florida's Child Welfare System \(myflfamilies.com\)](https://myflfamilies.com)

The scores in the report are a launching point for deeper and more robust family-centered conversations that focus on innovation and advancement to further the goals of the Florida’s CFSP in Permanency, Safety, and Well-Being (items 1 through 18). To accelerate the progress, Florida is instituting the following key activities.

- Establish a statewide collaborative: The Department has identified areas that will have the most significant systemic impact on improving permanency and well-being. The Department is responsible for holistically assessing whether the system of care is performing effectively, efficiently, and with high quality. The Office of Quality and Innovation will facilitate roundtable discussion(s) with representatives from the Office of Child and Family Well-Being, community stakeholder and partner groups within the system of care, and families receiving services to further establish opportunities for improvement, identify potential systemic barriers and root causes, and cement a cadence for ongoing collaborative improvement efforts.
- Establish circuit-led quality improvement strategies: During FY 21-22, the Department hosted 28 regional meetings. We will begin transitioning these meetings from regional to circuit-specific to enable leaders to engage in meaningful, thought-provoking dialogue at a more granular level, and to develop quality improvement strategies that are reflective of and account for local dynamics.
- Initiate root cause analyses: Through the circuit-level meetings, the Department will conduct root cause analyses with each circuit’s leaders to identify specific opportunities for enhanced integration of statewide initiatives.
- Identify and address statewide themes: The Department will compile information from circuit-level quality improvement meetings and associated root cause analyses to guide statewide policy adjustments and drive ongoing performance outcome improvements.

Safety Outcome 1: Children are first and foremost protected from abuse and neglect

- Item 1, Percent of Alleged Child Victims Seen within 24 Hours
 - o Target and Target Date: 95%, 9/30/2020
 - o Achieved: 9/30/2019

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

- Item 2, Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry
 - o Target and Target Date: 85%, 9/30/2020
 - o Achieved: 6/30/2018
- Item 3, Risk and Safety Assessment and Management
 - o Target and Target Date: 77%, 9/30/2020
 - o Achieved: 12/30/2020

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

- Item 4, Stability of Foster Care Placement
 - Target and Target Date: 88%, 9/30/2020
 - Achieved: n/a
- Item 5, Appropriate and Timely Permanency Goals Established
 - Target and Target Date: 82%, 9/30/2020
 - Achieved: 3/30/2018
- Item 6, Achieve Reunification, Guardianship, Adoption, or Other Planned Living Arrangement
 - Target and Target Date: 75%, 9/30/2020
 - Achieved: n/a

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

- Item 7, Placement with Siblings
 - Target and Target Date: 90%, 9/30/2024
 - Achieved: n/a
- Item 8, Child Visits with Parents and Siblings in Foster Care
 - Target and Target Date: 90%, 9/30/2024
 - Achieved: n/a
- Item 9, Preserving Child’s Connections
 - Target and Target Date: 90%, 9/30/2024
 - Achieved: n/a
- Item 10, Relative Placement
 - Target and Target Date: 90%, 9/30/2024
 - Achieved: 6/30/2018
- Item 11, Relationship of Child in Care with Parents
 - Target and Target Date: 90%, 9/30/2024
 - Achieved: n/a

Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs

- Item 12, Needs and Services of Child, Parents, and Foster Parents
 - Target and Target Date: 58%, 9/30/2020
 - Achieved: 12/30/2020
- Item 13, Child and Family Involvement in Case Planning
 - Target and Target Date: 70%, 9/30/2020
 - Achieved: 3/30/2018
- Item 14, Quality and Frequency of Caseworker Visits with Child
 - Target and Target Date: 78%, 9/30/2020
 - Achieved: 12/30/2018
- Item 15, Caseworker Visits with Parents
 - Target and Target Date: 51.1%, 9/30/2020
 - Achieved: 6/30/2018

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

- Item 16, Educational Needs for Child
 - Target and Target Date: 90%, 9/30/2024

- o Achieved: n/a

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

- Item 17, Physical Health of the Child
 - o Target and Target Date: 90%, 9/30/2024
 - o Achieved: n/a
- Item 18, Mental/Behavioral Health of the Child
 - o Target and Target Date: 90%, 9/30/2024
 - o Achieved: n/a

During the last year the Department and its partners completed a Regional System Assessment to align with the findings in the Accountability report. The assessment was to provide a regional overview, identifying shared community priorities, strategies to address priorities, a summary of key actions required to achieve the priorities, and desired outcomes for those served in the communities.

PREVENTION UPDATE

Florida's five-year prevention plan was approved in March 2023. Florida began implementing a Community-Based Care model in 2005 to support the long-standing vision that services are best delivered when developed and driven by local communities. Florida has seen improved outcomes for children and families since this transition that includes a reduction of children placed in out-of-home care from a historic pre-Title IV-E waiver high of 28,444 children on October 31, 2003, to 20,951 children on March 31, 2023. Florida's child welfare system is comprised of an allegation intake and child protective investigation process conducted by Department staff and seven (7) Sheriff's Offices and supported by a privatized case management system provided by Lead Agencies.

Florida's approved plan allows for the provision of the following allowable programs and services:

1. Homebuilders (HB)
2. Motivational Interviewing (MI)
3. Healthy Families America (HFA)
4. Functional Family Therapy (FFT)
5. Brief Strategic Family Therapy (BSFT)
6. Multisystemic Therapy (MST)
7. Nurse-Family Partnership (NFP)
8. Parent-Child Interaction Therapy (PCIT)
9. Parents as Teachers (PAT)

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's Child Welfare Information System is the state's official case file and record for each investigation and case and is the official record for 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 in FSFN within 48 hours (2 days).

There are numerous reports available in Business Objects Enterprise (BOE), such as the CARS (Children Actively Receiving Services) Report, which captures an abundance of information relating to children in care. In addition, BOE Power Users can access Web Intelligence in BOE and generate their own reports, pulling in data such as Legal Status, Demographic Characteristics, etc. There are management reports that are run to track data points, such as the commencement of investigations, to ensure timeliness of data entry. There are also automated messages (emails), which are generated out of the Child Welfare Information System, and sent to the Primary Worker, as well as their supervisor, for pieces of work coming due such as the FFA-Ongoing and Progress Update. Information is readily available when logging into the Child Welfare Information System, such that the user can go straight to the Legal module and view the most recent/current Primary and Concurrent Permanency Goals for a child in care, including their Legal Case and Custody Status. Further, users can easily access the Placement module to see everywhere the child has been placed, and for every Provider, we capture the Provider's address.

Florida's Child Welfare Information System supports child welfare practices and the collection of data and enables child welfare staff to readily identify the status, demographic characteristics, and goals for the placement of every child who is in foster care. The accuracy of quantitative reports is critical to the ongoing monitoring of Florida's child welfare system. The Department maintains an internal web page, Child Welfare Information System Reports, Information, and Resources, which provide Child Welfare Information System Questions/Answers, Reference Data, Topic Papers, User Guides, and on-demand video training on general and specific topics to ensure the accurate use of the Child Welfare Information System. Topic Papers describe the functionality of each section of FSFN, the data entry requirements, and location in a user-friendly manner. The User Guides show users how to enter information with visual aids of data entry screens within the system. Children and Family Operating Procedures contain a section for FSFN documentation requirements. Training on Florida's Child Welfare Information System data entry and the importance of documentation is ongoing. Modules on data entry are also included in the pre-service curricula for child protective investigators and child welfare case managers.

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.

Beginning in July 2021, Life of Case Reviews: Judicial Review and Permanency Orders specify whether a caregiver was provided notice of the hearing, appeared at the hearing, and wished to address the court. File reviews also look for indication that the caregivers were notified of upcoming hearings by case manager. This is applicable for any caregiver whether it is a licensed foster parent/group home, adoptive parent, relative, or non-relative caregiver.

Qualitative Measures	State Standard	Jul-Sept 2019	Oct-Dec 2019	Jul-Sept 2020	Oct-Dec 2020	Jul-Sept 2021	Oct-Dec 2021
Concerted efforts made to ensure caregivers are provided with the right to be heard in court	85%	95%	93%	87.1%	88.6%	84.6%	63.3%

Data are not captured in the Florida Dependency Court Information System. However, Children’s Legal Services drafts an Annual Legislative Report regarding quality performance from the legislatively mandated peer review, outcome attainment, and the cost comparison between the Department and State Attorney’s Office conducting legal services. The annual report is due to the President of the Senate, Speaker of the House of Representatives, and the Governor no later than November 1st of each year. The annual report is a public document. The report is filed with the state library, but it is not currently available online.

Florida continues its use of problem-solving court programs such as Early Childhood Court, Drug Court, Girls Court, and Mental Health Courts. Early Childhood Court is used in most areas of the state and has shown promising early results with the timely achievement of permanency for the children. The problem-solving courts typically have special reduced dockets for the judiciary and assigned case workers to ensure frequent court hearings and parent accountability.

There have been data analyses conducted on early childhood courts. Information on these findings can be found at the following link: [Early Childhood Courts - Florida Courts \(flcourts.org\)](http://Early Childhood Courts - Florida Courts (flcourts.org)).

Additionally, the Judicial, Court, and Attorney Measures of Performance (JCAMP) project is an offer of technical assistance to the Office of Family Courts from the Capacity Building Center for Courts. The purpose of the technical assistance offered is to improve Hearing Quality and Quality Legal Representation in dependency cases. The Office of the State Courts Administrator gathered data through court observation from five judicial circuits as well as statewide surveys of stakeholder groups. The court observation was of shelter hearings and permanency review hearings, some of which were live and some of which had been recorded. Observers noted, among other things, who attended the hearings, whether various issues (such as the child’s development, physical health, and mental health) were discussed, and whether the judge made certain findings. Observers used a data collection instrument provided by the technical assistance experts from the Capacity Building Center, who also assisted in analyzing the data, which will be used to inform the Hearing Quality and Quality Legal Representation projects. The JCAMP final report will be provided upon its completion.

Girls Court is limited to a couple jurisdictions and OCI does not collect data on this court. Mental Health Court is not a dependency problem-solving court, it is adult criminal. Dependency Drug Court data is collected, but there are no analyses currently available. Data collection includes timely permanency.

OCI has shifted its strategy to align with The Dependency Court Improvement Panel decision to utilize the change management process to determine how to address quality legal representation. Moving forward, this process will inform the intervention.

QUALITY ASSURANCE SYSTEM

Item 25. How well the quality assurance system is 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.*

See Chapter 4 for more Detail on Florida’s Quality Assurance System.

STAFF AND PROVIDER TRAINING (INCLUDES STRONG AND HEALTHY WORKFORCE)

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.

Office of Child and Family Well-Being (OCFW) Headquarters Learning and Development

The Florida OCFW training strategy for all Child Welfare professionals is created to equip them with the required competencies to “protect the vulnerable.” Under this strategy, the Department provides robust pre-service and in-service learning and development opportunities for all certified and uncertified staff. Below is a detailed overview of OCFW pre-service and in-service training strategies and current practices.

Office of Child and Family Well-Being Learning and Development (OCFW L&D) Team Overview

Organizationally, the Department’s training unit is situated within the Office of Quality and Innovation. Following a re-organization in February 2021, the OCFW L&D unit has steadily grown in size and expertise to meet the training needs of the state more effectively. Currently, the team consists of one Training Manager, three Curriculum Developers, one Master Trainer, and one Training Coordinator. These positions are dedicated to developing training initiatives, establishing, or securing funding opportunities, and curriculum development. However, to meet the consistent demands of the field, an additional seven positions, called regional training liaisons, were onboarded to this unit to support training implementation and delivery.

Programmatically, the L&D unit is responsible for ensuring that all training and staff development activities directly support Florida’s Child Welfare Practice Model and goals for prevention, safety, permanency, and well-being. Specifically, the training unit ensures the following:

- The Department’s vision and practice principles, as outlined in s. 39.001, Florida Statutes are effectively taught and reinforced through curricula, structured field experiences, coaching, and supervision.
- Training curricula are safety-focused, trauma-informed, and family-centered.
- Child Welfare Trainers are certified through a robust program and receive high-quality training materials for impactful training.

Statewide Training

Each DCF Region, Lead Agencies, and Sheriff's Office has either an in-house training program or contracts with a university or other child welfare provider for a training program. The OCFW L&D team oversees these training units within each region and agency. According to information collected from each of these entities in June 2022, there are 25 training managers statewide with varied roles and responsibilities. Some training managers solely manage their program, while others provide training in addition to their managerial duties and quality assurance responsibilities. Starting October 2023, the Department will centralize all investigation responsibilities to the regions. This change will streamline and improve investigation processes, leading to better outcomes for all stakeholders. This transition will also result in more consistent training delivery for the L&D team throughout the state.

There are 142 trainers statewide (not including training managers that train). Of these trainers, only 21 teach in-service training. The remaining trainers teach pre-service or a mixture of both in-service and pre-service training. While the training unit at the Office of Child & Family Well-being is responsible for all pre-service training development and some in-service training development, each entity has autonomy as to when and where these materials are delivered. Additionally, OCFW L&D tracks all mandatory training delivery and implementation for each entity.

Current Pre-service

In Florida, it is mandatory for all child welfare service staff to obtain a child welfare certification from a third-party organization known as the Florida Certification Board. The FCB also works with DCF and child welfare agencies to develop and update certification standards and requirements, ensuring that they reflect the latest research, best practices, and trends in the field of child welfare. The FCB currently administers three credentials that meet the statutory requirement for certification in s. 401.40, F.S.: Certified Child Welfare Protective Investigator (CWPI), Certified Child Welfare Case Manager (CWCM), and Certified Child Welfare Licensing Counselor (CWLC). The certification requirements include holding at least a bachelor's degree, finishing a 10–12-week pre-service training program (i.e., Core, CPI Specialty, Case Management Specialty, and Licensing Specialty) approved by the Department, passing a written pre-service exam (minimum 78 out of 100), completing 1,040 hours of on-the-job experience, and receiving 40 hours of direct supervision. The FCB regularly reviews and updates its certification programs to ensure that they remain relevant and effective in meeting the needs of children and families in Florida. To track completion of certification requirements, the FCB requires applicants to submit documentation of their education, training, and experience through their tracking system. The FCB identifies these competencies through collaboration with subject matter experts, stakeholders, and practitioners in the field of child welfare every five years. Once the competencies have been identified, the FCB uses them to develop exam content that assesses a candidate's mastery of the required competencies. The table below shows the last three years of pre-service completion and passing of people through FCB. The details of the preservice can be found in Appendix A.

Table 2.3. Number of pre-service pass and fail since 2020

Exam Name/Year	Total N	Total Failures	Fail Rate	Pass Rate
Investigation 2020	631	44	7%	93%
Investigation 2021	570	62	11%	89%
Investigation 2022	796	75	9%	91%
Case Managers 2020	1069	139	13%	87%
Case Managers 2021	1064	127	12%	88%
Case Managers 2022	1414	201	14%	86%

Research and Evidence for Impact of Current Pre-service

The Department recognizes that training and support go far beyond our field staff. All stakeholder partners (e.g., Lead Agencies, Child Legal Services, Sheriff Offices, Foster Youth, etc.) and policymakers at the table brought working knowledge of the available policies and services. In March 2022, the Department conducted an in-person, two-day workgroup to envision a new pre-service structure that will enable newly hired Child Welfare professionals to prepare for the job. The workgroup consisted of 10 participants from DCF regions, 15 from Lead Agencies, two from SOs, and university partners (i.e., University of South Florida and Florida Institute for Child Welfare at Florida State University). During the workshop, the participants discussed the three study findings, the current pre-service strengths, and needed improvements. The workgroup attendees echoed the study findings by providing the following feedback:

- Pre-service should include more fundamental aspects of the job such as safe hands-on practice opportunities.
- Pre-service should include an increase in supervisory involvement to improve the trainee’s experience during and after training.
- Some highly qualified trainees suffer from test anxiety and may not perform well on the test administered by the FCB.
- Trainees focus on passing tests versus mastering the application of required skills.

In addition to the workgroup, two studies were conducted for the pre-service training:

- The Florida Study of Professionals for Safe Families (FSPSF) was a five-year longitudinal, statewide project that was completed in 2020. The project required newly hired CPIs and CMs to identify factors influencing worker satisfaction and retention.
- The Evaluation of re-service was a two-year evaluation of whether the pre-service training was translated into the field and concluded in 2021. The study results showed that Child Welfare professionals’ knowledge assessment test improved after completing the pre-service training. However, the learners had difficulty with translating the knowledge to field.

Even though the studies were concluded in 2020 and 2021, the findings are still prevalent in Florida. Overall, reviews indicated a need for more practice in accurately assessing and documenting decision-making regarding child safety and risk, as well as insufficient documentation and evidence of information collection needed to make informed decisions in most areas and domains. In addition, the participants mentioned the importance and benefits of internal support from supervisors and colleagues after pre-service training.

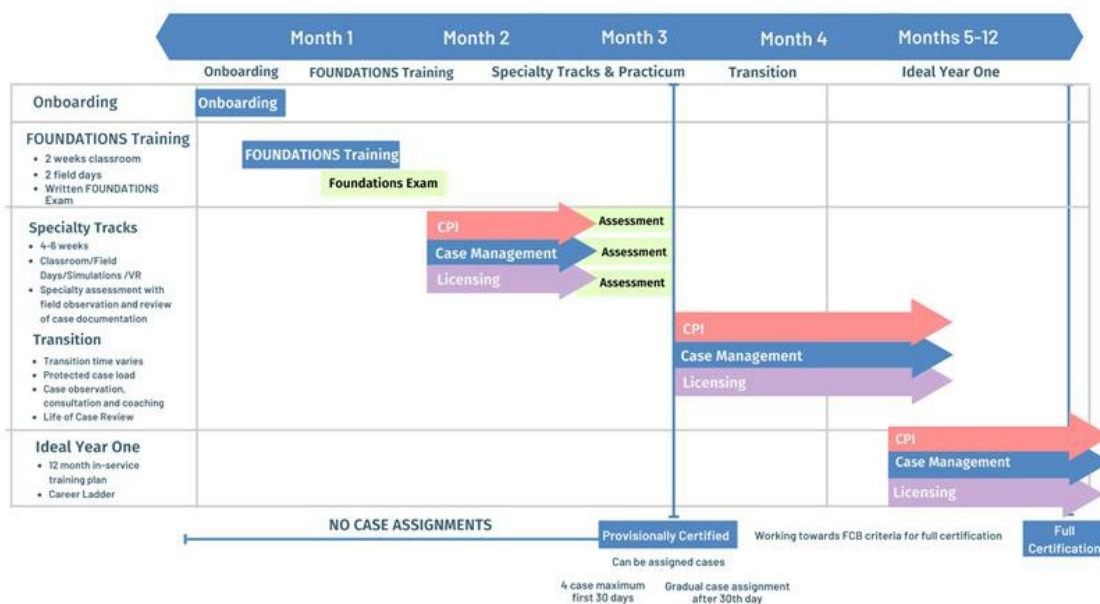
Envisioning a New Pre-service for Florida Child Welfare Professionals

The Department, in collaboration with Lead Agencies, Sheriff’s Offices, USF, FCB, and the Institute, restructured the pre-service training based on findings from the three studies described above. The Department is in the process of updating current content and establishing the required infrastructure to provide and sustain a best-in-class pre-service experience for all future Child Welfare professionals. The proposed structure and new curriculum will address the following issues:

Areas for Improvement	Proposed Solutions
Lack of hands-on practice opportunities	Incorporate VR and Simulations and add more structured field days
Lack of interactive learning opportunities during classroom	Update the curriculum to include interactive learning opportunities

Only focusing on passing certification test	Adding qualitative assessment to ensure qualitative field assessment to ensure staff possess the initial level of competency
Lack of supervisory involvement	Incorporate activities where supervisors are part of pre-service training process
Lack of ongoing learning opportunities after provisional certification	Providing in-service learning training opportunities throughout the year from HQ
Unrealistic expectations for caseloads right after pre-service training	Tailor the number of case sizes assigned based on individual competency levels
Lack of mentoring or internal support	Provide support and additional training, if necessary, after provisional certification

Based on the discussion, the proposed structure is changed to the following:



The OCFW Learning and Development team is in the process of updating the current curriculum and creating infrastructures to implement the new pre-service learning experience in July of 2023 for both CPIs and CMs based on all findings. The goal is to implement the Licensing Specialty track in December of 2023. All key components of new pre-service training are included in Appendix B. Please note that the new structure will be piloted in April 2023 and fully implemented in Summer 2023. Therefore, no data is available as the project is still in the development phase.

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?

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.

The OCFW Learning & Development's in-service training strategy is based on the specific needs of Child and Welfare Professionals, supervisors, managers, and trainers to provide knowledge and skills necessary for their roles at the Department or partner agency of their child and welfare professional career. The in-service training is designed to be responsive and adaptable to performance gaps identified by Life of Case reviews, stakeholders, and participants. The following section covers:

Identifying Training and Performance Needs:

Given the broad nature of child and family well-being practices in Florida and to better support the field, staff training needs are identified at two levels: HQ and agency. In addition, our partner agencies create advanced development opportunities for all child welfare agencies in Florida.

To address ongoing training needs at the HQ and agency levels, the Department launched MyFLLearn in April 2023. This enterprise Learning Management System (LMS) is available to all Department employees and child welfare professionals within the system of care, including all DCF Regions, Lead Agencies, Sheriff Office's, GALs (Guardian Ad Litem), Foster Parents, and partner agencies. The LMS includes more than 3,000 training videos and documents across a variety of topics. The system allows the Department to track employees' progress and ensures that Child Welfare professionals complete training.

HQ Level Training Needs Assessment:

The OCFW L&D identifies training needs through quarterly assessments on frontline workers and supervisors. Tools used to complete the assessments include surveys, focus groups, Life of Case data reviews, or solicitation of recommendations from other initiative groups. To ensure a comprehensive review is completed, new research informing child welfare issues, specific practice trends, or policy changes are considered in determining new and ongoing training needs. Based on the identified need, the team collaborates with other agency training units to identify available trainings and to develop or procure additional trainings. The following methods are used at the HQ level to identify training needs:

- **Quality Review Results:** Quality review data from Life of a Case are reviewed by the OCFW L&D Team and Data Team. The purpose of these reviews is to identify emergent trends and issues in performance and to determine which issues can be solved through training. The quality review results are used to determine learning circle topics.
- **Quarterly Training Reports:** The quarterly training reports play an important role in assisting the Department with identifying agencies that provide training to their child welfare staff and overall training needs. For example, the reports guide the deployment and delivery of in-service trainings and virtual instructor-led trainings by the HQ team.
- **Annual Needs Assessment Survey:** The DCF Workforce Learning and Development Team conducts an annual training needs assessment survey. In addition to staff requests, the assessment results are used to identify and implement professional development trainings throughout the year.

Agency-Level Training Needs:

In addition to the HQ training need identification process, each DCF region and partner agency has its internal processes to identify training needs. The OCFW L&D team conducted two workgroups with regional DCF training managers and partner training managers to discuss their internal needs assessment plans. There were

15 training managers in total in two workgroups. Based on the discussions, training managers use the following methods to identify training needs:

- Annual Needs Assessment Survey: Training managers to send out a survey to entire agency in June to determine which in-service training staff requests before the Florida's new fiscal year starts. The survey allows training managers to plan training for the new fiscal year.
- Quality Review Results: Training managers use quality review data (Life of a Case or internal quality assurance reports) to see emergent trends and issues in performance and determine which ones can be solved through training.
- Supervisor Feedback: Training managers send out surveys to supervisors to identify performance issues and offer training to address these issues.
- Monthly or Quarterly Meetings: Training managers meet with program offices monthly or quarterly to discuss training needs and possible training solutions.
- Self-Learner Identified Training Needs: The Learning Management System includes more than 3000 training videos and documents. If a staff needs certain training, he/she can access the child welfare training library to satisfy their learning needs.

Based on these discussions, some partners and regions use all these methods to identify training gaps, while others only use some. Overall, all agencies have a process to determine their staff training needs. They also mentioned that they use our training offerings to meet the training need in their regions and agencies.

HQ Delivered Training Based on Needs:

The Department approves all recommendations for course development or procurement. Based on the feedback, the following categories were created:

1. Skill-building Learning Circles (i.e., criminal backgrounds and priors, present danger, information collection, and initial supervisory consultation)
2. In-service Training (i.e., Domestic Violence, Mental Health, Human Trafficking, Sexual Abuse, Substance Use, etc.)
3. Professional Development (i.e., Teamwork and Leadership, Professional Development, and Wellness Offerings).

Skill-Building Learning Circles:

The OCFW L&D, Quality Reviewers, and Quality Data teams work collaboratively in identifying training-related performance gaps and delivering training based on the annual needs assessment survey and Life of Case results, which is covered in Item 25. These training are offered based on the aggregated Life of a Case tool scores for each unit or circuit. The regional leadership or Lead Agency require all these identified units or circuits to attend the learning circle sessions.

If the need is identified based on the statewide quality review performance metrics, the quality reviewer team offers Skill-Building Learning Circles to develop internal Florida Child Welfare Practice model expertise within the regions and partner agencies. The learning circles are small groups of people, usually no more than 15. A facilitator and a subject matter expert guide the discussion and encourage attendees to bring their questions and expertise for discussion. They can be virtual, or in-person based on the learners' availability. These training

are reviewed and updated based on any Florida Administrative Rule and/or policy changes. Table XX shows the list of initially identified training based on metrics. Appendix C shows the last 2 years' performance.

Table 2.4. Initially identified the following four training offerings

Topic	Metric	Audience
Criminal Backgrounds and Priors	CPI Assessed Prior Reports and Service History Prior to Commencement and Criminal History Prior to Commencement	CPIs and Case Managers
Present Danger	Present Danger Safety Plan is Sufficient to Control Identified Threats	CPIs and Case Managers
Information Collection/Sufficiency	Time Sensitive Actions Were Taken by the CPI Based on the Information Gathered During the Course of the Investigation	CPIs and Case Managers
Initial Supervisory Consultation	The Supervisor Completed a Review of the Present Danger Plan That Was Timely and Thorough	CPIs and CPI Supervisors

The OCFW Learning and Development, Quality Reviewers and Data teams are committed to providing data-driven and enriched learning and development opportunities for our frontline and supervisors to meet target metrics.

In-service Training:

This category provides learning opportunities for CPIs in technical knowledge and competency areas to support Florida's practice model and to enhance performance, such as Domestic Violence, Human Trafficking, Substance Abuse & Mental Health, Child Fatality/Critical Injury Investigations, Substance Exposed Newborn, Physical Abuse, Sexual Abuse, Opioid Response, and Medical Neglect. These trainings are voluntary; however, there is a great interest and good attendance from the field.

Table 2.5. Participants in Trainings by Type for 2022 and 2023

Training Title	Training Type	Participants
AFCARS FSFN Updates	On-Demand	2,402
SB 7034 Updates Training	Webinar	612
Foster Home Overcapacity Guidelines Training	On-Demand	1,279
Everything You'll Want to Know About Safe FFAs	VILT*	1041
Empowering Supervisors	VILT	176
Critical Thinking	VILT	405
Medical Neglect	VILT	450
Time Management	VILT	240
Conflict Resolution	VILT	493
Substance-exposed Newborn	VILT	283
Wellness Offerings	VILT	236
Mentoring	VILT	63

Coaching Skills for CPI Supervisors	VILT	324
Domestic Violence Training Series	VILT	443
360YOU: Your Opportunities Unlimited	VILT	223
Critical Incident Response Team Overview	VILT	65
Autism and Related Disabilities	VILT	240
Trauma-Informed Care	VILT	160
Smart and Safe Interviewing	VILT	234
Common Mental Health Diagnoses	VILT	57
Cross-Agency Collaboration Missing Children	VILT	26
Cultural and Linguistic Competence	VILT	37
De-Escalation Techniques	VILT	35
Hallucinogens	VILT	43
HOPE Florida (Care Navigator)	VILT	119
Identifying and Responding to the Trafficking of Boys and Male Identifying Youth	VILT	184
Managing Stress and Emotion	VILT	131
Narcan Training	VILT	79
Opioid Overdose Recognition and Response	VILT	92
Psychological First Aid	VILT	44
Resilience Skills and Strategies	VILT	104
Stimulants Training	VILT	21

*VILT: Virtual Instructor-Led

Professional Development:

Teamwork and Leadership: The Department offers courses and programs to CPIs on teamwork and leadership, including the following: Coaching, Certified Public Manager (CPM) Program, Frontline Leadership Development Program, Florida Certification Board Supervisory Training, and Empowering Supervisors.

- The CPM Program is a nationally recognized program for training and developing public managers and supervisors. The program aims to professionalize public management and improve organizational efficiency and effectiveness. The Department offers CPM certification as an incentive to 20 people annually who are acknowledged for their outstanding work and have the potential to be a leader.
- The Department partners with Electronic Training Solutions, Inc. (ETS) to train staff on Six Sigma methodology. Although the process flow chart is the cornerstone of process analysis, Six Sigma recognizes big picture awareness in that improvements to a single component within a system will most likely not create long-term systemic change.

Mentoring: The Department is in the process of establishing a formal mentoring program for CPIs. This program will help new CPIs develop skills and knowledge that will enable them to provide better services to children and families in need. The program focuses on training, development activities, and evaluation of the mentor/mentee pairs for one year for a comprehensive approach to professional growth. The requirements for mentors, such as having at least three years of child welfare field experience and a 3.5 performance score to ensure quality. The mentors' quality is evaluated through a score of at least 80 out of 100 in quality review.

The OCFW Master Trainer and regional training managers select the program's mentors and mentees (newly hired child welfare professionals) for a thorough, standardized process. The regional training manager is accountable for ensuring quality is an essential aspect of the program.

The first phase of the pilot was to assign 20 mentors to 20 mentees. The pilot run into some challenges because of the high workload of employees and turnover. The team is using this information to determine the underlying causes of the challenges and creating a plan to simplify the program. The team will continuously assess the program as they recently completed another pilot with 20 mentors and 20 mentees in May 2023.

Empowering Supervisors program is a structured learning and growth opportunity for our CPI Supervisors to encourage them to create an engaging and proactive culture within their unit. Earning this credential requires research and application of the topics presented.

Wellness Training Offerings: These trainings focus on encouraging and supporting staff to prioritize their wellness throughout their career. The Wellness Team offers the following training sessions: 360YOU, Launch Ready, Launch Restored, and Situational Awareness.

Partner Learning and Development Opportunities: Florida Institute for Child Welfare Learning and Development Initiatives

The Florida Institute for Child Welfare (Institute) was created in 2014 to provide research and evaluation that contributes to a more sustainable, accountable, and effective child welfare system (Section 1004.615, Florida Statutes). The Institute established the GROW Center as part of Senate Bill 1326 in 2021. The GROW Center aims to "create a continuum of learning opportunities and ongoing support for college students, frontline, supervisors, and managers to enhance learning and build capacity towards meaningful and systemic change in Florida. In line with this goal, the GROW Center has implemented three initiatives to meet this goal: 1) Academic Innovation (AI); 2) Advance Learn Innovate Grow Network (ALIGN); and 3) the Alliance for Workforce Enhancement (AWE).

- Academic Innovation (AI) was established to redesign the future of learning in social work education through experiential learning and state-of-the-art virtual technologies. In collaboration with other university affiliates, the FSU College of Social Work is redesigning the BSW and MSW curricula over the next three years using the Problem-based/Case-based Learning (PBL/CBL) approach. The program is still in design phase. The courses will be available Fall 2023.
- Advance Learn Innovate Grow Network (ALIGN) will offer training opportunities and provide ongoing support for professional development. Under this initiative, the Institute creates advanced certification (AdCerts) paths. The AdCerts program provides DCF a university-led, evidence-based, trauma-informed, engaging training that will increase workers' preparation and self-efficacy to handle the complexity of their caseload. Currently, there are three professional certification courses in development: STARS (Strength, Trauma, and Resilience Studies), an in-depth overview of domestic violence, and Understanding Substance Use in Family Systems. All AdCerts are developed with input from the DCF leadership, lead agency representatives, case management service representatives, and other stakeholders for Child Welfare professionals.
- Alliance for Workforce Enhancement (AWE) is to enhance workforce well-being through specialized leadership development and adaptive technical assistance at the organizational level. Informed by

implementation science and the National Child Welfare Workforce Institute's (NCWWI) Workforce Development Framework, selected AWE organizations will participate in a three-year initiative, which includes a comprehensive assessment to determine organizational strengths and challenges, co-creation of a plan to address a challenge identified through assessment, guided implementation activities, project evaluation, and sustainability planning.

Specialized Programs and Job Groups Training:

In addition to the frontline staff training, the OCFW L&D team also offers various training to different job groups within the Child Welfare professionals job family. These include:

1. **New job categories:**

Multidisciplinary Teams (MDTs), Family Finders, and Family Navigators

- Trainers
- Supervisors
- Ongoing Training for New Job Categories (MDT and Family Navigators)

The Department created two new job groups in FY 21/22 to ensure children's safety and family well-being: Multidisciplinary Team Coordinators and Family Navigators. The incumbents of these job groups are certified Child Welfare professionals and have a great deal of system of care knowledge.

Given that these groups already completed pre-service training and have become certified, the OCFW L&D team offers new employee professional development courses and specialty courses tailored to the specific requirements of the supervisor's program area of operation, the position, and the function. All these employees must complete the onboarding and mandatory training within six months of the date they are hired.

2. **Trainer Certification:**

The Department implemented an internal trainer credentialing program to provide trainer certification for all new Child Welfare professionals trainers. Based on the process, the trainer applicants must have at least two (2) years of child welfare experience and one (1) year of trainer experience to be eligible for certification. During the certification process, the candidates will attend Department-approved training, pass two levels of observation, and attend ongoing training for further development. The first observation is to ensure that the trainer candidate understands and knows the functions, processes, roles, and responsibilities required in Florida's child welfare system. The agency will confirm that candidates possess the necessary competencies (knowledge, skills, and ability). Then, the OCFW L&D Master will observe the trainer's competency in communicating with learners, creating engaging sessions, and delivering content effectively. If the Master Trainer determines the candidate needs extra sessions, three (3) one-on-one coaching sessions will be required. Upon completion of coaching sessions, the Master Trainer will observe the candidate and determine if the candidate needs additional sessions or is ready to be certified. When candidates pass all observations, the Master Trainer informs Florida's third-party credentialing entity (FCB) to certify the trainers. There are 156 fully certified Child Welfare professionals Trainers and 34 trainers who are in the process of being certified.

3. **Supervisors:**

Training quality for supervisors and managers is one of the critical factors in supporting high-performing child welfare system. In line with that, the Department conducted interviews, focus groups, and surveys to identify

the supervisory training needs. Based on data analysis, the following two programs are established to meet the need:

1. Path to Certification
2. Supervisory Certification

Path to Certification:

The Office of Quality and Innovation Workforce Learning and Development team coordinators collaborated with regional and partner agency leadership to identify frontline supervisor needs. In the process, they interviewed Child Protection Directors (n=6), Operations Managers (n=18), Quality Review Managers (n=X), Program Administrators (n=15), and Sheriff's Office Leadership (n=10). They conducted focus groups with DCF Child Protective Investigator Supervisors (n=60) and Sheriff Office (SO) Child Protective Investigator Supervisors (n=20). The results revealed that many CPI Supervisors, particularly those with less than two years of experience who did not go through a proficiency process, were promoted for their excellence as a CPI. However, this left them wanting guidance, skill-building, and support specifically geared toward CPI Supervision.

The Office of Quality and Innovation Workforce Learning and Development team is implementing the Path to Certification process to establish a departmental standardized supervisory training program to provide a framework for all Child Protective Investigator Supervisors (CPIS) who have less than two years of experience. Implementing a standardized training program to prepare all Department Supervisors for the Certified Child Welfare Supervisor credential (CCWS) will include Individual Development Plans (IDPs) and certification for all supervisors and a precertification process for Supervisors with less than two years of experience. The program will increase the understanding of Core supervisory competencies and provide monitoring and support for supervisor development. Upon successful onboarding, each supervisor will receive a practical guide to their first year as a supervisor and create an (IDP) with their Program Administrator (PA). Supervisors with less than two years of experience will undergo a precertification process to determine readiness for full certification, begin training requirements, and confirm the successful transfer of knowledge using quality review and regional data. The practical guide, IDP, precertification, and certification process will standardize the onboarding of CPI Supervisors and lay the groundwork for the certification requirements as a Certified Child Welfare Supervisor (CCWS). This program will coincide with the Career Ladder initiative, with precertification as a requirement for CPIS Level 1 and full certification (CCWS) as a requirement for CPIS Level 2. Finally, this training and development program will utilize continuous quality improvement to be revised annually, enhancing supervisor support, and improving retention of Child Protective Investigator Supervisors and CPIS.

Supervisory Certification:

The Strong Foundations is a cooperative agreement awarded to Embrace Families under a grant from the Children's Bureau for Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. The Strong Foundations is partnering with OCFW LD, the Florida Certification Board, Heartland for Children, and Citrus Family Care Network to develop and implement a supervisor model and certification process for all Child Welfare professionals. The purpose is to help all Child Welfare professionals Supervisors build Core supervisor competencies. A third party, FCB, will certify supervisors once they complete at least 40 hours of approved training, observations in each of the four domains, a case file review, and pass the exam. Supervisors with more than two years of experience are exempt from the case file review and the exam. The certification program is set to go live in July 2023 for all agencies.

In-service Training Completion Tracking:

The Department tracks the training completion through one centralized Learning Management System (LMS) with one centralized database. The LMS is open to all DCF Regions, Lead Agencies, SOs, GALs (Guardian Ad

Items), Foster Parents, and all partner agencies. The LMS enables the Department to keep track of learner progress and ensure that Child Welfare professionals complete training.

Evaluating Training Effectiveness:

The OCFW L&D team creates and delivers many trainings for all Child Welfare professionals. To assess the impact of these trainings, the team uses the below evaluation methodology to assess the impact of training delivered. This evaluation methodology is used to:

- Assess the effectiveness of training
- Collect and analyze training participant feedback
- Determine whether training outcomes have been achieved
- Identify gaps in training outcomes
- Implement quality improvement measures for future training opportunities

Table 2.6 Training Evaluation Model Levels, Frequency, and Data Collection Method

Levels	When	Who	Method
Reaction	At the end of each training	Trainees	Survey
Learning	At the end of each training	Trainees	Exam, Post-test, Reflection
Behavior	After 3 months and 6 months of completing training	Trainees, Supervisors, PAs	Anecdotal Observations, Level 3 Survey, Life of Case (LOC) Review
Impact	After first 6 months, 1 year, and 2 years	Trainees	Life of Case (LOC) Review
ROI	After 1 year	Trainees	HR Data Review

This methodology is created based on Kirkpatrick/Phillips’ Return On Investment Evaluation program. Each level serves a purpose with a specific audience and different data collection methods to measure learning and training at both program and organizational level increases the competency level of Child Welfare professionals. The model works through five steps:

1. Reaction Level data collection gauge learner reaction to both training and learning and development initiatives. The questions are specifically tailored around whether learners find training content relevant and applicable to their jobs. Unlike satisfaction surveys (i.e., happy sheets), the questions focus on appropriateness of content level for audience, level of knowledge retention, and environmental factors (e.g., supervisory support). Then, these results are used to identify possible ways to improve the course to increase relevancy and applicability of training.
2. Learning Level data collection is conducted to assess the trainee’s learning. Currently, each course has a learning guide. Learners are asked to complete these guides to self-assess for each objective or competency level at the beginning and end of the course. In addition, all mandatory training includes a post-test at the end to measure level of understanding and retention of information.
3. Behavior Level assessment is to track participant use of knowledge/skill in the workplace. The team is in the process of establishing this method. This data collection will include surveys to be sent out to supervisors after CPIs, CMs, and Licensing Specialists attended the training.

4. Impact Level measures whether expectations were met, and which other processes may have been involved. Life of a Case dashboard data is used to track whether metrics improved after completing the training at three- and six-month intervals.
5. Return on Investment (ROI) Level is to measure whether training helps CFWPs stay on the job longer. Considering the nature of Child Welfare in Florida, this data will be limited to the Departmental regions.

The training evaluation model was implemented in January 2023 to benchmark training results, improve training, and recruit leadership support for possible training opportunities. These efforts have led to the logic models that are informing the changes to pre-service changes within OCFW. The goal of the OCFW L&D team is to provide the right learning, at the right time, to the right people. To meet this goal, the team is progressing toward standardized curriculum, central reporting, record keeping, and quality control.

In summary, the Department and agencies provide robust learning opportunities for Child Welfare professionals during their time on the job, starting with pre-service and continuing with on-going training opportunities.

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?

A persistent concern raised by all child welfare stakeholders is the high turnover rate of child protective investigators and case managers, which in turn contributes to lower performance in outcomes for children and families. The systemic factor of staff training relates to the priority of supporting a strong and healthy workforce. One of the Department's major goals for the state's five-year plan addresses the need for a stable and proficient workforce and is described in Chapter 3 in Strategic Initiative Four.

Statewide Training System

Child Welfare Professionals:

Florida law requires all staff who provide child welfare services (i.e., all investigators, case managers, and licensing counselors) to earn a child welfare certification through a third-party entity, the Florida Certification Board. There are separate specialty tracks for Case Managers, Licensing Counselors, and Child Protective Investigators. The requirements for the certification are to have a minimum of a bachelor's degree, complete a Department-Approved pre-service training program, achieve a passing score on the written pre-service exam, complete the required number of hours of on-the-job experience, and receive the required number of hours of direct supervision. 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.

Ongoing training to CPIs is provided by the regions and the Sheriff's offices responsible for investigations. Ongoing training for case management is provided by the Lead Agencies. The Department also provides on-going statewide training to all child welfare professionals on different topics based on the request from the field or quality reviews. These training sessions can be delivered in a virtual environment or face-to-face. The agency charged with verification of training tracks the completion.

Foster Parents:

The Department works in partnership with local communities to protect the vulnerable through recruitment of families and partnership with agencies who desire to be competent caregivers and providers for children to

ensure they achieve their greatest potential through support and nurture for their growth and development. Through training, prospective foster parents, adoptive parents, and staff of licensed child-caring agencies will be able to offer a safe and nurturing environment for children to heal and thrive.

As a condition of licensure, foster parents must successfully complete preservice training with a minimum of 2 hours in core training and an additional 19 hours of training for foster parents seeking a Level II-V license. Foster parents seeking to become licensed as an enhanced Level II or Level III-V must also complete specialized training for the specific population served in each home. Training is offered in a classroom setting both face-to-face and virtually. All trainings are instructor lead, to include virtual trainings, that may be offered throughout the week. This allows for foster parents to complete trainings at their convenience.

Pre-service training requirements are outlined in [s. 409.175, Florida Statutes](#) and [Chapter 65C-45.002, F.A.C.](#):

Specialized training for enhanced Level II foster homes requires the completion of attachment-based intervention; trauma-informed intervention; promotion of healing relationships; development of safety; teaching of self-management and coping skills; social connections and support systems; behavior management; and parental resilience relationship development.

Prior to licensure renewal, all foster parents must complete 1 hour of core training. In addition, Level II-V foster parents must successfully complete an additional 7 hours of in-service training, and specialized training for enhanced Level II or Level III-V. In-service training requires foster parents to complete training topics relative to the daily experiences of a foster parent, in addition to a uniformed training related to human trafficking.

Lead Agencies report an increase in serving children with behavioral problems and limited placement supports to stabilize foster and adoptive placements for children with behavioral problems. There are six Lead Agencies who implemented TBRI approximately two years ago, as an intervention model for a wide range of childhood behavioral problems. A recent survey for TBRI Caregiver Training shows an overall rating for the training at 4.82 on a 5-point rating scale during the training cycle from 2/1/22 – 8/30/22.³ At the recommendation of the CBC and stakeholders, the Department contracted with Texas Christian University to support training implementation for TBRI statewide for all CBC to enhance the skills and knowledge of foster parents. Through a phased approach, 11 CBC identified one practitioner to participate in the training offered by Texas Christian University to expand capacity of trained practitioners and technical assistance. The Department will expand the capacity of participants to allow each CBC the opportunity to implement TBRI.

Adoptive Parents

Prospective adoptive parents are required to complete a Department-approved adoptive parent training program⁴. It is common for prospective adoptive parents to complete trainings simultaneously with prospective foster parents. The CBC incorporates persons with lived experience to share their experience with the training class. Adoptive parent training must be a minimum of 21 hours and must include but is not limited to.

Child Caring Agency

Staff employed by a child-caring agency to provide direct care to children are required to complete, at minimum, the same training topics outlined in s. 409.175(14), F.S. Child-caring agencies utilize individualized

³ TBRI Caregiver Training Survey. (2022). Embrace Families

⁴ *Adoption*. Florida Statute Title VI, Chapter 63, Section 093 (63.093)

tracking systems to capture the completion of orientation, pre-service training comprised of 21 hours of core training, in addition to specialized training hours for agencies licensed to serve specific populations, and 40 hours of in-service training which includes 8 hours of specialized training. Pre-service trainings must be completed for staff in a caregiver role prior to unsupervised contact with children. In-service training is completed by the annual date of hire. Child caring agencies survey staff to obtain insight on the curriculum and its effectiveness to support the care and supervision of children placed in the setting.

Other

The Embrace Families Strong Foundations project, a federal grant program to improve CFSR results, is developing a model of supervision and certification process in coordination with the Florida Certification Board and The Office of Child and Family Well-Being to promote supervisory learning and capacity. This is planned to create a more supportive learning environment for case managers and reducing turnover to ensure that case managers have the time to effectively engage parents to achieve positive outcomes. The Strong Foundations project updates are included in Attachment 4. The Strong Foundations project proposes to develop, train, implement, and fully support a process to apply Conditions for Return through a collaborative effort with the Office of Family Courts and other strategic system partners in Florida. The implementation of this concept in the practice model is essential to making concerted efforts to achieve the child's permanency goal. The Strong Foundations is a cooperative agreement awarded to Embrace Families under a Children's Bureau's grant for Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. One component of the Strong Foundation's project is the development and implementation of training for foster parents on reunification through the conditions for return model. This was specifically in response to foster parents' identifying a deficit in their knowledge about the process for reunification. The training includes a section on the courts. To target this issue, Strong Foundations provided the training to 463 foster parents throughout the Central, Northwest, and Northeast regions. Survey outcomes show that that the overall satisfaction of the training was "very good" and foster parent's knowledge on reunification significantly increased upon conclusion of the training, with average scores of 4.00 or higher on a 5-point rating scale.⁵ As a result of the positive feedback, the Department, through partnership with Strong Foundations, will implement the conditions for return training statewide to all foster parents and child-caring agencies by December 2023.

Supervision:

The standards for certification and certification documents were finalized in a previous reporting period and continue to be available on the Strong Foundations website. In the last year, the Florida Certification Board has also added information about the credential including the standards, certification documents and application to their website. The certification exam has been created and is in the process of being validated by the Florida Certification Board.

During the last year, the focus has shifted from training supervisors to supporting the roll out of the training curriculum across the state. The initial cohort for train the trainer was launched on July 20-22, 2022. Trainings were scheduled for three full days from 9am-4pm which included a 1-hour lunch break and two brief breaks. Participants were mailed packages in advance which included an agenda, a draft copy of the trainer guide, and required Florida Certification Board documents (overview of the certification opportunity, four observation forms, and case review form).

Following each training day of the initial cohort, trainers were asked to complete surveys. Based on the feedback received, modifications were made to both the trainer's guide and the delivery of the train the

⁵ *Systemic Factor Foster Parent Training*. (August 2022). School of Social Work University of Central Florida.

trainer. Changes were minor and included: more time on difficult topics, less time on topics that were self-explanatory, more time spent discussing tips for scheduling training days, homework assignments and virtual versus in person delivery.

Since the initial cohort, the train-the-trainer class was reduced from a full day to a half day training. The Strong Foundations team has since hosted an additional 6 train-the-trainer classes. A total of 81 trainers from lead agencies and DCF regions across the state have attended a train-the-trainer session. In addition to participating in the training, to finalize eligibility to deliver the supervisor certification training, trainers were also asked to view two videos that are included in Module 9 of the curriculum and submit certificates to verify completion. Following the completion of this step, experienced trainers were approved to offer the training. If the trainer has limited experience training, they need to observe and/or co-train with an experienced trainer before training a cohort of their own. As of March 2023, 34 trainers have been approved to deliver the training.

The training curriculum, participant guide, and trainer guide that were created to support the learning of the core competencies are in the final editing phase. Following the initial cohort of the train-the-trainer class, editing issues were identified with the guides and are being corrected. The guides are expected to be finalized soon. Upon completion, all the training materials will be available through the Department's Learning Management System.

Foster parents have access to the Knowledge and Information Distribution Site (KIDS) and new Learning Management System (MyFLLearn) as well. This site offers training for in-service credit on topics requested or suggested by foster parents. Licensing specialists record foster parent in-service training hours each year to have an accurate record of completed training by the time of relicensing. Department licensing specialists complete the required training topics for pre-service and in-service credit.

The Department can identify training needs and provide ongoing training for staff, parents, and others based on local needs and in response to changing circumstances. A more in-depth discussion of assessment information is included in Attachment 4, Staff Development, and Training Plan Update.

All foster parents receive initial pre-service training as required by Department's contract with Lead Agencies to conduct all licensing tasks. Section 409.175, Florida Statutes, specifies what must be included in foster parent training, but does not specify one type of training that Lead Agencies must deliver. Lead Agencies currently use Model Approach to Partnerships in Parenting (MAPP); Parent Resource for Information, Development, and Education (PRIDE), a combination of those two, or curriculum the CBC developed that has been approved by the regional licensing office. The COU conducts foster parent surveys and focus groups during on-site contract monitoring with results published in each Lead Agencies final report.

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)?

- *Services that assess the strengths and needs of children and families and determine other service needs.*
- *Services that address the needs of families in addition to individual children in order to create a safe home environment.*
- *Services that enable children to remain safely with their parents when reasonable.*
- *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?

Effective service provision to children, parents, relatives, and other caregivers is an ongoing priority and focus of the 2020-2024 CFSP. Florida has created a wide array of services available across the state and is experiencing continued success in expanding system capacity for four types of services: family support, safety management, treatment, and child well-being.

While there are various service providers in Florida who can service the child welfare system, there is a barrier in providers opting to become Medicaid providers due to the lengthy process to bill Medicaid. The Department recognizes this barrier and continues to allocate funding to each CBC to allow for payment of services for non-Medicaid providers. In addition, the Department allows for the use of the Purchase of Therapeutic Funding to supplement services that Medicaid does not cover.

Connection between Service Array, Resources, and Financial Viability

Resources are a primary driver for the availability of sufficient service array capacity. There are two overarching challenges to the financial viability of Florida's child welfare system:

- *Permanency*: Permanency remains an area that needs improvement. The Department and stakeholders have been aggressive with the implementation of PIP activities and state and local continuous quality improvement efforts. All initial PIP activities have been completed and additional activities implemented to meet CFSR PIP targets related to permanency.
- *Shift to Prevention*: The Department and stakeholders continue to shift to a prevention-focused system of care and hope to see better resource utilization and return by reducing the number of children entering the system and enhancing family protective factors to support conditions for return for children when they have been removed.

Functioning of Florida's Service Array

The need for services for sex trafficking and LGBTQ youth are identified through the use of the Human Trafficking Screening Tool for alleged victims of sex and labor trafficking, through ongoing collaboration via required multidisciplinary team staffings and the use of the comprehensive placement tool if a child must be removed from their home, by the safe houses or homes that are licensed by the Department if a child meets this level of care, as well as by the many Human Trafficking (HT) task forces throughout Florida. Upon identification of a human trafficking victim or if a child is identified as at risk, the children and their families are connected with trauma informed and responsive services within their local communities to support recovery and meet the individual needs identified. There are a wide variety of agencies and non-profits across Florida that provide specialty services.

The Department's Secretary serves as co-chair to the Statewide Council on Human Trafficking and is the Chair of the Services and Resources Committee through the Council. Through ongoing collaboration with stakeholders across the wide serving network of providers, youth and families are linked with appropriate services to address HT issues and needs.

The Department has oversight over domestic violence providers within Florida and continues to partner with local advocates and agencies to provide services throughout the state. The Domestic Violence Program within the Office of Child and Family Well-Being has a statewide Director who oversees all state and federal contracts, Domestic Violence Center certification and annual certification evaluations, grant management, program

office, Batterer's Intervention Specialists who oversee the Batterer's Intervention Program certifications, as well as the operations team. This office works in collaboration with the certified centers across the state as well as stakeholders to maximize funding opportunities, increase program effectiveness, and improve the engagement and services array for survivors of domestic violence and perpetrators of violence to improve accountability. Women in Distress, Inc., and its subcontractors, collectively referred to as the Florida Domestic Violence Collaborative, is currently contracted to implement operations of the 24/7 Florida Domestic Violence Hotline, provide training and technical assistance to certified domestic violence centers and community partners, and oversee legal services through designated projects through 2024. In September 2022, the Florida Partnership to End Domestic Violence was approved for federal designation as Florida's new domestic violence coalition after receiving funding from the State Legislature to stand up its office. The Department looks forward to continuing its work with the new coalition to support domestic violence efforts in Florida. Other critical partners involved in expanding the State's domestic violence service array are the Office of State Courts Administrator, Office of the Attorney General, Florida Prosecuting Attorneys Association and local State Attorney's offices, the Florida Council Against Sexual Violence, local law enforcement agencies and numerous community-based victim and legal service agencies.

Family Support Services

Family support services are provided to families at risk of future maltreatment and child abuse investigations. Each Lead Agency is responsible for building service array within their catchment area, conducting provider outreach, and providing ongoing engagement with families. The Florida child welfare system has made concerted efforts over the last several years to implement, expand, and evaluate the efficacy of family support services. With the support of FFPSA, Florida is working to deepen its commitment to prevention by further activating available resources to serve children and families utilizing an integrative model, specifically by enhancing the service array in local communities to address mental health and substance abuse needs, promoting economic self-sufficiency, proactively reducing the need for crisis intervention services, and building parent and caregiver skills to promote strong, resilient families.

Safety Management Services

Safety management services manage or control the condition(s) that make a child unsafe until the parent can fully resume his/her responsibilities. During the time a child is served by the child welfare system, the CPI or case manager responsible must be able to assess the family and conditions in the home to determine whether specific criteria are met for an in-home safety plan. One of the criteria for an in-home safety plan is the availability of appropriate safety management services. An adequate array of safety management services helps to prevent unnecessary out-of-home placements and to achieve timely reunification. The specific types of safety management services that should be available in a safety management service array are described in [CFOP 170-7, Chapter 8, Safety Management Services](#).

To align policy with safety management practice and services the following updates occurred in February 2022 to operating procedure:

CFOP 170-7, Chapter 1, General Requirements surrounding safety plan controls and managing of danger threats was updated to address identification and selection of least intrusive safety actions when a parent or caregiver is determined to have a disability that results in an impact on child safety. The child welfare professionals are to assess the supports and resources already in place as well as the supports and resources immediately available.

Treatment Services

Treatment services are usually formal services and interventions to achieve fundamental change in parent functioning and behavior associated with the reason that the child is unsafe. Treatment services must be

trauma-informed, the correct match to the problem, the right intensity, culturally appropriate, accessible, and affordable. A few treatment service examples are In-Home Family Preservation Services; Child Parent Psychotherapy; Nurturing Parents; substance use services (outpatient, residential, aftercare); and mental health services.

Family Intensive Treatment Teams (FIT)

The FIT team model was designed to provide intensive team-based, family-focused, comprehensive treatment services to families in the child welfare system experiencing parental substance abuse. A core component of the FIT model is the integration of substance abuse, mental health, and child welfare services for families served.

FIT Team providers accept families referred by the child protective investigator, child welfare case manager, or Lead Agency. Providers and stakeholders working with child welfare families, such as engagement programs and the dependency court system, can also refer eligible parent(s)/guardian(s).

FIT Team Providers deliver services to parent(s)/guardian(s) who meet the following criteria:

1. Are eligible for publicly funded substance abuse and mental health services pursuant to section 394.674, Florida Statutes; including persons meeting all other eligibility criteria who are under-insured.
2. Meet the criteria for a substance use disorder.
3. Have at least one child between the ages of 0 and 10 years old.
4. At the time of referral to FIT:
 - a. A child in the family has been determined to be “unsafe” and in need of child welfare case management and placed in-home or out-of-home.
 - b. For children in out-of-home care, the family must have a child welfare case management plan with the permanency goal of reunification, or a concurrent case plan that includes reunification as a permanency goal.
 - c. The eligible parent(s)/guardian(s) are willing to participate in the FIT program or the caregiver is court ordered to participate in FIT services. In either case, enhanced efforts to engage and retain the caregiver(s) in treatment are expected as a critical element of the FIT program.
5. Eligibility is based on at least one parent/guardian in the home meeting criteria, but all members of the household may receive and benefit from FIT services and coordination. The ability of all household members to receive services allows for family-focused treatment and ensures that all members of the household are addressing any issues that may impact success from both a behavioral health and child welfare perspective. Each parent/guardian that meets the eligibility criteria is counted toward the performance measures.

Child Well-Being Services

Child Well-Being services are specific, usually formal, services/interventions utilized to assure the child’s physical, emotional, developmental, and educational needs are addressed. The assessment of the child’s strengths and needs indicators is used to systematically identify critical child well-being needs that should be the focus of thoughtful, case plan interventions.

Hope Florida- A Pathway to Prosperity

See page 73 for more information.

Strong Foundations

With the support of technical assistance providers guiding the Strong Foundations team through implementation science, two implementation plans were submitted to the Children’s Bureau in September 2019. These plans support three separate and distinct strategies that are primarily targeted at impacting CFSR performance with a focus on permanency and well-being. Approval for all strategies was received mid-January 2020.

The Strong Foundation’s project is a result of a cooperative agreement with the Children’s Bureau awarded in September 2018 through the funding opportunity Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. After Embrace Families received the award in September 2018, the project team, with the support of technical assistance providers, engaged in problem exploration and root cause analysis to identify some of the challenges resulting in poor performance on item 6 and item 15 of the CFSR. Extensive data was collected from various sources including but not limited to the Child Welfare Information System, Florida Institute for Child Welfare, case reviews, caseload and turnover reports, Children’s Home Society statewide exit interview data and ACTION 4 Child Protection fidelity reviews. This exploration resulted in the creation of three strategies to address the root causes identified. Implementation and evaluation plans that included the findings of the analysis were created and submitted to the Children’s Bureau for approval prior to beginning the implementation of the strategies.

The Strong Foundations team built strong workgroups for each strategy with representation from multiple partners across the State of Florida including partnerships from multiple lead agencies that were selected as sites for the project. The initial project area focused primarily on the Central Florida region; however, the plan to roll out strategies has been expanded to include many other Lead Agencies in several regions across Florida. Currently, agencies in four of the six regions in Florida are included in the project encompassing eight different Lead Agencies. The addition of the other sites equates to including approximately 29 percent of the total child welfare supervisors in the strategy involving supervisor certification. With regards to the Conditions for Return strategy, the inclusion of additional partners means that approximately 24 percent of the children in out-of-home care will receive the full intervention and another 14 percent will receive a partial dose of the intervention. This change results in a larger, more representative sample of children and families served in the state of Florida.

Strategy: Conditions for Return

Trainings

There are a total of five trainings that were developed in prior reporting periods using the core information regarding Conditions for Return. The core content is the same for all five trainings, but each training focuses on the specific audience in the child welfare system. The audiences include legal, Guardian ad Litem program staff and volunteers, foster parents, judiciary, and frontline staff. The training is directed at their specific knowledge base and what their role is in the Conditions for Return and reunification process. During the last year, the training for all sites was completed and additional make-up classes were held for all the target audiences. In addition to the project sites, trainings were provided in other areas in Florida. Since project initiation, a total of 135 training classes and 2297 participants have attended training as of March 2023. Trainings continue to be planned both virtually and in person upon request to account for the turnover in frontline staff.

The training of foster parents on the reunification process and Conditions for Return was intended to not only improve the foster parent’s understanding of the practice model concept but also to improve performance on item 28 of the CFSR. In the previous round, the final report indicated that the foster parent’s knowledge of the reunification process was part of the reason this item was assigned an area needing improvement rating. The effect of the project on this systemic factor was assessed through a survey of foster parents who attended the

Conditions for Return training. Trainees were asked to report their self-assessed level of knowledge as it was before the training (retrospective pre) and as it was after the training (post). During this reporting period, the evaluator analyzed these responses and created a report presenting the findings. Respondents significantly increased their understanding of 13 aspects of the Conditions for Return model. They also reported high levels of satisfaction with the training. Many of these respondents added comments in response to the open-ended item on the survey. A large majority of these respondents referenced positive growth in knowledge.

Guidebooks

Legal and practitioner guidebooks were created and made available via the Strong Foundations website to all sites to support the understanding and application of Conditions for Return. Both guides provide an opportunity for an individual to be able to walk through their case step by step and know how to handle all issues that arise when dealing with Conditions for Return on their cases. Examples of safety plans and transition plans are also included. The legal guidebook outlines what is necessary for the court to make a ruling on Conditions for Return, the necessary documentation that needs to be submitted to the court, and what evidence through documentation and testimony that the court will need to rely on to make their decision on the case. The legal guidebook includes examples of motions and orders. During this reporting period, the legal guidebook was updated to reflect statutory changes made surrounding placement changes for children and the requirement of multidisciplinary staffings. Since these updates were made, 500 copies of the legal guide and 700 copies of the practitioner guide were printed and distributed to sites across the state.

Conditions for Return Positions:

Three of the six Conditions for Return sites have a team of specialists that offer additional support in the application of Conditions for Return. These teams serve as practice model experts and liaisons between case management and system partners supporting the application and understanding of Conditions for Return. The Conditions for Return teams are active at all three sites. The third site began supporting and tracking cases in August 2022. Standardized tracking tools and forms are being utilized to monitor fidelity and track outputs across the sites. As of the end of February 2023, the three sites with Conditions for Return teams were providing support to 980 cases. The sites have completed 7350 consults and 203 reunifications since formal tracking began in September 2021 for Embrace Families and Families First Network and August 2022 for Community Partnership for Children.

Strategy: Supervisory Certification

The standards for certification and certification documents were finalized in a previous reporting period and continue to be available on the Strong Foundations website. In the last year, the Florida Certification Board has also added information about the credential including the standards, certification documents and application to their website. The certification exam has been created and is in the process of being validated by the Florida Certification Board.

Since the Supervisor Certification training was piloted in May 2021, a total of 163 supervisor have been trained. Only 120 of those supervisors continue to be a supervisor role and are eligible for certification. Of those supervisors that have been trained and remain eligible, 25 have completed the 4 observations required for certification. A total of 15 have completed all steps necessary and hold the Child Welfare Supervisor Certification credential.

During the last year, the focus has shifted from training supervisors to supporting the roll out of the training curriculum across the state. The initial cohort for train the trainer was launched on July 20-22, 2022. Trainings were scheduled for three full days from 9am-4pm which included a 1-hour lunch break and two brief breaks. Participants were mailed packages in advance which included an agenda, a draft copy of the trainer guide, and

required Florida Certification Board documents (overview of the certification opportunity, four observation forms, and case review form).

Following each training day of the initial cohort, trainers were asked to complete surveys. Based on the feedback received, modifications were made to both the trainer's guide and the delivery of the train the trainer. Changes were minor and included: more time on difficult topics, less time on topics that were self-explanatory, more time spent discussing tips for scheduling training days, homework assignments and virtual versus in person delivery.

Since the initial cohort, the train-the-trainer class was reduced from a full day to a half day training. The Strong Foundations team has since hosted an additional 6 train-the-trainer classes. A total of 81 trainers from lead agencies and DCF regions across the state have attended a train-the-trainer session. In addition to participating in the training, to finalize eligibility to deliver the supervisor certification training, trainers were also asked to view two videos that are included in Module 9 of the curriculum and submit certificates to verify completion. Following the completion of this step, experienced trainers were approved to offer the training. If the trainer has limited experience training, they need to observe and/or co-train with an experienced trainer before training a cohort of their own. As of March 2023, 34 trainers have been approved to deliver the training.

The training curriculum, participant guide and trainer guide that were created to support the learning of the core competencies are in the final editing phase. Following the initial cohort of the train-the-trainer class, editing issues were identified with the guides and are being corrected. The guides are expected to be finalized soon. Upon completion, all the training materials will be available through the DCF Learning Management System.

Strategy: Case Complexity Tool

The tool continues to function smoothly and produce a daily output of predictive case scores (the complexity score is on a scale of 1 to 9) of each active case for each of the sites. The scores produced by the tool enables agency supervisors and leadership to use this information to make informed decisions regarding case assignment. A systems administrator manual and user manual was created to support the installation and use of the tool. The manuals are available on the Strong Foundations website. In addition to the manuals, a training was created and has been delivered as needed during the reporting period. Meetings continue to be held with each site monthly to check in on their progress and tool function.

The tool was installed at two of the three sites (Osceola and Alachua Counties) in the previous year. Leon and Jefferson Counties under the leadership of Camelot and Northwest Florida Health Network is the third and final case complexity site. The tool was launched, and formal tracking began in October 2022 for this site. Sites continue to submit their case assignment tracking tools weekly. As of the end of February 2023, sites have assigned 869 cases utilizing the case complexity tool.

The Strong Foundations team continues to receive positive feedback on the use of the tool. Sites are reporting an equalizing of caseloads. Surveys on perceptions of time to complete tasks, satisfaction with workload, and intention to quit were collected from the dependency case managers at the case complexity protocol sites prior to the installation of the tools in both sites and again at 6 months and 12 months. The response rate for one site was very low at the 6-month survey however the other site's response rate was satisfactory for all three surveys. The results in the site with a satisfactory response rate saw a steady decline in intention to quit (they are less likely to quit) and an increase in sufficiency of time to visit and collaborate with partners and families. The other site saw a dramatic decline in intention to quit at the 12-month survey. The third site was sent the initial survey at the time of launch and sent the 6-month survey in March 2023. These results show that using the tool for the equitable distribution of cases has the potential to increase job satisfaction for case managers.

Inclusion of Parent Voice

The parents on the Parent Advisory Board (PAB) continue to be engaged and committed to lending their expertise to the project and larger agency. During the monthly meetings the parents are actively involved in several projects. This includes the ongoing development of a parent handbook and working with the team to create videos that can be shared with parents regarding their experiences and tips on navigating the system. This board has also been instrumental in the creation and validation of a parent survey designed to gain information about the strategies from parents included in the project.

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?

An interagency agreement regarding coordination of services for children served by more than one agency is in place between the Department, the Department of Juvenile Justice, Florida Agency for Persons with Disabilities, Florida Agency for Health Care Administration, the Department of Education, the Guardian ad Litem Program, and the Florida Department of Health. There is a robust cadence in place for these agencies to meet with leadership monthly to ensure agencies are resolving any systemic issues identified as well as locally to work through local issues and needs of the community. In addition, there are quarterly convenings with all dually served Champions (each agency has designated Champions including the child welfare lead agencies) to provide agency updates, service updates or enhancements, staff changes. The agencies or providers rotate providing training to ensure ongoing communication and seamless collaborative efforts are in place.

Stakeholders are invited and encouraged to participate in the Annual Planning meeting with the Children's Bureau. Each year representatives from the Seminole and Miccosukee Indian Tribes, Foster and Adoptive Parent Associations, the Office of Family Courts, state sister human services agencies, youth and parents with lived experience, and community partners such as the Guardian ad Litem Program, Lead Agencies, and other partner providers through the Florida Coalition for Children, are invited to participate and collaborate at this meeting.

Chapter 1 outlines the partners, stakeholders, and lived experience groups the Department continues to work with and engage in child welfare activities and meetings. The Department engages and consults with all these partners collaboratively throughout the year on child welfare issues in Florida. Planning, brainstorming, and sharing of information occurs all year long. Chapter 1 also provides an overview of the different councils that the Department works with and has established to capture stakeholder feedback, consultation, and suggestions.

This level of engagement with our partners ensures coordination with all who service the same population of children. In addition to formalized meetings, OCFW works closely with the Department of Juvenile Justice, Agency for Persons with Disabilities, and the Agency for Health Care Administration to ensure coordination of

services. Within the Department of Children and Families, OFCW coordinates with the offices of Substance Abuse and Mental Health and Economic Self Sufficiency as these programs serve many of the same clients.

The Department's enterprise OQI reviews services provided to families across all area programs, including Economic Self Sufficiency, Child and Family Well-Being, Adult Protective Investigations, Substance Use, and Behavioral Health.

Throughout the APSR, activities are outlined that incorporate youth lived experience at the Department and community levels. See: of the Office of Continuing Care (pages 10, 108, and 115) and Youth Engagement and Voice (pages 110-113).

FOSTER 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 childcare 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?

The Department has substantial and successful processes in place for licensing, background checks, recruitment, and cross-jurisdictional activity. Lead Agency 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 sections 409.175 and 409.1451, Florida Statutes, [Rules 65C-15](#), [65C-45](#), Florida Administrative Code, and federal code 42 U.S.C. §671(a)(20)(B)-(D).

The Department, in partnership with Lead Agencies across the state, have worked diligently to increase and retain the population of quality foster parents across all levels of licensure. The Office of Licensing continues to provide technical assistance reviews across the state to improve the statewide quality of foster home licensing, identifying efficiencies within the licensing process to eliminate unnecessary work with the goal of enhancing the assessment process, and identifying supports and retention techniques to sustain the foster parent population.

Recruitment of foster and adoptive homes is a strength for Florida. The recruitment efforts in Florida have three main levels of focus. The individual Lead Agencies develop recruitment plans, that are individualized to recruit foster families in their local system of care. The agencies employ an array of methods and techniques to

recruit foster and adoptive families who reflect the ethnic and cultural needs of foster children. Lead agencies have developed their own systems to track the licensing process from inquiry to licensure. Contractually, the Department is required to approve all recruitment methodologies used by the Lead Agencies.

Estimated proportion of OHC population by race/ethnicity				
White	Hispanic	African American	Native American	Other
47%	17%	29%	1%	6%

Estimated Level II to V Foster Homes by race/ethnicity				
White	Hispanic	African American	Native American	Other
58%	11%	28%	0%	5%

Review of AFCARS adoption data for FY 2023 indicated that of children that were adopted, 58% are adopted by a placement that is an exact match to the child’s combined race and ethnicity coding. 62% exact match on father-only adoptions, 58% match on mother-only adoptions, 43% match to one parent where the adoptive parents combined race and ethnicity do not match, and 59% are those where both parents match.

In December 2022, Florida Administrative Rule, adopted policies to support the Enhanced Level II Foster Home model first adapted through the FFPSA Foster Home Licensing sub-committee. This committee worked to establish recommendations for foster home licensing. The sub-committee provided recommendations related to the following: specialized foster parent training, wraparound supports, foster home licensing policy updates, and title IV-E room and board enhancements. Enhanced Level II Foster homes were established to help address the need for a foster parent population to provide care for children with a higher level of need. This includes sibling groups, teenagers, and children with needs that do not meet the level of therapeutic or medical foster care. Additionally, this effort helped to reduce the population of children in congregate care. Each Lead Agency has at least one staff member trained in Trust-Based Relational Intervention (TBRI) to aide in increasing the enhanced level II population.

Background checks

Florida ensures background screenings are completed for all licensed foster homes. All foster home licensing packets are submitted by the supervising licensing agency (Lead Agency) or other child placing agency) to the regional licensing staff for final approval. Requirements for background screenings are outlined in, s. 409.175, Florida Statutes, Chapter 65C-45.001, Florida Administrative Code, and CFOP 170-1, Chapter 6, Requesting and Analyzing Background Checks. To ensure ongoing compliance with background screenings, the Department’s Regional Licensing Specialists are to include a detailed review of all background screenings during the review of licensing packets prior to the issuance of a foster home license.

The background screening process is initiated and processed through the Agency for Health Care Administration’s Clearinghouse system. This system is automated and tracks the different components for completion for the determination of eligibility with regards to the requirements outlined in Chapter 435, F.S.

Cross-jurisdictional resources

The Department is an active participant in the Interstate Compact for the Placement of Children (ICPC). This year ICPC has focused their efforts to simplify and further enhance efficiency in processing ICPC requests by updating procedures. Additionally, in April 2023 the National Electronic Interstate Compact Enterprise (NEICE)

is scheduled to release a system update that will provide additional alert and reporting functions to further aid in oversight and timeliness of interstate placements. Please see Chapter 5, Update on Child and Family Service Descriptions, for additional details on ICPC.

Currently, NEICE reporting functionality does not include relevant data regarding safe and timely guidelines. The Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) along with the American Public Human Services Association (APHSA) have discussed programming additional reports in NEICE but that has not yet occurred. In 2021, APHSA began working on the creation of a national ICPC report and provided states a snapshot of their respective data but did not measure specific Safe and Timely percentages. The national ICPC report is scheduled to be released later this year. At that time, individual states should receive state specific data to include specific Safe and Timely percentages. Florida continues to participate and advocate for additional report functionality in NEICE, including participation with the recently developed APHSA data workgroup for providing feedback and input on the national report.

[CFOP 170-10, Chapter 8, Relative/Kinship Caregiver Support](#) provides the expectations for child welfare professionals to discuss the supports available for relative caregivers. Supports include Kinship Navigator (if available), Medicaid, at-risk childcare, Temporary Cash Assistance, etc.

To improve child and family permanency and well-being, a broader mix of homes continues to be necessary to ensure adequate placement matching. Please see Attachment 1, Update to Florida's Diligent Foster and Adoptive Home Recruitment and Retention Plan, for more details.

CHAPTER 3. UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION AND PROGRESS

Since the development of the [CFSP 2020-2024](#), Florida has undergone multiple leadership and organizational changes, resulting in renewed focus and vision with the overarching goal to move the Department of Children and Families toward becoming a prevention-focused agency.

The Title IV-E prevention program authorized by FFPSA supports Florida's shift to focus on services that would prevent foster care placement by addressing behavioral health issues and enhancing parenting skills. This builds upon the prioritization of the Department's prevention vision. While Florida believes that the best place for children is with their families, the Department recognizes that complex family dynamics, undiagnosed/untreated mental health or substance abuse issues, and decreased protective factors contribute to a child being removed from their home to ensure safety. The FFPSA federal reimbursement level allowances available for services that prevent the placement of children and youth in foster care, along with Medicaid and Department funding for Substance Abuse and Mental Health, will allow for continued investment in prevention efforts.

The Department has implemented a phased approach to better align the state's current child welfare practices with those of FFPSA. Since the passing of FFPSA in 2018, the Department, in collaboration with Lead Agencies and stakeholders, has implemented two of these phases and is currently focused on Phase 3: Evidence-based Prevention Services Implementation, with future implementation of Phase 4: Community Prevention Services Implementation, in FY 2023/2024.

PHASE 1 PATH FORWARD: COMPLETE

Goal 1: Develop state programs that positively impact relative/non-relative caregivers and young adults while extending the Title IV-E footprint to close funding shortfalls.

Implementation and program support: The Department was allocated positions for Lead Agency and regional licensing teams to implement the Guardianship Assistance Program and Level I licensure. Multiple trainings were provided during 2018-2019 to educate staff on the state and federal requirements. Section 409.175, Florida Statutes, Chapter 65C-44, Florida Administrative Code, and CFOP 170-10, Chapters 12 and 13 were implemented to support local practice. The Department's Headquarters continues to provide ongoing support and training to Lead Agency and regional licensing teams.

Phase 2: Quality Placement Setting Alignment: ON-GOING

Goal 2: Increase the utilization of family-like settings while concurrently enhancing Florida's utilization and quality of congregate care, resulting in increased placement stability, safety, permanency, and well-being.

Implementation and program support: Pursuant to 409.998(25), Florida Statutes, the Department contracted with the Florida Institute for Child Welfare (FICW) to develop and implement the Residential Group Home Quality Standard Assessment tool. The FICW has provided ongoing training throughout the 5-year period and continues to provide technical assistance to the Department's licensing teams. The Department files a legislative report annually that is shared with the Governor and legislative staff on the progress and implementation of the tool.

Phase 3: Evidenced-Based Services Implementation: ON-GOING

Goal: Increase Florida's utilization of EBPs to enhance safety and well-being for Florida's families, diverting them from crisis/foster care and increasing pre-crisis contacts, thus preventing entry, or reducing re-entry, into foster care.

Implementation and program support: The Department provided multiple trainings on FFPSA EBPs with each Lead Agency. Additional meetings and trainings were held with the specific Lead Agencies who expressed interest in implementing one of the selected EBPs outlined in the Department’s State Plan. The Department was allocated funding through FFTA to support contracting services with providers to train child welfare professionals. The Department continues to host FFPSA Steering Committee meetings which play a key role in policy development, system enhancements, and EBP selections. The Department developed a new policy, outlined in CFOP 170-1, Chapter 17, which received its initial review by the Children’s Bureau, in conjunction with Florida’s Title IV-E Prevention Plan. The Department plans to provide statewide training upon publication of this new policy. The Department and representatives from various Lead Agencies participate in a workgroup to expand the capacity to deliver evidence-based services in response to FFPSA and opportunities to “blend and braid” funding for clients that are served by more than one system (Medicaid, DCF and/or DJJ) to create further capacity for services.

Goal	In Progress	Actions	Future Plans
Expand and enhance delivery of kinship programs / supports	Yes	<p>In addition to Florida’s initiative to implement the Kinship Navigator Program under FFPSA, Senate Bill 96 (s. 39.5086, F.S.) required each Lead Agency to implement a Kinship Navigator Program to support relative caregivers and fictive kin to stabilize placements and prevent entry into out-of-home care or licensed care. To support the mandated program, each Lead Agency was allocated funding to support the development of a kinship navigator unit comprised of 11 positions:</p> <ul style="list-style-type: none"> • 1 Kinship Director • 1 Program Manager • 1 Intake Coordinator • 2 Peer Navigators • 4 Family Support Navigators • 2 Support Group Assistants <p>The allocated positions were also designed to allow each Lead Agency to implement a Kinship Navigator program rated in the Title IV-E Prevention Clearinghouse and follow the required fidelity of the program to allow for claiming and reimbursement of IV-E funds.</p>	<p>OCWF has applied for a sixth grant to allow for ongoing partnership with KCI and FICW, with a goal of moving the kinship navigator programs or KCI towards becoming rated in the clearinghouse.</p> <p>Florida will also assess the opportunity to expand the grant to additional providers seeking to become rated in the clearing house.</p>
Development and submission of IV-E Prevention Plan:	Complete	The state IV-E prevention plan was submitted the Children’s Bureau in September 2021. Plan was approved in March 2023.	n/a

Goal	In Progress	Actions	Future Plans
Install EBP services in identified gap service areas:	On-Going	Procured four of the EBPs selected from Florida's IV-E Prevention Plan to support training and certification, motivational interviewing, multisystemic therapy, parent child interaction therapy and homebuilders.	Florida continues to utilize FFTA funding to build capacity for EBPs as well as maximize other sources, programs, and partners to utilize Florida's prioritized EBPs.

PHASE 4: COMMUNITY PREVENTION SERVICES: ON-GOING

Goal: Implement federal legislation to focus service delivery on prevention services and evidence-based practices to new *community clients* while maximizing federal matching for state funding of the child welfare system.

Implementation and program support: The Department provided multiple trainings on FFPSA EBPs with each Lead Agency. Additional meetings and trainings were held with specific Lead Agencies who expressed interest in implementing the selected EBP outlined in the Department's draft State Plan. The Department was allocated funding through FFTA to support contracting services with providers to train child welfare professionals. The Department continues to host FFPSA Steering Committee meetings which played a key role in the policy development, system enhancements, and EBP selections. The Department developed a new policy outlined in CFOP 170-1 Chapter 17, which received its initial review by the Children's Bureau, in conjunction with the Prevention State Plan. The Department plans to provide statewide training upon publication of the CFOP. The Department will partner with Lead Agencies to implement MOUs with community stakeholders to serve children who have not come to the Department's attention.

Community Prevention Services: Progress, Actions, and Future Plans:

Community Prevention Services	In Progress	Actions	Future Plans
Define community client base through needs assessment and align federal grant dollars to those needs	Yes	Identified during the FFPSA Steering Committee and incorporated in the draft CFOP and State Plan	Continue to review and identify the need to expand or decrease the determined population.
Assess/finalize Required MOU Updates	Yes	Ongoing meetings will be reinstated through the FFPSA Steering Committee to determine agreements for incorporation into the MOU.	Ongoing review and finalization of MOU in addition to execution and ongoing monitoring
Training development and delivery to stakeholders on updated policy and CCWIS enhancements	Yes	CFOP 170-1 Ch 17 was developed for community population and reviewed with feedback from the FFPSA steering committee. FFPSA prevention training was held during the Department's Dependency Summit on September 9, 2021.	Additional training development for Lead Agencies and community providers with inclusion of CCWIS documentation and policy.

WORKFORCE SUPPORT

Goal: Provide the working conditions the child welfare workforce needs to fully engage children, families, and caregivers in teamwork to achieve child safety, permanency, and well-being.

The Department is actively collaborating with Strong Foundations (SF), who holds a cooperative agreement awarded to Embrace Families under a Children’s Bureau grant for Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. Strong Foundations is partnering with the Department, Lead Agency, and community providers to enhance the skill set for conditions for return, supervisor certification, and the case complexity tool. SF continues to provide training opportunities to child welfare professionals and community stakeholders. The use of SF’s award is monitored by the Children’s Bureau as the Department collaborates to ensure SF can achieve their goal and incorporate any policy changes made by the Department. SF will continue to provide technical support throughout the life of the award.

Strong Foundations: Progress, Actions, and Future Plans:

Statewide Collaboration and Partnering	In Progress	Actions	Future Plans
Support and leverage the Strong Foundations (SF) federal grant implementation for statewide impact	Yes	<p>The Department continues to attend monthly meetings with SF to provide ongoing support as the implementation goes forth. Support is also offered from the Department’s IT and Training teams.</p> <p>Pilot has been finalized in Orange County for conditions for return.</p> <p>The Florida Certification Board (FCB) has finalized the development of documents to support the new credentialing process, including a one-page overview with the standards outlined.</p> <p>The case complexity tool was developed and implemented. The tool continues to be utilized for all case assignments at the Osceola and Alachua sites. No problems have been identified with generating the report or using the information to assist with decision-making. Currently, SF is exploring the value of using the tool to provide guidance in other child welfare practice areas.</p>	<p>Ongoing training for conditions for return will be available for staff in the selected sites, but there is anticipation that the training will move to a statewide level in the future.</p> <p>Although supervisor certification is optional for case managers, each Lead Agency is encouraged to send their staff through the certification process to become fully certified.</p>

FAMILY FIRST TRANSITION ACT GRANT (FFTA)

On December 20, 2019, the Family First Transition Act (FFTA) was signed into law, providing one-time, flexible funding for states and tribes to help implement FFPSA. Funds may be used for any purpose specified under Title IV-B (including subpart 1 and 2) and for activities directly associated with implementation of FFPSA. Florida was federally allocated \$29,233,082.00 in FFTA funds. In determining how to use these one-time funds, states were encouraged to consider how the funding can be used to strategically move child welfare to a more truly preventive system that works to strengthen families before child maltreatment occurs and that reduces unnecessary family disruption. In collaboration with child welfare stakeholders from across the state and

national child welfare advocates, the Department convened a series of FFPSA sub-committees to review the federal requirements, analyze existing state policies and practices, and assess the placement and services needs of Florida's child welfare system of care. As a result of these cooperative discussions, the Department will seek to utilize the FFTA funds to support the following FFPSA Initiatives:

1. Prevention Programming to prevent the entry of children into foster care through the delivery of evidence-based services to safely maintain the child and family in the home.

Funding allocated to Prevention Programming was \$14,979,150.00 to support the following activities:

- a. State level installation/expansion of Motivational Interviewing.
 - b. State level installation/expansion of Multisystemic Therapy.
 - c. State level installation/expansion of Parent Child Interaction Therapy.
 - d. State level installation/expansion of Homebuilders.
 - e. State level expansion of Healthy Families.
 - f. Conducting of Fidelity Monitoring and Evaluations at a state and local level.
 - g. Reimbursement to Lead Agencies for local level installation of EBPs.
 - h. Expansion of behavioral health consultation services.
2. Foster Care Enhancements to ensure children in foster care are placed in the least restrictive, most family-like setting or an approved, specified residential setting as appropriate.

Funding allocated to the Foster Care Enhancements was \$14,102,432.00 to support the following activities:

- a. Foster Parent Peer Mentoring at a state and local level.
- b. Reimbursement to providers for Qualified Residential Treatment Program transitions.
- c. Residential treatment assessment services.
- d. Supplemental foster care maintenance payments.

The Department has contracted with qualified vendors to provide comprehensive project management to plan, coordinate, and execute statewide training to support the installation and expansion of four well-supported EBPs: Homebuilders (HB), Motivational Interviewing (MI), Parent Child Interaction Therapy (PCIT), and Multisystemic Therapy (MST). Upon execution of these contracts, the Department collaborated with the contracted vendors to kick off a series of engagement activities to initiate the statewide training plan. Over the next 12 to 18 months, it is anticipated that 30 MST Teams, 118 PCIT practitioners, six (6) HB Teams, and 1,200 MI certified individuals will be trained and practicing to fidelity their respective EBP services throughout the state of Florida. Additionally, the Department procured a contract with a state university partner for fidelity monitoring of EBP service delivery. The fidelity monitoring will include an analysis of existing EBP services being delivered in Florida, newly installed EBP services, as well as providing technical support to services working towards submission to the Title IV-E Prevention Clearinghouse for formal review and acceptance.

The Office of Child and Family Well-Being has made available TBRI practitioner training through the Karyn Purvis Institute of Child Development to Lead Agencies to support the recruitment and retention of out-of-home caregivers, including foster parents and child-caring agencies. FFTA funds will be utilized to cover the cost of implementing this evidence-based prevention service, by:

- Providing one-time licensing supports directly to enhanced level II foster parents up to \$1,000.00 per child.
- Providing mentoring and coaching to foster homes taking teens and large sibling groups.

TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI® uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI® is connection⁶.

The Performance Target Matrix within the 2020-2024 Child and Family Services Plan provides performance targets for federal measures associated with each of the goals and strategic initiatives. Targets established in Florida’s Performance Improvement Plan that were achieved or not met are carried forward with the expectation that performance will be maintained. For the new goals established in the CFSP, performance targets will be achieved by the end of the plan period, September 30, 2024.

LEGISLATIVE UPDATE:

HB 893: Child Welfare Placements

Bill Sponsor: Representatives Melo & Williams

Effective Date: Upon becoming law

Chapter No. 2022-055, Laws of Florida

Overview

- Aligns Florida law with Family First Prevention Services Act (FFPSA) requirements and reduces barriers that prevent immediate treatment for children in need of intensive services. This is accomplished by: (1) recognizing and differentiating a new therapeutic group home setting, which will allow different criteria for Qualified Evaluators (QEs) when assessing children for placement; and (2) creating a larger recruitment pool of individuals to be QEs to assess children for placement in this new therapeutic group home setting.
- Strengthens cooperation and transparency by clarifying that the Department is to provide the guardian ad litem and the court with a copy of the suitability assessment within five days of its receipt of the assessment from the QE.
- Amends various sections of statute by changing the term “special needs” to “difficult to place” to accurately reflect the legislative intent as it relates to children who would benefit from the adoption assistance program.

Differentiating Treatment Services

- Differentiates between Psychiatric Residential Treatment Facilities (PRTFs) and Specialized Therapeutic Group Homes (STGHs)/Qualified Residential Treatment Programs (QRTPs) by defining therapeutic group homes and setting different qualifications for the QE completing suitability assessments for placement.
- Defines a “therapeutic group home” as a residential treatment center that offers a 24- hour residential program providing community-based mental health treatment and mental health support services in a nonsecure, homelike setting to children who: are experiencing an acute mental or emotional crisis; have a serious emotional disturbance or mental illness; or have, or are at risk of having, an emotional disturbance.
 - This definition allows for other types of “residential treatment” to align with the PRTF and

⁶ Karyn Pervis Institute via <https://child.tcu.edu/#sthash.zBe28TvK.dpbs>

“therapeutic group home” with the new, federally defined QRTP, which is licensed as a STGH by the Agency for Health Care Administration (AHCA) and credentialed by the Department.

- Distinguishing therapeutic group homes from other types of residential treatment allows the QE to meet different qualifications and provides a separate and less intensive assessment prior to placement in a residential setting.

Increasing Pool of Qualified Evaluators (QEs)

- Provides that the QE for therapeutic group homes must be a psychiatrist, psychologist, or a mental health counselor licensed in Florida with at least two years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents.
 - The bill maintains the stricter qualifications for a PRTF, which require the QE to be a psychiatrist, or a psychologist licensed in Florida with three years of experience. By creating distinct qualifications for QEs for therapeutic group homes, it is estimated that the pool of 18 QEs currently used for PRTF suitability assessments will increase by approximately 2000, thus creating a larger pool for STGH and QRTP assessors.

Rulemaking Authority

- Removes the bifurcated rule-making authority that the Department shares with AHCA as it relates to the Qualified Evaluator Network (QEN). The Department will now rely on its broad-rulemaking authority under Ch. 39, F.S., to exclusively regulate the QEN.

Cooperation and Transparency

- Clarifies that the Department must provide the guardian ad litem and the dependency court a copy of the assessment within five days of receiving the suitability assessment from the QE.

Difficult-to-Place Children

- Amends several sections of statute to change terminology from “special needs” to “difficult to place” to refer to a child who is not likely to be adopted because of certain characteristics. It also changes the terminology related to the characteristic “of black or racially mixed” to “a member of a racial group that is disproportionately represented” among children who are free for adoption from the child welfare system.
 - These changes have no effect on eligibility for adoption subsidies.

SB 7034: Child Welfare

Bill Sponsor: **Senate Committee on Children, Families, and Elder Affairs**

Effective Date: July 1, 2022

Chapter No. 2022-068, Laws of Florida

Overview

- Creates a monthly childcare subsidy for any foster parent and relative or nonrelative caregiver.
- Creates parity among relative/non-relative caregivers and foster parents as it relates to monthly room and board payments.
- Creates a tuition and fee exemption for students who are or were placed in the custody of a relative or nonrelative and students who entered the custody of the department after age 14 and, after spending at least 18 months in out-of-home care, were reunited with their parent or parents

before reaching age 18.

Child Care Subsidy

- Creates a \$200 monthly childcare subsidy for any foster parent and relative or nonrelative who has a child between the age of birth to school entry placed in their home, regardless of their program participation or licensure status, to pay toward the cost of an early learning or childcare program.

Board Rate Parity

- Increases the monthly payment amounts for relative and nonrelative caregivers who have children placed with them in out-of-home care to match the rates for Level II through Level V family foster home placements. The new room and board rates are amended as follows:
 - 0-5 Years: \$517.94
 - 6-12 Years: \$531.21
 - 13-21 Years: \$621.77
- Provides that relatives or nonrelatives who do not obtain licensure as a child-specific Level I foster placement within 6 months from the date the child is adjudicated dependent and placed in out-of-home care, must receive a monthly payment less than the \$333 monthly payment provided to a participant enrolled in the Guardianship Assistance Program (GAP).

Tuition Exemption

- Expands the scope of potential students eligible for a tuition and fee exemption at a workforce education program, a Florida College System institution, or a state university, to certain students who have been the subject of a shelter, dependency, or termination of parental rights proceeding, including students who:
 - Are, or were at the time of reaching 18 years of age, in out-of-home care, rather than in the custody of the Department as is provided for in current law.
 - After reaching 14 years of age, spent at least 18 months in out-of-home care and was reunified with his or her parents who were the subject of the dependency proceeding before reaching 18 years of age if the student is also Pell Grant-eligible.
 - Have been placed in a permanent guardianship, regardless of whether the caregiver participates or participated in the Relative Caregiver Program, and such student remains in the guardianship either until the student reaches 18 years of age or, if before reaching 18 years of age, he or she enrolls in an eligible institution.

HB 7065: Child Welfare

Bill Sponsor: **House Subcommittee on Children, Families and Seniors**

Effective Date: July 1, 2021

Chapter No. 2022-067, Laws of Florida

Overview

- Through a multi-pronged approach, facilitating interagency cooperation and increased support for young adults and families, the bill targets issues that lead children to become involved with the child welfare and juvenile justice systems.
 - Requires the Department and the Department of Juvenile Justice (DJJ) to identify dually involved youth and submit quarterly reports for 2 years.
 - Requires a representative from DJJ be invited to multidisciplinary team staffing if the case involves a dually served youth.

- Increases the Postsecondary Education Supports and Services (PESS) room and board payments and requires an assessment of the young adult's financial literacy.
- Promotes fatherhood initiatives by directing a targeted media campaign and establishing grants for community-based supports for fathers to be more involved in their children's lives.
- Creates mentorship grants for programs that service at-risk male youths.

Dually Involved Youth

- Requires the Department, in collaboration with DJJ, to identify children who are served by both systems of care and provide a report to the Legislature that includes actions taken by both agencies to better serve such children.
 - This 2-year quarterly report begins Fiscal Year 2022-23 through Fiscal Year 2023-24.
- Requiring DJJ to be invited to participate in multidisciplinary team staffing if the child is involved in both the Department and the DJJ systems of care for open dependency and delinquency proceedings, respectively.

Postsecondary Education Supports and Services (PESS)

- Increases the PESS monthly stipend from \$1,256 to \$1,720 for a young adult who does not remain in foster care and is attending a postsecondary school.
- Provides that transition plans, which are required once a child reaches 16 years of age, must continue to be updated beyond the child's 18th birthday as needed if the young adult receives funding under the PESS program.
 - The community-based care lead agency must assess each young adult's financial literacy and executive functioning, self-regulation and similar skills prior to the young adult being enrolled in post-secondary education and to provide information and referrals to the young adults to assist with strengthening those skills.
 - The community-based care lead agency must provide information related to independent living services, benefits of each program, advantages and disadvantages of participating in each program, and financial value of each program. The child is required to sign a document indicating that they received and discussed the information and understand the services available to meet their needs.
 - The transition plan must include an assessment of the young adults current and future needs and challenges for self-sufficiency and at a minimum address how they will meet their financial needs once PESS payments end.

Fatherhood Initiatives

- Directs the Department to contract for an initiative to promote responsible fatherhood with the goal of providing all fathers resources and inspiration to enhance their positive involvement with their children. Initiative must include:
 - A website and related electronic resources that will: allow fathers to obtain information about effective parenting; identify any areas in which support would enable them to enhance their ability to be an effective father; and connect fathers to supports provided by organizations receiving grants under s. 409.1465; F.S.
 - Use of appropriate materials from the fatherhood media campaign, available through the National Responsible Fatherhood Clearinghouse.
 - Print, television, and digital and social media elements, and public events, and may include appearances by and involvement from public figures and influencers.
- Creates opportunities for not-for-profit organizations that address the needs of fathers and provide mentorships for at-risk males to receive funding through grant programs established through the Department.
- Provides that the grants awarded for fatherhood initiatives and mentoring of at-risk boys may be

awarded for a period of up to three years and requires the grantees to comply with certain accountability and reporting requirements to continue receiving funding.

- Provides for increased engagement with and provision of services to fathers by requiring Florida’s community-based care lead agencies to hire father engagement specialists with lived experience to engage and assist fathers with accessing services.

The Department will be responsible for conducting an annual review of how each lead agency is meeting the needs of fathers and shall include information from this review in the annual Results-Oriented Accountability Report.

HB 963: Funding for Sheriffs Providing Child Protective Investigative Services

Bill Sponsor: **Representative Hunschofsky**

Effective Date: July 1, 2022

Chapter No. 2022-058, Laws of Florida

Overview

- Authorizes a sheriff’s office that provides child protective investigative services to carry forward 8 percent of unexpended state funds each fiscal year and outlines other requirements and prohibitions on the use of carried funds.

Carry Forward

- Allows sheriff’s offices that provides child protective investigation services to carry forward documented unexpended funds from one fiscal year to the next; however, the cumulative amount carried forward may not exceed 8 percent of the total contract or grant agreement as specified in the General Appropriations Act.
- Prohibits funds carried forward from being used to create increased recurring future obligations or for any program or service that is not currently authorized by the existing contract or grant agreement with the Department.

Return of Funds

- Requires any unexpended state funds more than 8 percent, and all unexpended federal funds, be returned to the Department.
- Requires a sheriff’s office to return all unexpended funds to the Department if that sheriff’s office will no longer be providing child protective investigation services.

Reporting of Funds

- Requires expenditure of funds carried forward be separately reported to the Department.

HB 1577: Homeless Youth

Bill Sponsor: **Representative Woodson**

Effective Date: July 1, 2022

Chapter No. 2022-065, Laws of Florida

Overview

- Provides for certification as unaccompanied homeless youth.
- Requires specific institutions of higher learning to have a liaison to provide on-campus support to current and former foster youth and certified unaccompanied homeless youth.
- Revises benefits relating to specified homeless youth, including ability to receive documents at no charge, aid in achieving postsecondary education success, and assistance in acquiring motor vehicle insurance and driver licenses.

- Directs the Office of Program Policy Analysis and Government Accountability (OPPAGA) to conduct a study on the effectiveness of campus liaisons and of local school districts' delivery of benefits and services under the federal McKinney-Vento Homeless Assistance Act.

Definition and Certification

- Defines “unaccompanied homeless youth” as an individual who is at least 16 years old and is not in the physical custody of a parent or guardian, including those who have run away from home, been forced out of their home, or whose parents have left the area and left the youth behind.
- Allows an “unaccompanied homeless youth” to become certified if they are: found by a school district’s liaison for homeless children and youths to be eligible for services pursuant to the McKinney-Vento Homeless Assistance Act; or believed to qualify by the director or designee of an emergency shelter program, a runaway or homeless youth basic center or transitional living program, or a continuum of care lead agency.
 - The Department has a standardized form that must be used by the certifying individual.

Collaboration with Educational System

- Requires the Department to collaborate with the State University System, the Florida College System, and the Department of Education to address the need for a comprehensive support structure in the academic arena to assist children and young adults who have been, or remain, in the foster care system in making the transition from a structured care system into an independent living setting.
- Provides that campus liaisons are to support certified unaccompanied homeless youth in addition to current and former foster youth.
- Allows institutions to provide additional campus coaching services to promote the youth’s successful completion of postsecondary education and transition to independent living.

Benefits for Youth

- Requires district school boards to provide cards to certified unaccompanied homeless youth that contain information on the rights and benefits for such youth, as well as the contact information for the school district's liaison for homeless children and youths.
- Expands the Keys to Independence program to include certified unaccompanied homeless youth; thus, requiring the Department to cover the cost of driver education, licensure and other costs incidental to licensure, and motor vehicle insurance to certified unaccompanied homeless youth who are citizens of the United States or legal residents of Florida.
 - Such youth must also be completing secondary education, employed at least part time, attending postsecondary education at least part time, or has a disability that precludes full-time work or education.

OPPAGA Study

- Requires OPPAGA to evaluate: the current use of liaisons by all colleges and universities, the number of children and young adults served by such liaisons, the type and prevalence of the services requested by such children and young adults, and the experiences of the students served by the liaisons; and the local school districts’ delivery of benefits and services to unaccompanied homeless youth eligible for services under s. 743.067, F.S., and the McKinney-Vento Homeless Assistance Act and school districts’ adherence to provisions of the act.
 - In furtherance of this study, OPPAGA is required to consult with the Department, the Board of Governors of the State University System, the Florida College System, the Department of Education, local school districts, and any other relevant stakeholders, including, but not limited to, students eligible for assistance from a liaison.
- Requires submission of the report by December 1, 2022.

HB 3: Law Enforcement

Bill Sponsor: **Representative Leek**

Effective Date: July 1, 2022

Chapter No. 2022-023, Laws of Florida

Overview

- Provides law enforcement agencies with additional tools to bolster the recruitment and retention of qualified officers by providing financial incentives, enhanced training, expanded educational opportunities, and recognition that honors law enforcement officers' service to the state of Florida. As it relates to the Department, this bill:
 - Provides for law enforcement officers to be included in the adoption incentive program as qualifying adoptive employees.

Adoption Incentive Program

- Provides for a \$10,000 lump-sum monetary benefit, subject to applicable taxes, for a law enforcement officer who, on or after July 1, 2022, adopts a child from the child welfare system or a \$25,000 lump-sum monetary benefit, subject to applicable taxes, for a law enforcement officer who adopts a difficult-to-place child from the child welfare system as described in s. 409.166(2)(a)2, F.S.

HB 615: Human Trafficking

Bill Sponsor: **Representative Overdorf**

Effective Date: July 1, 2022

Chapter No. 2022-168, Laws of Florida

Overview

- Requires the Statewide Council on Human Trafficking (Statewide Council) to evaluate how social media platforms are used to facilitate human trafficking within Florida.
- Requires the Human Trafficking Direct-Support Organization and the Department to develop and implement training related to human trafficking.

Council on Human Trafficking

- Requires the Statewide Council to:
 - Assess the frequency and extent that social media platforms are used to facilitate human trafficking within Florida.
 - Establish a process to detect such use on a consistent basis.
 - Make recommendations on how to stop or reduce the use of social media to facilitate human trafficking.

Human Trafficking Training

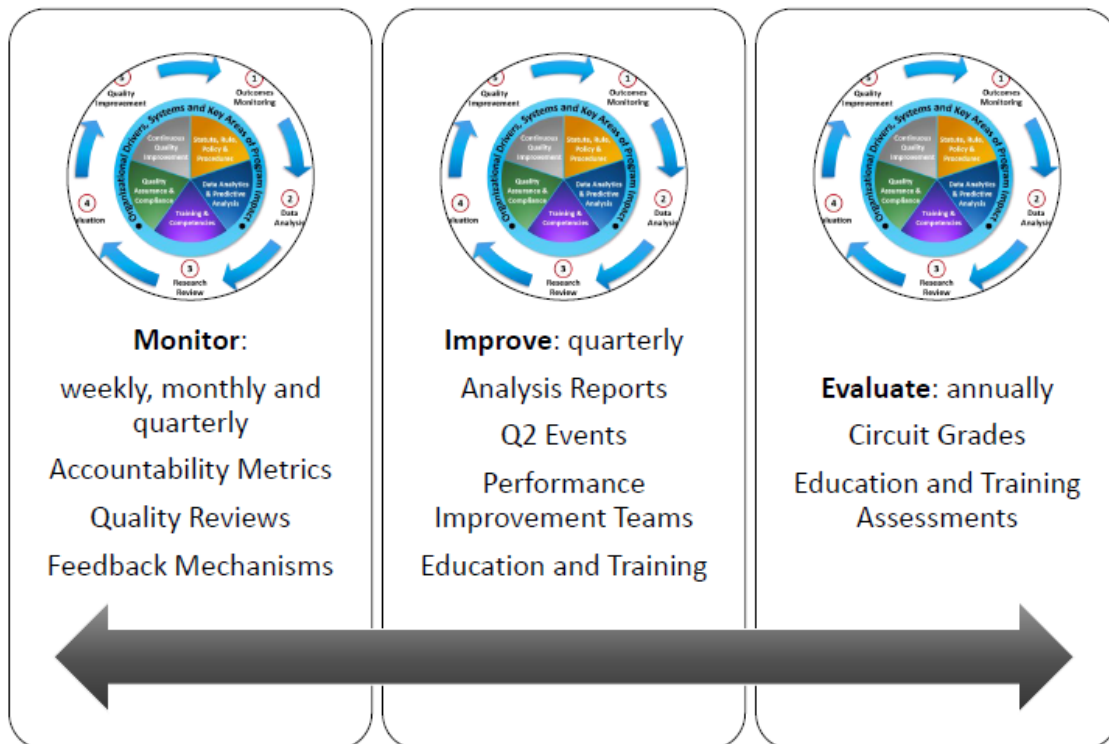
- Requires the Florida Alliance to End Human Trafficking, which serves as the Direct-Support Organization for the Statewide Council, to develop training specifically for fire safety inspectors related to recognizing and reporting human trafficking and allows for such training to be eligible for their continuing education credits.
 - The Florida Alliance to End Human Trafficking was established and is supported by the Department of Legal Affairs. The Department of Children and Families does not have a seat on its board of directors.
- Requires foster parents and residential child-caring agency or child-placing agency staff to successfully complete a statewide uniform preservice and in-service training related to human trafficking.
 - The training must include basic information on human trafficking to include relevant

terminology, the difference between sex and labor trafficking, how to identify children at risk of human trafficking, and steps that can be taken to prevent at-risk youth from becoming domestic violence victims.

CHAPTER 4. QUALITY ASSURANCE SYSTEM

As noted in the Assessment of Current Performance in Achieving Outcomes, Quality Assurance Systemic Factor, Florida adopted [Results-Oriented Accountability \(ROA\)](#) as its continuous quality improvement framework. The Department created an agency wide OQI based on legislation in the 2020 session. The OQI integrated case record reviews, data analysis, performance improvement, and training for the Department under one division.

Taking Results-Oriented Accountability to the Next Level



The Quality Review process is when the Quality Reviewer completes reviews on open child protective investigations and retains responsibility for conducting case reviews throughout the time a family is receiving services from the Department through the child welfare system. This ongoing review of the case enables the child welfare professional to make real-time adjustments of actions to ensure child safety and permanency. Cases are reviewed at scheduled intervals over the course of the case. Guidelines and requirements for each review type is captured in a reviewer guide posted on the QO intranet site for the specific review.

The OQI is charged with assessing the quality of child and family services across the state and conducting statistical analysis to improve gaps in quality. To assess the quality of child and family services, the OQI has launched its Life of Case Review Tool, which guides quality reviews that are conducted in each circuit throughout the state. The Life of Case Tool was built to align with the CFSR items and, in addition, assesses other factors to help identify etiologies for gaps in performance. Sample sizes for quality reviews are determined to ensure representative demographic factors and the achievement of a 90 percent confidence level and 10 percent margin of error within each circuit. Additionally, a formalized process has been

established to ensure that inter-rater reliability is consistent with industry standards and expert opinion. The life of case tool and quality review process were launched in July 2021. This baseline year of data collection, around the quality reviews, concluded in June 2022 and the Department now has a highly reliable data set to begin conducting more robust analysis into root causes of gaps in quality across the state. With this baseline data, the department can better pinpoint areas of concerns and develop more comprehensive and targeted strategies for improving performance.

CHILD WELFARE REVIEWS

Life-of-Case Reviews

The Life-of-Case (LOC) reviews are conducted on new cases entering the child welfare system and continue through the life of the case. Quality reviews occur over prescribed intervals for quality reviewers to provide real-time feedback to child welfare professionals who are responsible for managing the case. At each review interval, the completed tool is provided to the field for continued learning. The sample of cases selected for review may be stratified or weighted based on characteristics presenting the greatest risk to children and families; however, any case is eligible to be selected for review. The reviews begin with child protective investigations and continue into ongoing services for those investigations transferred to case management.

Cases reviewed with the LOC tool represent a valid sample by circuit with a 90 percent confidence level and ten percent margin of error. Cases are selected at random by the data analytics team and provided to the Quality Review Managers for case assignment to the reviewers. The complete stratification of the sample is included in the reviewer guide, incorporated by reference. Aggregated review results are posted on the OQI's intranet website. Local results are shared with regional operations teams via Qualtrics dashboards, as well as discussed at regular meetings with Quality Review Managers and the data analytics team.

Sheriff's Office Annual Peer Review and Legislative Report

Each year, the Department and Sheriffs' Offices conduct a legislatively mandated peer review of the practice related to child protective investigations. Peer reviews are scheduled with each site and assess a statistically significant number of closed investigations using the CPI LOC review instrument. Reviews are conducted by a team with representation from the OQI and each Sheriff's Office.

The OQI drafts an Annual Legislative Report regarding the quality performance from the peer review, outcome attainment, and the cost comparison between the Department and Sheriffs' Offices conducting child protective investigations. The annual report is due to the President of the Senate, Speaker of the House of Representatives, and to the Governor no later than November 1st of each year.

Point-in-Time Reviews using the Child and Family Services (CFSR) Instrument

The OQI reviews existing open or closed cases to ensure that child safety, permanency, and well-being outcomes are met for children and families. The OQI selects a stratified random sample of existing cases and conducts a point-in-time desk review of open, ongoing services cases using the CFSR case record review items. The sample stratification and sample selection process are included in the reviewer guide, incorporated by reference.

Special Reviews

The OQI conducts special reviews at the request of Department leadership. These reviews are typically case specific reviews that focus primarily on issues, concerns, or performance gaps brought to the attention of the Department. Review findings are provided directly to the requestor.

Targeted Reviews

The OQI conducts targeted reviews that are project-based, one-time reviews using a set period under review and focused on a specific population based on the subject matter of the reviews. Targeted reviews are scheduled based on leadership priorities. The data analytics team compiles the results of the targeted (and large-scale special reviews) and provides the findings to leadership and appropriate program offices to determine if improvement activities are warranted.

Child and Family Services Reviews (CFSR)

The state is subject to federal review using the CFSR tool and process. The CFSR process includes a self-assessment that is submitted prior to the beginning of case record reviews. Stakeholder interviews are conducted by the Children's Bureau to confirm what was reported in the self-assessment.

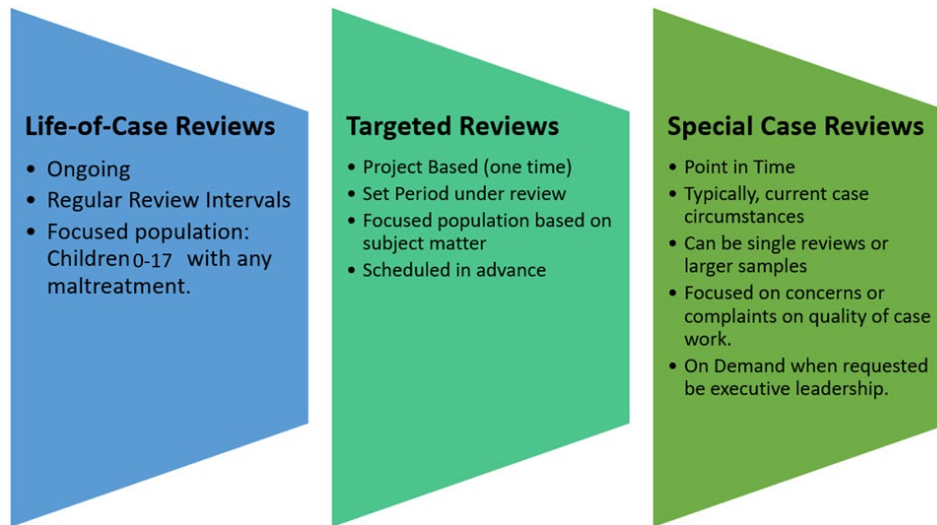
The CFSR case record reviews are conducted jointly with the Lead Agencies and include case participant interviews. The sample is selected based on the state's proportion of in-home and out-of-home services cases, meeting at least minimum requirements for in-home cases. The Lead Agencies facilitate the scheduling of case participant interviews, and the team jointly reviews the case record and conducts the interviews. The Office of Quality and Innovation reviewer is the lead entering the ratings into the federal Online Monitoring System (OMS) after the team agrees on the ratings and narrative to justify the ratings.

The Office of Quality and Innovation Supervisor conducts the first level review of the instrument after the tool is completed by the reviewer, and the OQI Review Manager conducts the second level review of the instrument. Any updates are made by the review team. Disagreements in ratings are resolved at the supervisor or manager level. The Children's Bureau makes the final decision if not resolved by the managers. CFSR cases require secondary oversight by the Children's Bureau as do many of the Program Improvement Plan monitored cases. The OQI completes a schedule of cases each month for the Children's Bureau to use for secondary oversight assignment.

Office of Quality and Innovation and Community-Based Care Lead Agency Joint In-Depth Reviews

The OQI and Lead Agencies conduct joint reviews using a quality review team member and a Lead Agencies QA team member to conduct reviews in the CFSR OMS. These reviews mirror the CFSR reviews in that case participant interviews are conducted in addition to the case record review. The Lead Agency facilitates the scheduling of the case participant interviews and both reviewers review the case record jointly, if possible, with the OQI Reviewer being the lead for the overall review. The team plans the interviews, asking questions and recording responses, and conducts the case ratings jointly after completion of the interviews and case record review. Any disagreements in ratings will be resolved using the supervisors of each reviewer, or their managers. The Children's Bureau makes the final determination for ratings under dispute if agreement cannot be reached at the manager level.

Joint reviews are scheduled for one week, allowing two days for the reviewers to review the case record and conduct the case participant interviews, two days for the first level of review and the team to make corrections and submit to the second level of review by the Friday of the review week. "The OQI conducts 65 joint reviews with Lead Agencies every six months. The number of reviews per Lead Agency is between (2) and (4) based on agency size. This number of reviews reflects the number of reviews anticipated to be conducted in the Program Improvement Plan (PIP) monitoring period."



DATA ANALYTICS

Data analytics measures the use of resources, the quality and number of services provided, and child and family outcomes, producing assessments of performance at various levels. This includes analysis of performance of individual entities, as well as groups of entities working together on a local, judicial circuit, regional, and statewide basis to provide an integrated system of care. The data analyzed informs the Department's development and maintenance of an inclusive, interactive, and evidence-supported program of quality improvement which promotes individual skill building as well as organizational learning. The types of data employed includes, but is not limited to, LOC review results, targeted/special review results, demographic information, processes and procedures, performance drivers, and outcome measures. The data employed is valid and reliable based on adequate sample sizes, gathered over suitable time periods, and reflect authentic rather than spurious results, and are not susceptible to manipulation.

A central purpose of data analytics is to assess the statistical validity of observed associations between programmatic interventions and measured outcomes and employs both quantitative and qualitative research methods. This includes longitudinal studies to evaluate long term outcomes, such as continued safety, family permanence, and transition to self-sufficiency, regression analyses to focus initiatives on the most influential factors, and predictive analyses to determine future trends. The Department was able to establish a statistically valid sample with inter-rater reliability within industry standards for FY 21/22. With this baseline data set, the Department will begin data analysis around federal measures and systemic factors to identify areas where improvement efforts are necessary.

Data analytics includes an on-going process of evaluation to determine the efficacy and effectiveness of various interventions. This is to determine the validity of the relationship between an intervention and an outcome and determine the application of the intervention in various geographic settings and demographic populations.

The data analytics team is responsible for the maintenance and reporting of the child welfare accountability system, which includes reporting on accountability metrics, both quantitative and qualitative, at the regional, circuit, and, where applicable, the Lead Agency or Sheriff's Office level. The purpose of the accountability system is to assess the overall health of the child welfare system, through internal metrics and external socio-economic factors and community indicators. These results are reported, at minimum, on a quarterly basis. An

annual report of the overall health of the child welfare system is submitted to the Governor, President of the Senate, and Speaker of the House in accordance with section 409.996(24)(a)3(c), Florida Statutes.

PERFORMANCE IMPROVEMENT

Performance improvement is a primary goal of the Department. Projects are identified and initiated at all levels of the organization and its partners. Projects that require additional guidance and structure are led by the OQI's Performance Improvement Analysts. Requests for this team are made through the OQI, and projects are assigned by leadership. Performance Improvement Analysts lead local and statewide performance improvement initiatives through a systematic approach of defining problems, identifying root causes, and supporting and monitoring the implementation of countermeasures and compliance systems.

The Performance Improvement Team's efforts extend beyond focused projects. They work to collaborate and combine efforts that drive sustained performance improvement, reduce knowledge loss and rework, and instill and spread continuous performance improvement mindsets throughout the Department and its partner networks. The Department was able to establish a statistically valid sample for the quality case reviews and all targeted and special reviews, with inter-rater reliability within industry standards for FY 21/22. With this baseline data set, the Department will begin data analysis around federal measures and systemic factors to identify areas where improvement efforts are necessary.

Programmatic Monitoring

Per section 402.7305, Florida Statutes, the Department conducts annual contract monitoring of programmatic, fiscal, and administrative elements of contracts. With a significant number of contracted providers statewide, contract monitoring is a critical tool to ensure quality service delivery. The OQI uses a collaborative, transparent, and action-oriented approach to programmatic contract monitoring. Lead Agency performance is evaluated through a comprehensive approach that uses information gathered from performance data, both qualitative and quantitative. The data analytics, performance improvement, and case review teams collaboratively perform the OQI's programmatic contract monitoring. The Department's contract monitoring process has both on-site and desk review activities that include but are not limited to:

Desk Reviews

- Quality Case Reviews
- Ongoing Performance Management

On-Site Reviews

- Quarterly Quality Events
- Performance Improvement Teams

As required by Florida Statute, the OQI uses the ongoing performance management process as a method to conduct a risk assessment for CBC, and, over time, Managing Entity, contracts throughout the year.

Risk Assessment

The OQI has established a quarterly quality cycle for conducting ongoing risk assessments of performance metrics, both quantitative and qualitative, throughout the year. The OQI follows this process to ensure performance gaps throughout the system of care are identified and widely recognized, and that effective performance improvement measures are implemented and, when appropriate, standardized.

At the beginning of each quarter, to initiate the quality cycle, the OQI conducts an in-depth assessment of all performance metrics to identify performance gaps or unfavorable trends at the individual circuit and entity level. Results of the performance are then shared with the appropriate service areas, wherein the performance findings were identified. Service areas with performance findings are then prompted to complete a performance gaps and achievements matrix (PGAM). This matrix provides the OQI with insights into:

- What, if any, root causes have been identified to be driving the identified performance gap.
- What, if any, performance improvement actions have been implemented to address identified root causes.
- What, if any, QO support services are needed to assist in performance improvement efforts.

Finally, to conclude the quarterly quality cycle, the OQI uses the information provided in the PGAM to set the agenda for statewide and regional quarterly quality (Q2) events. During these events, program areas with performance gaps present and receive feedback on their root cause analysis findings, their performance improvement efforts to-date, and their plans to further improvement efforts in the coming quarter. Outstanding performance achievements are also recognized to enhance knowledge sharing of validated best practices.

This cycle then repeats itself, following this same process in subsequent quarters; incorporating newly identified performance gaps and keeping existing performance gaps in focus until sufficient and sustained improvement is demonstrated. Upon such improvement, program areas are scheduled to present their achievement in the Q2 events to share lessons learned and highlight effective practices. Once effective practices have been validated, opportunities for larger scale implementation are considered.

Case Reviews and Performance Metrics

The OQI conducts LOC reviews that evaluate frontline child welfare professional's decision making and service provision delivery throughout a family's involvement with the child welfare system. The LOC reviews are ongoing and conducted throughout the year. In addition to the ongoing LOC reviews, the OQI conducts targeted reviews on both a set schedule, and as needed based on circumstances that may arise. In addition to case review data, the OQI monitors the Department's performance of state and federal measures. The OQI data analysts evaluate data from both quality reviews and performance measures to identify trends in performance across the child welfare system. The data and relevant analysis are shared with the Department's operations and program teams, including internal Department staff and external contracted providers and their contract managers, on a quarterly basis. While quality reviews and performance evaluation have been initially focused on the child welfare network; the scope of these efforts will be expanding into additional program areas to better assess the quality of service and performance at an enterprise level.

Case Review Feedback

While conducting case reviews, the Quality Reviewer may find that a case requires immediate action due to an imminent child safety concern. Prior to notifying the Region, a consultation must occur immediately between the Quality Reviewer and the Quality Reviewer's Supervisor and Manager to affirm the need for immediate action by the region and/or the Lead Agency. When safety concerns are identified during investigative reviews, the case review tool is sent to the regional Child Protection Directors and the Operations Manager or the Sheriff's Office point of contact to be addressed. All other completed tools are sent to the regionally identified contact for the work conducted with an acknowledgement of identified strengths. For any completed tool, the option of a consultation to discuss identified areas of need or strength is available to the frontline staff. At times, due to the nature of the concerns identified, the Quality Office reviewer will request a consultation to

ensure, however 90% of consultations conducted are requested by frontline staff in order to get additional guidance related to the review.

Quarterly Quality Events

The OQI coordinates quarterly events that focus on reporting child welfare data from both case reviews and performance metrics and identifying both positive and negative trends. These events include Department leadership and frontline staff, contracted providers, contract managers, Lead Agency staff, Sheriff's Office staff and other stakeholders as needed. During these events, the OQI reports performance improvement team findings, present validated approaches to address performance gaps, and present process improvement deployment plans for effective solutions. While the quarterly quality events have been initially focused on performance within the child welfare system, the scope of these events will expand to assess more enterprise performance as accountability metrics are established throughout the Department's program areas.

Conflict of Interest

OQI staff complete annual conflict of interest disclosure forms. These forms identify any potential or perceived conflicts that might impact their objectivity in evaluation. The forms include identification of potential conflicts with any Department operations, Community-Based Care providers, Managing Entities, Sheriff's Offices, and/or Children's Legal Services.

Education and Training

To ensure a highly qualified, well-trained workforce, and state and federal funding requirements are maintained, the OQI Enterprise Education and Training team oversees, reviews, and analyzes training provided by Department staff and contracted partners. Training includes onboarding for new employees, pre-service training, in-service training, job support tools, and ongoing professional and leadership development. Training is formally assessed annually, as well as informally monitored continually for quality, accuracy, effectiveness, efficiency, and alignment with policy and Department-wide initiatives. Not included is vendor or subcontractor on-boarding or training not related to Department programming.

Quality

All training and education content is to be reviewed by the OQI. This will ensure the purpose and structure of the training is provided as intended, the instructional design and strategy are appropriate to the audience, the design supports the learning process, the training is accessible to all intended users (according to ADA, CDC, and Florida state guidelines), the training is supported by the necessary platforms, and that the delivery meets the Enterprise Education and Training team standards. Training and education must be approved by the OQI prior to scheduling or rolling out. Training and education that meets OQI standards (available on the OQI intranet site) is registered and tracked in a database managed by headquarters and made available state and system wide. The database tracks attendance, evaluations, cost effectiveness, and changes in performance metrics to continually monitor quality as the Department moves toward statewide standardization of education and training.

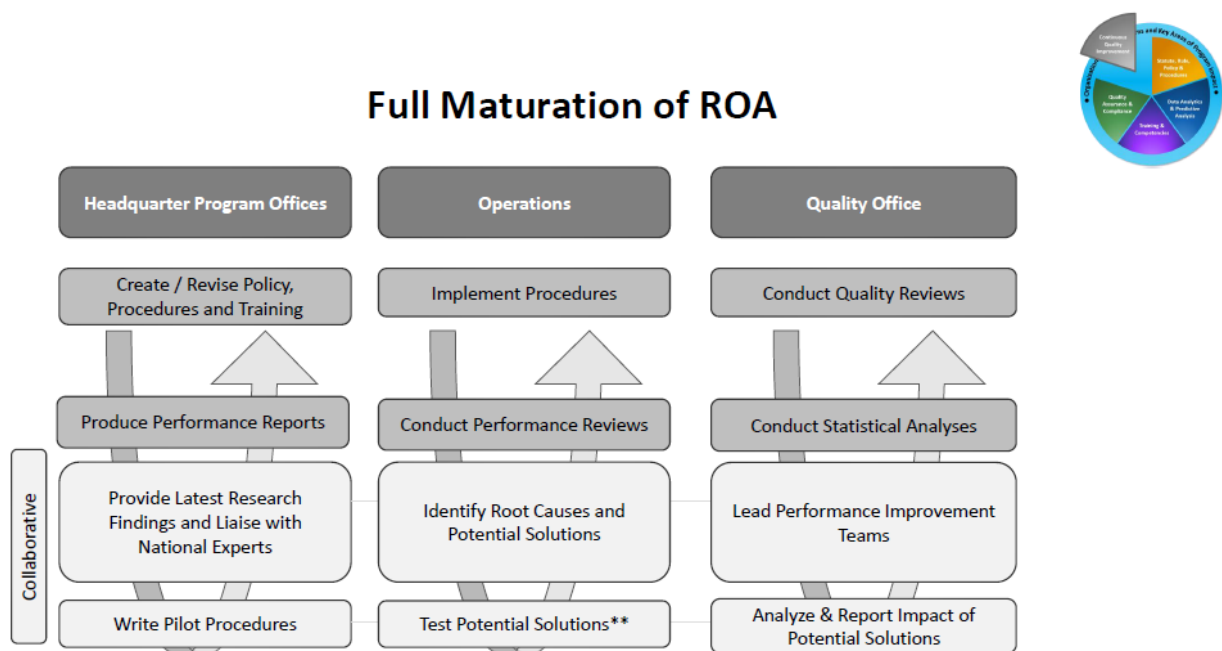
Effectiveness

Tools used to determine training effectiveness include, but are not limited to, data analysis, process improvement feedback, findings from quality reviews, training evaluations, retention checks, random course audits, and regional feedback. Contracted training is evaluated by the same standards as Department developed training and is further evaluated for cost/benefit. Training contracts may also be subject to a targeted improvement in a determined performance metric.

ROA

Training and education needs are identified through data analysis, process improvement feedback, findings from quality reviews, policy changes, evaluations, contract oversight reviews, scorecards, Federal Child and Family Services Reviews, emergent Department needs, and staff performance management trends and patterns. Following the identification of a potential training need, a training needs assessment is conducted to determine the validity and nature of the need. Once the desired training outcome is determined, a strategy for implementation is developed to include performance measures to be tracked before and after training to determine whether the desired outcome is achieved. A member of the Enterprise Education and Training team is assigned ownership of the development process. Development includes the assembly of required research, best practices, and subject matter experts related to the topic. Once developed, the training and its implementation plan is screened to ensure adherence to OQI standards. Following deployment, an analysis of relevant measures is conducted to determine the effectiveness and efficiency of training. The training and its implementation are adapted according to data and feedback in order to maintain continuous quality improvement.

The Enterprise Office of OQI represents the full maturation of ROA.



While state and systemwide standardization of education and training is a goal of the Department and an initiative adopted by the OQI Education and Training Team, the Department acknowledges each Region/Circuit may require additional training to support local requirements and procedures required related to job performance and will support and facilitate the continual quality improvement of these training and education needs.

The OQI Enterprise Education and Training team conducts quarterly surveys to solicit feedback related to training satisfaction and performance metrics as established by the OQI from the Department as well as regional partners. This survey may require the submission of raw data to support further analysis of education and training outcomes. The OQI Enterprise Education and Training team solicits yearly training plans from Regional Directors and community partners to analyze cost and time efficiency, as well as best practices to be shared state and system wide.

OVERVIEW OF CHILD WELFARE SYSTEM OF CARE

The Department contracts for the delivery of child welfare services through Lead Agencies. The Lead Agency Service delivery is coordinated through an administrative structure of six geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. Within the six Department regions, Lead Agencies are responsible for providing foster care and related services, including family preservation, prevention and diversion, dependency casework, out-of-home care, emergency shelter, independent living services, and adoption. Many Lead Agencies contract with subcontractors for case management and direct care services to children and their families. This system allows local agencies to engage community partners in designing and modifying their local system of care that maximizes resources to meet local needs. The Department remains responsible for program oversight, operating the Florida Abuse Hotline (Hotline), conducting child protective investigations, and providing legal representation in court proceedings. Lead Agency responsibilities are codified in section 409.988, Florida Statutes, requiring that Lead Agencies shall:

- Serve all children referred as a result of a report of abuse, neglect, or abandonment to the Hotline including children who are the subject of verified reports and not verified reports but are at moderate to extremely high risk of abuse, neglect, or abandonment regardless of funding allocated. The Lead Agencies serve children who are at risk of abuse, neglect, or abandonment to prevent entry into child protection or child welfare system.
- Provide accurate and timely information necessary for oversight by the Department as established in the child welfare Results-Oriented Accountability Program (ROA).
- Serve dependent children through services that are research based or best child welfare practice; may provide innovative services, including family-centered, cognitive-behavioral, and trauma-informed interventions designed to mitigate out-of-home placements.
- Follow financial guidelines developed by the Department and provide for a regular independent auditing of its financial activities.
- Prepare all judicial reviews, case plans, and other reports necessary for court hearings for dependent children, except those related to the investigation of a referral from the child abuse hotline and submit these documents timely to the Department's attorneys for review, any necessary revision, and filing with the court. The Lead Agency shall make the necessary staff available to Department attorneys for preparation for dependency proceedings and provide testimony and other evidence required for dependency court proceedings in coordination with Department attorneys.

Child protective investigation requirements are defined and delivered pursuant to Chapter 39, Florida Statutes. The Department is responsible for conducting child protective investigations in 60 of 67 Florida counties. Pursuant to section 39.3065, Florida Statutes, Sheriff's offices in the remaining seven counties (Broward, Hillsborough, Pasco, Pinellas, Manatee, Seminole, and Walton counties) conduct child protective investigations through contract and grant agreements with the Department. The Department and Sheriff's offices are working on the transitioning of child protective investigations in these seven counties back to the Department. The Department's website provides a [Lead Agency Map](#) which also shows the six regions and 20 circuits.

PREVENTION PROGRAMS, A STATEWIDE AND LOCAL COLLABORATIVE APPROACH

Program	SFY 2021-2022
Circle of Parents	870 parents
Healthy Families Florida (HFF)*	9,444 families 17,265 children
Family Support Services**	13,138 children

Sources: *Healthy Families Florida and **Florida Safe Families Network (FSFN)

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 for the previous year’s reporting period of October 1 through September 30.

COORDINATION WITH EXECUTIVE OFFICE OF THE GOVERNOR’S OFFICE OF ADOPTION AND CHILD PROTECTION (OACP)

Public Awareness Campaigns

Governor Ron DeSantis signed a [proclamation](#) designating April as Child Abuse Prevention Month to remind Floridians of the importance of preventing child abuse and neglect and in recognition of Florida’s annual Pinwheels for Prevention™ campaign.

Prevent Child Abuse Florida (PCA Florida)

PCA Florida is the Prevention Services Unit in the Ounce of Prevention Fund of Florida, Inc. (The Ounce). Through a contract with the Department, PCA Florida serves as the state Chapter Liaison for Prevent Child Abuse America (PCA America). The Ounce maintains the charter agreement with PCA America. The Ounce participates in and accesses the network of state chapters for research-based best practices, campaign strategies and resources, and summaries of successful prevention services and supports.

Parent Peer Support

The Department’s contract with The Ounce also funds the Circle of Parents® Program. The Ounce provides training and technical assistance to local providers throughout Florida who agree to host and facilitate a local meeting using the Circle of Parents® model. The technical assistance provided includes 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 over 40 Circle of Parents® programs throughout Florida. The program’s webpage on The Ounce’s [website](#) offers an interactive map to find a local meeting.

HOPE Florida: A Pathway to Prosperity

Secretary Harris and First Lady DeSantis launched Hope Florida – A Pathway to Prosperity. This new initiative

spearheaded by First Lady DeSantis and implemented by the Department uses ‘Care Navigators’ to guide Floridians on an individualized path to prosperity by focusing on community collaboration between the private sector, faith-based community, nonprofits, and government entities to break down traditional community silos, maximize resources and uncover opportunities. Services are available to Floridians statewide, including children aging out of foster care, pregnant mothers contending with substance abuse disorder, and other families in need of assistance. Hope Florida – A Pathway to Prosperity is now available in every county in Florida. Since inception, HOPE Florida has served over 63,000 Floridians, including more than 13,500 so far in 2023.

EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS

Child Fatality Prevention Website

The OQI maintains 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. It is the Department’s hope that the data and the narratives provided are “a call to action for communities to join the Department to work together to meet the needs of their neighbors and protect vulnerable children to prevent future deaths.” Additionally, the Department and community partners use this data to improve child welfare practice to better protect children and assist at-risk families.

This website includes information regarding all child fatalities called into the Florida Abuse Hotline (Hotline) alleged to be a result of abuse or neglect. The definitions for abuse, abandonment, and neglect can be found in [Chapter 39, Florida Statutes](#). The data can be sorted and viewed by county, child's age, causal factor, and prior involvement. The website features current year data as well as historical information dating back to 2009. On the Child Fatality Prevention homepage, there is a chart with the most recent five years of historical data to provide the capability for greater trend analysis. Current and past data reveals three notable trends:

- Drowning continues to be a primary cause of preventable death among children in Florida. Unsupervised access to pools, spas/tubs, and open bodies of water remains a potential threat to child safety.
- Sleep-related incidents (bed-sharing, excessive bedding, sleep position, unsafe sleeping accommodations, etc.) claim the lives of younger children, primarily infants.
- Trauma/wounds caused by a weapon, primarily the use of firearms or bodily force (e.g., fists or feet) to inflict harm, represents less than 10% of all child fatalities reported to the Florida Abuse Hotline in any given year.

The website also includes information about the Department’s prevention campaigns relating to the leading causes of child fatalities in Florida—unsafe sleep, drowning, and inflicted trauma. These campaigns provide useful information for parents and caregivers and are avenues for community involvement. This webpage is updated weekly with information available from the Hotline and the Department’s field staff. Supporting documents are posted after the case is closed following a review by a regional child fatality prevention specialist. Information provided includes the cause and circumstances surrounding the death; age and gender of the deceased child; previous reports of child abuse or neglect; and actions taken by the Department.

Statewide Child Abuse Death Review Committee (CADR)

Established in [section 383.402, Florida Statutes](#), CADR provides statewide and locally developed multidisciplinary committees to conduct detailed reviews of 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).

The Department's statewide child fatality prevention manager serves on the Statewide CADR to provide staff support to the statewide and local CADRs. Based on the statewide CADR team's review of all cases, an annual report is produced with key findings and recommendations for preventable deaths. The [CADR](#) website provides information about the statewide and local death review processes and includes the Statewide Child Abuse Death Review Team's [Annual Report](#) published December 2022.

The Department collaborates on an ongoing basis with the CADR statewide team to:

- Share and analyze data (Child Welfare Information System, CADR, and vital statistics),
- Determine additional data elements needed,
- Identify evidence-informed child fatality prevention programs focusing on sleep-related and drowning fatalities, and
- Jointly plan and implement targeted campaigns.
- Perform supplemental analyses on select data elements including, but not limited to, multi-year analysis on fatalities when the remaining child fatality cases are closed and reviewed by local committees.
- Examine the influence of brain injury and trauma patterns within a family on maltreatment and fatality likelihood.

Critical Incident Rapid Response Teams (CIRRT)

Critical Incident Rapid Response Teams (CIRRT) are multiagency teams that conduct onsite investigations of certain sub-set of child deaths or other serious incidents involving a child with a prior report of verified maltreatment. CIRRT was created by the Florida legislature to identify root causes and determine the need to change policies and practices related to child protection and child welfare ([section 39.2015, Florida Statutes](#)). Each CIRRT team is required to have at least five professionals with expertise in child protection, child welfare and organizational management.

The CIRRT Advisory Team reviews the individual reports created for each review and submits a report of reviews conducted to the legislature each quarter. The Department maintains information on the Child Fatality Prevention website specific to the CIRRT <https://www.dcf.state.fl.us/childfatality/cirrt.shtml> process including current and historical data. The Department posts all reports submitted to the Florida legislature on the Department's website under [Legislatively Mandated Reports](#).

During the FY 21/22 (beginning in October), there were 531 cases assessed with 153 being assigned to a coordinator. The cases were assessed due to having an allegation of sexual abuse involving a child in out-of-home placement. Most of the cases (378) involved allegations that occurred prior to the child's removal and placement, or were perpetrated by non-caregivers (e.g., human trafficking reports), which did not meet the criteria for assignment to a coordinator. In addition to the victim children involved in the 153 investigations, there were over 500 additional children screened who had either been previously placed where the alleged incident occurred or who had previous contact with the alleged perpetrator, to ensure that no potential victim was left unaddressed. Since the expansion in October, the Department has conducted a total of five (5) First Responder Trainings for 123 professionals across the state who could assist with additional screening activities when necessary.

Promoting Safe and Stable Families

The “Promoting Safe and Stable Families” program assists in providing child safety, permanency, well-being, and trauma-informed care and expanding and refining 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 are in 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, Lead Agencies, communities, providers, contractors, other state agencies, Tribes, and the judiciary. Collectively, these stakeholders represent the Florida Child and Family Well-Being Community.

The unique partnerships within Florida’s child and family well-being 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.

The table below displays specific details regarding the grant award.

Grant Awards and Expenditures:

Title IV-B Part II, PSSF	Actual Expend as of 9/30/22**	% of Actual Expenditures
Family Preservation	\$4,998,752.69	23.53%
Family Support	\$5,820,751.85	27.40%
Time Limited Family Reunification	\$6,161,658.85	29.00%
Adoption Promotion & Support	\$4,249,459.61	20.00%
Administration	\$16,672.00	0.08%
Actual Total Award	\$21,247,295.00	100.00%

**Grant Period 10/1/2019-09/30/2021

Family Preservation Services (23.53% of the FFY 2022 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 use and domestic violence related services.⁷
- Targeting services geographically in zip codes where there is an increased need.
- Use of the Family Team Conferencing Model.⁸
- Use of the Clinical Response Teams.⁹
- Home safety and maintenance activities.
- Use of Wraparound services.¹⁰

Family Support Services (27.4 % of FFY 2022 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,
- parenting classes geared toward various developmental ages and stages and the effects of family violence and substance use 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 use counseling,
- Hope Line, offering information and referral to community resources, such as job employment services and ACCESS, and
- FLORIDA system (for online benefits applications).

⁷ Activities that provide families with needed information about community and statewide services and agencies that provide specific services and if necessary, provide referral information.

⁸ 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.

⁹ Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote healing and healthy growth towards the parent/child relationship.

¹⁰ 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.

Time-Limited Family Reunification Services (29.00% of the FFY 2022 Grant)

Time-Limited Reunification Family 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.

Time-Limited Family Reunification Services in Florida include:

- Supervised visitation programs and parental coaching.¹¹
- Flexible Support Services.¹²
- Family Team Conferencing¹³ with all families prior to reunification, and just before post-placement supervision services are successfully terminated.
- Follow-up care to families.¹⁴
- Mentoring/Tutoring services.¹⁵
- Therapeutic childcare services.
- Parent (adoptive, biological, caregiver, foster) education and training relationship skill building activities.¹⁶

Adoption Promotion and Support Services (20.00% of the FFY 2022 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. See pages 148-170 of report for examples.

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, Lead Agencies, 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 continue to work on past and

¹¹ Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote healing and healthy growth towards the parent/child relationship.

¹² 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.

¹³ Prevention/Reunification Specialists facilitate meeting. These conferences are made available to families referred under the prevention referral process.

¹⁴ Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family.

¹⁵ 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.

¹⁶ 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.

present connections to either obtain a placement for a child or ensure the child has familiar connections while in care.

- **Triple P Parenting Program** 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.
- **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.
- **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 use 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 (.08% of the FFY 2022 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.

American Rescue Plan CAPTA Supplemental Funding

The Department is focused on the integration of services to support investigations and improve outcomes for families. In FY 2021-2022, CAPTA ARP fund were be used to support Behavioral Health Consultants, who support Child Protective Investigator investigations and ensure that families gain access to all necessary supports to strengthen the family unit, improve outcomes, and mitigate further escalation into the child welfare system. The Behavioral Health Consultants also offer a crucial clinical perspective to investigations. Behavioral Health Consultants also work to prevent the unnecessary removal of children from their home. Funds were allocated to support 14 positions to support Behavioral Health Consultants throughout the state.

Moving forward, the Department plans to use CAPTA ARP funds strategically to build capacity within local communities by awarding grants to provide primary prevention services to children and families before they enter the child welfare system. By awarding grants through a request for application process the Department can encourage innovation and on-the-ground efforts to build capacity to serve families sooner.

Florida has continued to work with stakeholders to ensure that the dollars go directly to statewide areas/programs that provide family support and preservation. The challenge Florida encountered was the ability to begin spending the supplemental funding which was delayed due to the process for obtaining the legislative budget authority.

Populations at Greatest Risk of Maltreatment

The Department and DOH provide initiatives designed to create a strong safety net for Florida families at the greatest risk of child maltreatment. At the state and local level there is ongoing collaboration to ensure that at-risk families are identified through various screening methods and offered a choice of available local home visiting services matched to their needs and preferences. The following prevention services are targeted to populations at the greatest risk for future child maltreatment.

Coordinated Intake and Referral for In-Home Visiting Services

The Memorandum of Agreement Between Florida Association of Healthy Start Coalitions, Inc. and The Florida Department of Children and Families outlines the ongoing collaboration that occurs to implement a coordinated system of primary prevention services at the state and community level, including where practical the use of a single-intake system to facilitate the identification and appropriate referral of vulnerable families using the state's universal prenatal and infant screens. The local Healthy Start Coalition is responsible for reviewing all universal screens conducted in their community and providing outreach to families to let them know what 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 Healthy Start, Healthy Families Florida, Nurse-Family Partnership, or Parents as Teachers.

Universal Newborn Screening

The goal of the DOH's Healthy Start program is to reduce infant mortality, reduce the number of low-birth-weight babies, and improve health and developmental outcomes. Since 1991, Healthy Start legislation 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 to contact families and offer them home visiting programs available in their communities.

Additional Reporting Requirements for Infants Exposed Prenatally to Abuse of Prescription Drugs or Illegal Substances

[Section 383.14, F.S.](#), requires hospital staff to identify and refer all infants prenatally exposed to abuse of prescription and illegal substances for Healthy Start services. All substance exposed children will receive Healthy Start care coordination regardless of the scoring on the postnatal risk screen or having been reported to the Hotline. If the current caregiver is not the biological mother, the caregiver has the authority to consent to Healthy Start participation. Identification of use/abuse of alcohol and/or illegal substances is determined as follows:

- Mother's own admission.
- A positive drug screen.
- A staff member witnessing use.
- A report from a reliable source such as a trusted family member or professional.
- Response to screening questions indicating use or abuse.
- Further observations or assessment of substance use history and patterns of use.
- An infant who was prenatally exposed to schedule I or II drugs, as documented by the above criteria.

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 use education.
- Home visiting through the child's age of 3 years.
- Inter-conception education and counseling.

Healthy Families Florida (HFF), Ounce of Prevention Fund of Florida (Ounce)

Funds for HFF are appropriated by the Florida legislature to the Department. The Ounce administers HFF through service contracts with 35 community-based agencies in 67 counties (45 counties in their entirety and 22 counties in the highest-risk zip codes). Sites are required to provide a 25 percent cash or in-kind contribution as evidence of the communities' support of Healthy Families unless there is justification of why they are not able to meet the minimum 25 percent contribution. This program is 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. HFF outcomes are discussed in Chapter 2 in Safety Outcome 1.

HFF works diligently to maintain the program's national accreditation with Healthy Families America (HFA). HFA is the nationally recognized, evidence-based home visiting program of Prevent Child Abuse America (PCA America). Rigorous research has demonstrated HFA effectiveness, based on nineteen publications of randomized control trials. HFA 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. In 2011, the Department of Health and Human Services (HHS) named HFA as one of seven proven home visiting models. HFA shows impacts in all eight domains examined by the Home Visiting Evidence of Effectiveness (HomeVEE) review for the MIECHV program:

- Increase in positive parenting practices.
- Improvement in child health.
- Reduction in juvenile delinquency, family violence and crime.
- Improvement in child development and school readiness.
- Improvement in family economic self-sufficiency.
- Improvement in maternal health.
- Increase in linkages and referral with essential community services.

HFF provides 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.

The Department at the state and regional levels and Lead Agencies have a long history of collaboration with HFF to expand access to Florida's most vulnerable families and strengthen community collaboration. HFF is always "at the table" with the Department and other prevention partners to understand new threats to family well-being, such as Florida's opioid crisis, and how to ensure that existing programs have the capacity to respond. During FY 21/22, HFF served 9,444 families and their 17,265 children with state funding and local contributions. Projects exceeded every goal for child and parent outcomes including:

- 99 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 professional, 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.

Child abuse and neglect has costly short and long-term consequences including hospitalization, child welfare services, special education, and juvenile delinquency. Conservative estimates put the cost of treating these consequences at \$105,131 per child annually. HFF is proven to prevent child abuse and neglect in high-risk families at a cost of only \$2,100 per child annually.

Services for Families with Substance-Affected Baby (NAS)

Title V, Section 503, Infant Plan of Safe Care, P.L. 114-198, Comprehensive Addiction and Recovery Act of 2016 (CARA) went into effect on July 22, 2016. The federal legislation made several changes to Child Abuse Prevention and Treatment Act (CAPTA). Implementing the changes required the creation of a Florida team of cross-system partners. Florida’s team was originally selected by the Children’s Bureau to attend the 2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers. Participation in the Academy provided teams with federal guidance, subject matter experts, and technical assistance through the National Center on Substance Abuse and Child Welfare (NCSACW).

The initial Florida multidisciplinary and multi-agency team will continue to work on the following long-term goals over the 2020-2024 plan period:

- Maintain a statewide leadership group to coordinate the multiple systems involved.
- Develop best practices for implementation of the CAPTA/CARA requirements to address the needs of infants born with and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum (FAS).
- Determine and implement best practices for the completion of a Plan of Safe Care and determine under what circumstances specific agencies would have the responsibility to develop and monitor the plan.
- Strengthen the behavioral health providers’ ability to work effectively with pregnant women. Improve the amount and quality of screening for substance use during pregnancy.

Included on the current statewide leadership group are the OCFW and the Department’s Substance Abuse and Mental Health Program Office (SAMH), DOH, AHCA, Healthy Families, Healthy Start, MIECHV, Florida Hospital Association, Early Steps, behavioral health care providers and associations, and the University of Florida (UF).

Neonatal Abstinence Syndrome (NAS) Quality Improvement Initiative

With funding from the Maternal and Child Health Block Grant, the Maternal and Child Health Section within the DOH has contracted with the [Florida Perinatal Quality Collaborative](#) (FPQC), at the University of South Florida (USF), to develop and implement a NAS Quality Improvement initiative. The FPQC has established an expert multidisciplinary advisory group to develop the NAS initiative. 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. Data from the 2017 data¹⁷ from the Agency for Healthcare Research and Quality shows Florida

¹⁷ NAS Hospitalizations Map - HCUP Fast Stats (ahrq.gov)

has a NAS rate of approximately seven cases per 1,000 live births. Florida's rate is on par with the nation rate of 7.3 cases per 1,000 live births for the United States. Infants with NAS have longer hospital stays than healthy newborns without NAS. An average hospital stay for an infant experiencing NAS is about 15.9 days, which amounts to roughly \$22,550 according to a study by the Journal of American Pediatrics.¹⁸ Other complications of NAS include low birth weight, feeding difficulties, jaundice, respiratory distress syndrome, central nervous system irritability, and seizures.

The Florida Birth Defects Registry (FBDR) currently conducts 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. The DOH [Substance Use Dashboard](#) reports current NAS data statewide and by county.

Plans of Safe Care

The Department has long acknowledged the necessity for a close relationship between the behavioral health and the child welfare systems and continues to work on methods for supporting collaboration and coordination. Substance use and mental health disorders (behavioral health) are present in at least half of the cases of child maltreatment and in a much higher percentage of the cases where children are removed from their homes. The parents in these cases must receive treatment and have an opportunity for recovery. Children in these families are more vulnerable to instances of maltreatment as diminished parental capacities contribute to child safety concerns. The Department's integration of Child Welfare Substance Abuse and Mental Health has also focused on this population and includes a self-study completed in each region to analyze their local system of care's progress towards integration of services.

In order to provide additional statewide guidance and ensure infants and families affected by substance use receive the proper assessments and service intervention, the Department developed and implemented [CFOP 170-8, Chapter 1, Plans of Safe Care for Infants Exposed to Pre- or Post-Natal Substance Use](#)

Plans of Safe Care are required to be incorporated into the family support and care plans developed by the agency involved with the family specific to the family's needs. Individual service providers may use their own service plan; however, they must include the components listed below and as outlined in policy and procedure. Concerted efforts must be made by all agencies involved in the construction, implementation, and monitoring of plans of safe care to engage fathers. The family support plan, case plan, etc. will address the needs of the affected infant, mother, and family members. Plans must include, but are not limited to the following:

- Infant's medical care including prenatal exposure history, hospital care, other medical or developmental concerns, pediatric care and follow up, referral to early intervention and other services.
- Mother's medical care including prenatal care history, pregnancy history, other medical concerns, screening and education, follow-up care with obstetrician/gynecologist referral to other health care services.

¹⁸ Neonatal Abstinence Syndrome Incidence and Health Care Costs in the United States, 2016; Andrea E. Strahan, PhD; Gery P. Guy Jr, PhD; Michele Bohm, MPH; et al

- Mother’s substance use and mental health needs including substance use history, mental health history, treatment history, medication assisted treatment history and referrals for service.
- Family/caregiver history and needs including family history, living arrangements, parent-child relationships, prior involvement with child welfare, current support network, current services, other needed services, and child safety and risk concerns.

Depending on the concerns and the level of need of the family, agency involvement may vary. All mothers and infants will be screened by Healthy Start both prenatally and postnatally. Should concerns of child maltreatment arise at the time of the infant’s birth or through home visitation service provision, Florida’s robust reporting requirements require those with concerns to report the information regarding the mother, infant, or family to the Hotline. Once accepted by the Department for investigation, Plans of Safe Care will be incorporated into the investigative process, Family Support Services or through the more intrusive dependency case management process.

The Department recognizes it will take a well-coordinated effort from many partners to have an effective and sustainable system of care for this vulnerable population. The Department is continuing to review practice and use data analytics to inform training, policy development, and service provision. The Department will continue to collaborate at the state and regional level with Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT), FPQC, Early Learning Coalitions (ELCs), and DOH Universal Screening workgroup to strengthen outreach and supports to families at risk.

Early Intervention Services for Infants with Neonatal Abstinence Syndrome (NAS)

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 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.

Screening for potential developmental delays or disabilities is a critical component of assessing child functioning for child protective investigations. Whenever a child protective investigator suspects a child is experiencing a delay or disability, the investigator is required to provide the parent information on community early intervention services. Additionally, investigations closed with verified maltreatment (for a child under the age of three) or infants identified as affected by illegal substance use, or withdrawal symptoms resulting from prenatal drug exposure must be referred for a developmental assessment at Early Steps.

Florida Abuse Hotline: Assessment, Screening, and Special Conditions Referrals

Florida recognizes that incidents with serious safety concerns should receive complete and comprehensive child protective investigations. However, some situations reported to the Florida Abuse Hotline (Hotline) 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. Situations reported to the Hotline that do not rise to the level of a protective investigation may be addressed as a “Special Condition Referral.” Special Condition referrals are accepted when a child needs services or supervision and there are no allegations of abuse, neglect, or abandonment. Special Conditions Referral include Caregiver Unavailable, Child on Child Sexual Abuse, Foster Care Referral, and Parent Needs Assistance. In 2021-2022, the Hotline screened in 22,258 special conditions referrals that were followed-up by the regions and Lead Agencies. The Department’s procedures for acceptance of Special Conditions are published in CFOP 170-5, Special Conditions and new CFOP 170-5, Chapter 29 has been drafted to provide guidance to field staff on the response to Special Conditions Referrals.

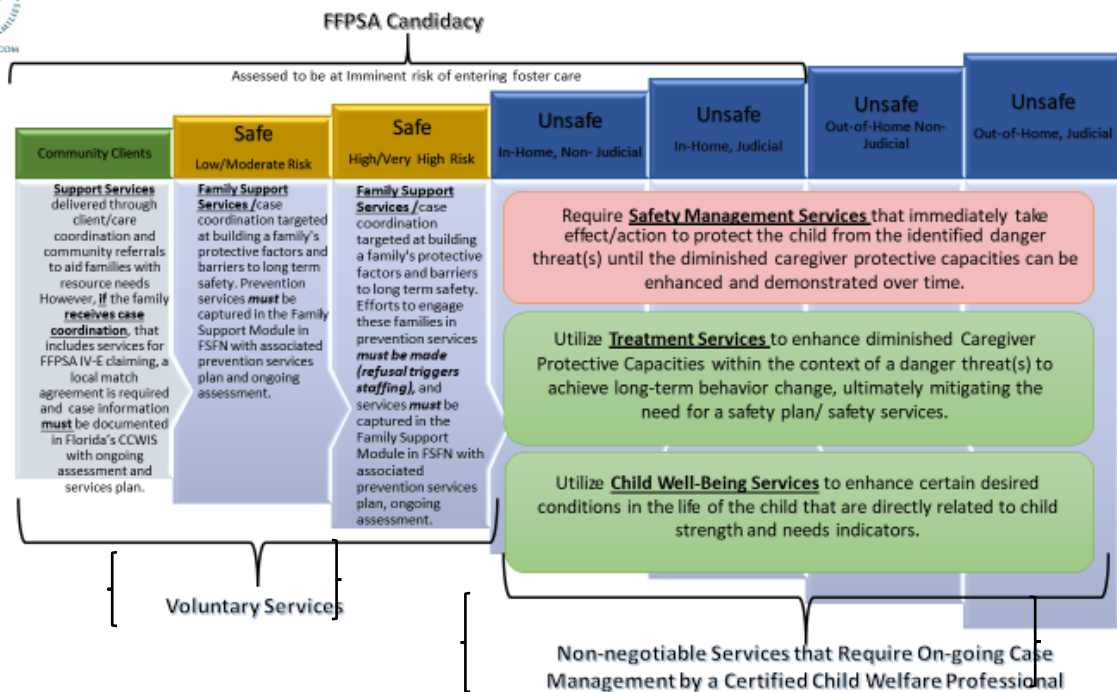
Family Support Services — 27.4 percent of the Promoting Safe and Stable Families federal grant (PSSF)

Florida’s Service Array chart below reflects how the child welfare continuum is designed. The household of any report that has been screened-in by the Hotline and investigated by a Child Protective Investigator (CPI) is assessed using the Structured Decision-Making Assessment Tool® (SDM) adapted by the National Council on Crime and Delinquency (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.

CPIs complete the risk assessment as information is collected during an investigation, with a final risk score being assigned upon completion of the risk assessment tool. Families with children determined to be safe but living in high or very high-risk households are the focus of active outreach efforts. The CPI makes every effort to connect the family with community-based family support services that are specifically planned to reduce risk of abuse or neglect. Discussion with the family about risk levels can be very effective in helping the family understand why the CPI remains concerned about the family even though child welfare system involvement is not being pursued.



Florida’s Levels of Service Intervention



The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of Family Support Services. The Department dedicates the full allowable 26 percent of the federal PSSF grant to fund family support services. 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.

At local discretion, family support services referrals may also come from local community sources or assessments. Basic information about the family and services received are captured in the Child Welfare Information System as a “Prevention” type of family support. This allows for the assessment of outcomes over time as to whether any future maltreatment reports are received, and if there are maltreatment findings. The Department’s procedures for outreach and family support services are published in [CFOP 170-01, Chapter 4](#).

Family support services is the name of Florida’s program. Through this program, the Lead Agency or their contracted providers, link families to services in the community. The Department completed an analysis in 2018 to identify the service gaps and encouraged each Lead Agency to work to identify additional services to close the gap.

The recently implemented HOPE Florida and Family Navigation programs will help link families with needed Family Support Services as early as possible to prevent the occurrence of future child abuse investigations and child maltreatment. The Department estimates that these funds will support approximately 30,000 individuals and 18,000 families statewide through various Family Support Services.

Title IV-B Child Welfare Services - \$16,258,663

The Department is the Lead Agency for administering Title IV-B, subpart 1 of the Social Security Act, also known as the Stephanie Tubbs Jones Child Welfare Services Program. The Department is using the CARES Act Funding to support prevention services associated with case management of children that are in-home, out of home, and adoption in a manner consistent with section 421 of the Social Security Act: protecting and promoting the welfare of all children; preventing the neglect, abuse, or exploitation of children; supporting at-risk families through services, which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner; promoting the safety, permanency, and well-being of children in foster care and adoptive families; and providing training, professional development, and support to ensure a well-qualified child welfare workforce.

FLORIDA’S CHILD WELFARE PRACTICE MODEL

Florida’s practice model consists of seven professional practices. As used throughout Florida Administrative Code and operating procedures, a “Child Welfare Professional” means an individual who is primarily responsible for case activities that meets the criteria for Florida Certification as a child protective investigator, case manager, or a licensing counselor.

The practice model is designed to ensure that the family is the primary point of communication, involvement, and decision-making. [CFOP 170-5](#), Child Protective Investigations and [CFOP 170-9](#), Family Assessment and Case Planning provide uniform processes that enhance the ability of CPIs and case managers to engage with the family and those who know the family. The following are the core components of the child welfare practice model. Safety concepts are underlined to show how they are incorporated in the practice model. Safety concepts are codified in statute, administrative code, and operating procedure.

The Department engaged Casey Family Programs to assist in identifying areas of opportunity to streamline policy or practices. As a result of this work several areas in the licensing process were identified to streamline that the Licensing Department has been reviewing for policy updates. These items were identified through direct feedback from foster parents, case managers, licensing specialists, and other child and family well-being

experts. In addition, a recommendation was made to continue work around improving the child maltreatment index that is used to guide Hotline report acceptance for child maltreatment as well as by Child Protective Investigators to determine findings of maltreatment. This additional work launched in March of 2023 and is currently underway with a goal of completing the below strategies for implementation over the next year as the Department launches CCWIS system enhancements:

- Modernizing the definitions of maltreatments to better distinguish between poverty and neglect or abuse.
- Build capacity within the Hope Florida pathway to serve families in need of services
- Recommendations for Hotline screening criteria
- Recommendations for updated maltreatment findings

This work includes conducting multiple focus groups with system partners such as those with lived experience, child protective investigators, case managers, administration, legal, and others impacted by the system of care.

1. Engagement

- Provides parent(s)/legal guardian(s) with information that empowers them.
- Builds a partnership with the parent(s)/legal guardian(s) and their resource network to collect sufficient information to complete the family assessment and develop a safety plan.
- Results in co-construction of the case plan, which includes goals for what must change to enhance caregiver protective capacities and the right match of treatment services and supports.
- Supports the family to undertake and maintain the needed change(s).

2. Teamwork

Teamwork occurs throughout the time a child welfare professional works with the family. The child welfare professional partners with the family, the family's network, other professionals, and community partners to achieve understanding of family dynamics and develop safety decisions and actions, including safety planning and management, case planning, and assessment of family progress. Effective teamwork promotes commitment and accountability of the family and all team members toward common goals for the family.

3. Collect Information

Sufficient information gathering is an essential ingredient for effective decision-making. Information is gathered to meet standards described in six information domains: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline.

Hotline counselors begin gathering information when a report is received. The CPI assigned to investigate alleged child maltreatment assesses immediate circumstances and information already known about family conditions to accurately identify children in present danger. The CPI gathers additional information in the six information domains from multiple sources to complete the Family Functioning Assessment-Investigations and assess for impending danger, and a Risk Assessment to determine the likelihood of future harm.

4. Assess and Understand Information

The child welfare professional uses the six information domains to assess family functioning and conditions. The assessment describes the presence or absence of danger threats to child safety, the vulnerability of children, caregiver protective capacities, the sufficiency of safety plans and progress in achieving case plan outcomes. A child welfare professional will analyze sufficient information gathered to describe family conditions and determine whether a child is safe or in impending danger (unsafe). When information clearly supports that the parent(s)/legal guardian(s) or other person with significant caregiver responsibility has sufficient caregiver protective capacities to care for and protect the child despite family conditions, the child is determined to be safe. The investigator completes the Family Functioning Assessment-Investigations to document information gathered as the basis for safety decisions.

5. Plan for Child Safety

A child welfare professional creates the least intrusive safety plan necessary as follows:

- A Present Danger Safety Plan is developed when a child is found in immediate (present) danger until more information is gathered and assessed.
- When sufficient information is gathered an Impending Danger Safety Plan is created or updated. The plan may be an in-home or out-of-home plan. If a child is placed out of the home, Conditions for Return are established to describe what needs to happen for the child to be reunified with an in-home safety plan.
- When conditions of return are met, a child in out-of-home care should be reunified with an in-home safety plan. The parents continue to receive treatment services and other interventions until they have successfully completed their case plan.

6. Plan for Family Change

Information gathered through the Family Functioning Assessment-Ongoing results in the development of case plan outcomes related to what behavior(s) or condition(s) must change to keep a child safe. The case plan includes specific, measurable, attainable, reasonable, and timely outcomes that are developed jointly with the family. The child welfare professional responsible assists the family in identifying the services and supports necessary to achieve each outcome.

7. Monitor and Adapt Case Plans

The case manager is responsible for developing the Family Functioning Assessment-Ongoing and Progress Updates. These assessments are the foundation for the case plan and any modifications to the case plan. Case plans are monitored and adapted to identify:

- Changes in caregiver protective capacities,
- Changes in child needs,
- Safety plan sufficiency,
- Parent level of motivation; and
- Case plan goal.

REPORTING IN FLORIDA

Florida's single-entry point to child welfare services is the Hotline. Table 2 shows the number of contacts received; and the associated investigation and special condition types that were generated for FY 2021-2022. All child abuse and neglect allegations are received through the centralized Hotline located in Tallahassee.

Reports may be made in English, Spanish, or Creole on different toll-free numbers provided. The Hotline also uses an interpreter service by making a conference call to the service and requesting whatever language the reporter speaks; the counselor assesses the call through the interpreter.

Reports may be made by one of the following methods:

- Toll-free telephone: 1-800-96-ABUSE (1-800-862-2873)
- Toll-free TTY Service for the Deaf: 711 or 1-800-955-8771
- Toll-free fax transmission: 1-800-914-0004
- Internet at <https://reportabuse.dcf.state.fl.us>

Table 5:1: Florida Abuse Hotline Data

Number of Reports	FY 2021-2022
Total Child Abuse Reports and Special Conditions Contacts	327,525
Total Child Abuse Reports and Special Conditions Contacts Screened-In	209,257
Total Investigations (Initial, Additional, Supplemental)	186,999
Total Special Condition Contacts	22,258

Source: FSFN BOE Reporting

Criteria for Report Acceptance and Response Priority Determinations

Pursuant to [section 39.201, F.S.](#), “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.”

ABUSE HOTLINE UPDATES/ACCOMPLISHMENTS

During FY 2021-2022 the Call Back Assist feature was added to the Florida Abuse Hotline telephony system. This feature enhanced the experience of reporters to the Hotline by giving callers the option of selecting to be called back rather than waiting on hold. When selecting this option, the caller can hang up and receives a call back in the same call order as if they remained on hold.

CRIME INTELLIGENCE UNIT

The Hotline operates a Crime Intelligence Unit with criminal intelligence staff who complete criminal history checks 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.

Procedures for child welfare staff for all types of background checks are published in [CFOP 170-1, Chapter 6](#), Requesting and Analyzing Background Records.

CRIME INTELLIGENCE UNIT UPDATES/ACCOMPLISHMENTS

- All planned placement results are reviewed in accordance with chapter 39, Florida Statutes, and a placement determination is made and sent to the requesting agency based on criminal history.

- All Planned, and Emergency Placements results are stored for review by the Region Points of Contact.
- An Analyst Helpline was created to assist with calls regarding the Child Welfare Information System history searches for multiple reasons including employment and placement.
- Technicians began calling out *Immediate* reports 24 hours Monday-Friday to assist counselors with being available for stakeholders trying to contact the hotline at a quicker rate.
- In January 2022, the Crime Intelligence Unit began reviewing all Emergency Placement results statewide and providing “concur” letters to field staff in order to assist with consistency statewide.

CHILD PROTECTIVE INVESTIGATIONS

Table 5.2: Child Protection Investigations Data (SFY 2021-2022)

Category	Statistic
Total Investigations (Initial, Additional, Supplemental)	186,992
Total Special Condition Contacts	22,254
Percent of Children Seen in 24 hours (DCF Standard is 90% or higher)	91.64%
Percent of Investigations Completed in 60 Days	97.90%
Percent of children determined to be unsafe removed from home	50.51%
Percent of children determined to be unsafe remaining at home with in-home safety plan	42.88%

Source: November 2022 DCF Key Indicator Report, Stratification Child Investigations Completed Within 60 Days by DCF Circuit and Sheriff’s Office Table, OCFW Dashboards.

CORE RESPONSIBILITIES

Child protective investigations and related legal actions are codified by requirements outlined in Chapter 39, F.S., Chapter 65C-29, Florida Administrative Code, and Department operating procedure, [CFOP 170-5](#), Child Protective Investigations.

CHILD PROTECTION TEAM (CPT) CONSULTATION

Children’s Medical Services with the DOH is statutorily directed, per [section 39.303, Florida Statutes](#), to develop, maintain, and coordinate one or more multidisciplinary CPTs in each of the Department’s regions. CPTs are medically directed and specialize in diagnostic assessment, evaluation, coordination, consultation, and other supportive services.

CO-LOCATED BEHAVIORAL HEALTH SPECIALISTS

Each region has a behavioral health consultant housed with child protective investigations and funded through State Targeted Opioid Response grants. Some additional behavioral health consultants have been funded by the Managing Entities (MEs) responsible for behavioral health services in each region. This resource has proven to be extremely helpful to the CPIs in determining impacts of substance use disorders and behavioral health needs for the parents.

When information available at pre-commencement or obtained during the family functioning assessment indicates that substance misuse is believed to be occurring in the home the CPI must consult with a substance use expert to:

- Assess whether substance misuse is out of control to the point of having a direct and imminent effect of child safety.
- Identify specific harm(s) to the child caused by or highly correlated with the substance use.

- Provide input on what safety actions need to be incorporated into a safety plan for children of substance abusing parents to control the direct and imminent effects of the parent or caregiver’s substance misuse or relapse event.
- Review the user’s current use pattern (to the degree known or reported), prior treatment history, and outcomes from prior intervention efforts to explore the most likely and appropriate treatment options (e.g., need for medical detox, intensive outpatient, etc.).
- Explore the potential use of the Marchman Act with the family to assess the harmful effects of the substance misuse to the user and to control for the imminent and direct effects of the parent/caregiver’s active substance use for child safety. This includes educating and informing family members on the process of petitioning the court for an involuntary assessment (and possibly treatment and stabilization order) of the substance abusing family member.
- For individuals in recovery who deny active use, explore the patterns of behaviors typically indicative of a pending relapse; and explore the feasibility of the substance use expert accompanying the investigator to the interview site when available, based on local protocols and working agreements.

CO-LOCATED DOMESTIC VIOLENCE ADVOCATES

The primary goal of the statewide CPI Project is to enhance collaboration between child welfare and domestic violence providers to enhance family safety and create permanency for children by focusing on keeping the child safe in the home with the non-offending parent, while increasing perpetrator accountability measures and strategies. The Office of Domestic Violence, upon transition back to the Department, partnered with the Child Protection Directors in each Region beginning in 2021 and annually, to enhance the CPI Project by providing Better Together sessions. These sessions are meant to bring the key partners to the table to deepen the collaboration and understanding of domestic violence and intimate partner violence, enhance engagement skills working with survivors and perpetrators, and further engage all partners such as law enforcement, state attorney, and service providers, to continue to enhance the system of care.

Each county is served by a CPI project, which is funded through the state Domestic Violence Trust Fund to co-locate specialized advocates within regional DCF offices. The purpose of the CPI Project is to collaborate with local Office of Child and Family Well-Being, primarily engaging child protective investigations involving intimate partner violence (IPV). This resource increases the capacity of the Child Protective Investigations to identify the dynamics and impact of IPV, determine ways to hold perpetrators responsible for violence, and address needs for survivors and their children. The CPI Project has shown success in enhancing family safety, creating family permanence, and increasing perpetrator accountability.

Survivors who are involved with the child welfare system benefit from the support of co-located advocates, including, but not limited to, a clear and thorough explanation of CPI Project services, comprehensive, and ongoing safety planning, referral services, child welfare-involved accompaniment, and disclosure of the benefits and potential repercussions associated with the survivor’s level of participation within the child welfare system.

COMPLETION OF THE FAMILY FUNCTIONING ASSESSMENT (FFA)-INVESTIGATIONS (SAFETY DETERMINATIONS)

At the conclusion of the investigation, the CPI completes the Family Functioning Assessment-Investigation in the Child Welfare Information System. This provides an assessment of the six information domains, parental protective capacities, impending danger threats, child needs, and a determination of child safety.

RISK ASSESSMENT

The CPI completes a risk assessment during information collection as part of the investigation to identify the risk of subsequent harm. For families whose children are determined to be safe yet have high or very high risk of future involvement with the child welfare system, the CPI makes every effort to connect the family with community-based family support services that are specifically designed to reduce risk of abuse or neglect.

REFERRAL FOR CASE MANAGEMENT AND TREATMENT SERVICES

When the CPI completes the FFA-Investigation and determines that the child is unsafe, an immediate referral for case management services is made. The investigator must establish the least intrusive actions necessary for the family to receive case management and the ongoing supervision necessary:

- 1) Child remains in home with no judicial actions.
- 2) Child remains in home with judicial actions.
- 3) Child is placed out of home temporarily with court approval and supervision.

The CPI collaborates with Children's Legal Services to seek court oversight whenever judicial actions are considered necessary. Prior to a child being removed from the home, the Department must determine if, with the provision of appropriate and available safety management services, the child could safely remain at home while the parent(s) participate in a case plan and receive the treatment services necessary to strengthen their protective capacities. If at any time it is determined the child's safety and well-being are in danger, the child welfare professional responsible must modify the safety plan which may require increasing the level of intrusiveness.

CASE MANAGEMENT (SERVICE COORDINATION, CONTACTS, CHILD VISITS)

[Chapter 65C-30.002, Florida Administrative Code](#) requires that the transfer of primary responsibility for a case involving an unsafe child from an investigator to a case manager be achieved through a case transfer conference. Operating Procedure [CFOP 170-1, Chapter 7](#), Case Transfer from Investigations to Case Management, provides the responsibilities that the CPI must attend to prior to case transfer including documentation in the Child Welfare Information System; and the information that must be presented and discussed at a case transfer conference.

At the point of formal case transfer from child protective investigations to case management services (judicial or non-judicial and family-made arrangements), case managers take over responsibility for ongoing supervision of the child and family. The scope of case management services includes reunification of children with parents or arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child.

If there is judicial oversight of a family, the case manager has ongoing responsibilities for collaborating with CLS to keep the court informed about the child and family's needs and progress and to support requirements provided in court orders. Case management and treatment services are provided to children with in-home or out-of-home safety plans.

CASEWORKER VISIT GRANT AND STANDARDS

Florida uses the caseworker visit grant funds to support monthly caseworker visits with children receiving case management services. These funds help to enhance the quality and frequency of the visits with children. The Department's Quality Visit Guidelines and Quality Visit Tool address the core qualitative expectations for caseworker discussions with children, parents, and caregivers.

Florida’s performance for the percentage of children visited each month did achieve the federal target of 95 percent. The most recent fiscal year performance is:

- 2022 requirement: 95 percent – Florida achieved 95.36 percent (237,038/248,578).
 - Florida did achieve 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.
- 2022: 97.75 percent (231,708/237,038).
- Source: FSFN Data Repository as of 12/8/2022

The minimum standard for caseworker contacts is established in [Rule 65C-30, Florida Administrative Code](#), which requires the following:

STANDARDS FOR QUALITY OF CASEWORKER CONTACTS

The standards for case managers regarding the management of a safety plan are provided in [CFOP 170-7](#), Develop and Manage Safety Plans. The standards for efforts to engage parents; develop the FFA-Ongoing and Progress Updates; engage children and families in case planning; and documentation requirements have been codified in [CFOP 170-9](#), Family Assessment and Case Planning. Many of the standards for safety management, assessment, and case planning activities can only be met through thoughtful, respectful conversations that the caseworker has during their contacts with children, parents, and caregivers.

As discussed in Chapter 2, Well-Being Outcome 1, Item 14, Florida performs well at ensuring all children under supervision in Florida are seen every thirty days, with performance at or close to 99 percent.

IN-HOME PROTECTIVE SERVICES

Of the children investigated and determined to be unsafe, the number receiving services in-home	7,735
Of the children determined to be unsafe, the percent remaining at home with in-home safety plan	97.25 %

Data Source: Case Management Safety Management Listing - OCWDRU Report #1301 as of March 31, 2023

LEAST INTRUSIVE INTERVENTIONS

When an investigator determines that a child is unsafe, [Rule 65C-30.009](#), Florida Administrative Code, requires the following priority order or least intrusive actions:

- Child remains in home with no judicial actions.
- Child remains in home with judicial actions.
- Child is placed out of home temporarily with court approval and supervision.

IN-HOME SAFETY PLAN AND SAFETY MANAGEMENT SERVICES

The first responsibility of the case manager after the case has been formally transferred is to review the effectiveness of the safety plan and modify the plan, as needed. The availability of an appropriate array of local safety management services is essential to keeping children safe at home with an in-home safety plan. Safety management services manage or control the conditions(s) that make a child unsafe until the parent can fully resume his/her responsibilities. The specific types of safety management services that should be available in a safety management service array are described in [CFOP 170-7, Chapter 8](#), Safety Management Services.

FAMILY FUNCTIONING ASSESSMENT-ONGOING (FFA-O) AND PROGRESS UPDATES TO DETERMINE CHILD AND FAMILY NEEDS.

Building on the FFA-Investigation, the case manager works with the family and other professionals to develop the Family Functioning Assessment-Ongoing (FFA-O). The case manager completes Progress Updates on an ongoing basis to assess the continuing dependability of safety management, the progress being made by the parent(s) in treatment and the progress associated with the child's well-being.

FAMILY PRESERVATION SERVICES

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of family preservation services. The Department dedicates the full allowable 21 percent of the federal PSSF grant to fund family preservation services. Family preservation services include:

- Information and referral to include substance use and domestic violence related services.¹⁹
- Targeting services geographically in zip codes where there is an increased need.
- Use of the Family Team Conferencing Model.²⁰
- Creation of the Clinical Response Teams.²¹
- Home safety and maintenance activities Use of Wraparound services.²²

TREATMENT SERVICES

As discussed in Chapter 2, under Service Array, adequate evidence-based treatment capacity does not exist across the entire state for families who could be served with in-home supervision. With the expansion of Florida's FFPSA work will hopefully result in the expansion of in-home treatment capacity and a greater percentage of families receiving in-home safety management, family preservation services, and treatment services.

TIME-LIMITED FAMILY REUNIFICATION SERVICES

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of time-limited reunification services. The Department dedicates the full allowable 21 percent of the federal PSSF grant to fund family preservation services. Time-Limited Reunification services are used for children removed from their home and for the parents or primary caregivers. These services are designed to support the reunification of a child safely and appropriately within a 12 to 15-month period.

The Department and Lead Agencies continue to build local capacity for safety management, treatment services, and trauma-informed/evidence-based in-home treatment approaches to prevent the need for out-of-home placements.

¹⁹ Activities that provide families with needed information about community and statewide services and agencies that provide specific services and if necessary, provide referral information.

²⁰ 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.

²¹ Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote a healing and healthy growth towards the parent/child relationship.

²² Community mandated service design where local providers "un-bundle" previously categorical services to families thereby allowing families to receive individualized services for a period of time necessary.

OUT-OF-HOME

Table 5 shows the total number of children in out-of-care and setting types as of February 28, 2023. More information about the characteristics of children in care is provided in Chapter 6, Foster and Adoptive Parent Diligent Recruitment Plan.

Table 5. Children in Out-of-Home Care

Category	Statistics
Removal rate per 100 children investigated	7
Children in out-of-home care as of February 28, 2023	21,033
Percentage of children placed with approved relatives/non-relatives	34.32%
Percentage of children placed in licensed foster care	53.11%
Percentage of children placed in group care	7.61%
Percentage of children in other settings	3.98%

Data Sources: 1) Child Welfare Dashboard, Removal Rates per 100 Alleged Victims Listing, 2) Children and Young Adults in Out-of-Home Care or Receiving In-Home Services Listing - OCWDRU Report #1077, 3) Children Placed with Licensed or Pending Licensed Relatives or Non-Relatives On-Demand Summary-- OCWDRU Report #1313

REASONABLE EFFORTS TO ACHIEVE REUNIFICATION

The Department must make reasonable efforts to prevent a child's removal from their parent(s)/legal guardians and reasonable efforts to facilitate reunification or other permanency outcomes. Out-of-home care is considered a temporary living arrangement to provide a child with safety; ongoing connections to their parents and other persons the child has important connections with; excellent care and nurturing; other services to help the child deal with trauma experienced including services designed to heal and improve the parent/child relationship; developmental or educational supports needed; health and dental health care; any other services necessary for the child's well-being. Out-of-home care is a service that also supports the parent(s) as they participate in necessary treatment while continuing to co-parent their child(ren). Temporary caregivers are considered a resource to the child and the parent(s).

As of the end of 2022, 795 out-of-home cases under Embrace Families (EF), Community Partnership for Children (CPC) and Families First Network (FFN) under Northwest Florida Health Network have been formally tracked. Over 5,200 consultations were completed specific to conditions for return with 128 reunifications. The sub-contracted provider Families First Network tracked 178 out of home care cases with almost 1000 consultations and 13 reunifications completed since launching the initiative in their area.

FUTURE

Strong Foundations' Conditions for return training curriculum, participant guide and trainer guide that were created to support the learning of the core competencies are in the final editing phase. Following the initial cohort of the train-the-trainer class, editing issues were identified with the guides and are being corrected. The guides are expected to be finalized soon. Upon completion, all the training materials will be available through the DCF Learning Management System. The Guides continue to be available through our website under Conditions for Return in the Strong Foundations Resources section at:

<https://embracefamilies.org/StrongFoundations>.

REASONABLE EFFORTS TO ACHIEVE PERMANENCY

Lead Agencies are responsible for identifying and reporting to the court the permanency options available to each child removed from a parent or legal guardian. The scope of case management services includes

reunification of children with parents or arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child.

The Florida legislature has established in Chapter 39, Florida Statutes, that “time is of the essence for permanency of children in the dependency system. A permanency hearing must be held no later than 12 months after the date the child was removed from the home or within 30 days after a court determines that reasonable efforts to return a child to either parent are not required, whichever occurs first.”

SPECIAL EFFORTS TO ACHIEVE PERMANENCY FOR CHILDREN AGE 0-5

IDENTIFICATION OF PROMISING AND EVIDENCE-BASED SERVICES

The Department implemented a standardized multidisciplinary team staffing to allow for effective assessment through an integrated team for children who are vulnerable due to existing histories of trauma which led to the child’s entrance into the child welfare system. This assessment is especially important for children who are 3 years of age or younger, who have an enhanced need to have healthy and stable attachments to assist with necessary brain development. Stable and nurturing relationships in the first years of life, as well as the quality of such relationships, are integral to healthy brain development, providing a foundation for lifelong mental health and determining well-being as an adult.

The Department will implement evidence-based prevention services through FFPSA to support the stability of maintaining permanency upon reunification.

On January 1, 2021, 10,936 children with active cases in Florida’s dependency courts were three years of age or younger when they were removed from their homes. Florida’s ECC is currently serving 338 children across the twenty-seven ECC sites throughout the state. An analysis was conducted between children who achieved permanency from January 1, 2015, to December 31, 2019, in 17 of Florida’s ECC sites and in the six judicial circuits that have never had an ECC. This was conducted to gain a clearer picture of the impact of ECC on permanency outcomes. The key points from the comprehensive analysis are listed below:

- Children in ECC achieved overall permanency **105 days (approximately 3.5 months) sooner** than children in traditional dependency court.
- Children in **ECC reached permanency sooner across all permanency outcomes:**
- ECC children reached **reunification with a parent 137 days (approximately 4.5 months) sooner** than non-ECC children.
- ECC Children reached **adoption 79.5 days (almost 3 months) sooner** than non-ECC children.
- ECC children obtained **permanent guardianship 152 days (approximately 5 months) sooner** than non-ECC children.
- Children in ECC had a **lower rate of re-removals (7.8%)** compared to non-ECC children (8.8%).
- Mothers participating in ECC **twice as likely to have been involved in the child welfare system** as children compared to mothers who were not involved in ECC.

PLACEMENT MATCHING

MULTIDISCIPLINARY TEAM STAFFINGS

In December 2022, 65C-30.023, F.A.C. Multidisciplinary Team Staffings and 65C-28.024, F.A.C. Placement Transitions were adopted to align with Florida Statutes. The additions to Florida Administrative Code outline processes and timeframes that require the Department to conduct multidisciplinary team staffings and create

transition plans for all children in out-of-home care who need possible placement changes. A Placement Transition form (FSP5466) and the Comprehensive Placement Assessment form (FSP 5438) were created and updated to aid in the effectiveness of MDT and transition processes.

DILIGENT SEARCH AND DILIGENT EFFORTS

Locating parents, relatives, and fictive kin is important for maintaining and strengthening the child's long-term or permanent family connections and developing a visitation plan. These persons are possible placement resources for concurrent planning. They also have specific rights for notice and participation in the child's dependency case. These family connections should not only be used for placement purposes but to also establish long-term emotional support networks with other adults who may not be able to have the child placed into their home but want to remain connected to the child. ([CFOP 170-1, Chapter 14](#), Completing a Diligent Search for Parent or Diligent Efforts to Locate Relatives).

FLORIDA'S PLACEMENT SERVICES ARRAY

Florida has a variety of types of placement settings in each Lead Agency. Since October 2017, Florida's Out of Home Population has been declining. Entries to OHC are operating at/near lows over the last 3 state fiscal years. Full implementation of level 1 licensure has modified the placement array numbers. Concerns related to the placement services array are discussed in Chapter 2 under Foster Parent Licensing, Recruitment and Retention.

NON-LICENSED RELATIVE CAREGIVER AND NON-RELATIVE CAREGIVERS

For many years the Department has offered financial assistance to relatives and non-relatives through the Relative Caregiver Program (RCP) which includes Non-Relative Caregiver Financial Assistance (NCFA) program respectively. Each program assists caregivers with providing for the basic needs such as food, clothing, and shelter for children in out-of-home care. The goal of supporting relatives is to help children achieve stability and well-being with caregiver(s) they know. Relatives/non-relatives participating in this program are not required to be licensed. However, in 2022, legislation increased the amount of financial assistance a caregiver will receive to the same amount of a licensed foster parent for up to six months or until licensure, whichever occurs first. [CFOP 170-10, Chapter 8](#), Kinship and Relative Supports outlines the services and supports available for relative/non-relative caregivers caring for dependent children in Florida.

LICENSED FOSTER CARE

The Department issues licenses to Child Placing Agencies and Child Caring Agencies, which are renewed annually. The Department and Lead Agencies share responsibility for licensing and recruitment for foster homes. The regional licensing units conduct annual reviews to assure compliance with standards outlined in Florida Administrative Code and Law. Lead Agencies and their providers complete the licensure of family foster homes with oversight from the Department's licensure specialists in the regions. The Department's licensing specialists review samples of files to ensure compliance with Florida Administrative Code and complete a physical inspection of the providers property.

The plan to address improved recruitment and retention is described in Attachment 1, Foster and Adoptive Parent Diligent Recruitment Plan.

There is strong alignment with National Model Licensing Standards. [65C-45: Levels of Licensure - Florida Administrative Code](#).

- Level I. Child-specific foster home - The caregiver must meet all level 2 requirements pursuant to this section. However, requirements not directly related to safety may be waived.

- Level 2. Non-child-specific foster home.
- Level 2. Enhanced Non-child-specific foster homes.
- Level 3. Safe foster home for victims of human trafficking.
- Level 4. [Specialized Therapeutic Foster Care Services](#) are specialized therapeutic services for children in foster care with emotional, behavioral, or psychiatric problems. Intensive treatment services are provided. Therapeutic foster care is provided through Medicaid Managed Care.
- Level 5. [Medical Foster Care](#) is provided by the Department of Health through Medicaid Managed Care. It is designed to care for children in foster care with a chronic medical condition, provided in a family-like setting. The program offers a range of services to the children, their birth families, and to the medical foster parents.

CONGREGATE CARE

Through FFPSA, the Department was able to enhance the placement array throughout Florida with the addition of Qualified Residential Treatment Programs (QRTP). The Department partnered with AHCA to License Homes as Residential Treatment Centers with a credential from the Department as a QRTP. This allows both AHCA and DCF to have oversight of the QRTP. Each month, the Department places 300 children in residential treatment centers, excluding Specialized Therapeutic Group Homes (STGH) and Statewide Inpatient Psychiatric Program (SIPP), for ongoing treatment for mental health.

The Department has proposed additional language that allows DCF direct oversight and control of the licensing category to build capacity and expand the population served, which includes children with identified behavioral concerns, sexual reactive/aggressive, or no diagnosis who do not meet the criteria for STGH or SIPP.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) AND INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)

The Department is an active participant in the ICPC and ICAMA. 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 in the 1950s. 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 ICPC, such as the time it takes to place children in the dependency system in safe homes across interstate lines.

The need for the Interstate Compact on Adoption and Medical Assistance arose to ensure that children adopted under a Title IV-E adoption assistance agreement were assured continued medical coverage when adoptive parents moved to another state. The Compact also allows for continued Medicaid coverage for children adopted under a state funded adoption assistance agreement provided the other state extends COBRA option to interstate adoption assistance agreements.

The compact office collaborates with all major child welfare partners, other states, and stakeholders. Each Lead Agency identifies a lead ICPC liaison so that there is a single point of contact for both the Lead Agency and the ICPC office. This streamlines communication and increases the efficiency of the ICPC process. The office collaborates with the regions through monthly conference calls, face-to-face meetings, through use of the National Electronic Interstate Compact Enterprise (NEICE), and through daily emails.

The Department's compact administrator participates in the AAICPC and has at times in the past served as the president of the associations executive committee. 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 Children’s Legal Services (CLS), case managers, and representatives from other states on difficult cases and often facilitates conference calls between Florida child welfare professionals and other states to ensure positive outcomes for children. Additionally, the Florida ICPC office provides presentations as needed to the CLS attorneys, judiciary, Guardian ad Litem (GAL), Attorneys ad Litem, case managers, supervisors, licensed social workers, Child Protective Investigators (CPI), and ICPC liaisons at Lead Agencies. Furthermore, the compact administrator works closely with CLS and members of the judiciary, participating in meetings and presentations throughout the year.

Florida ICPC central office divides cases among staff by state. This method of assignment has 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.

Upon approval of the Bipartisan Budget Act of 2018, Florida was already compliant with the requirement that all states process ICPC via an electronic system by October 1, 2027. Florida’s utilization of the NEICE system provides access to the courts, Lead Agencies, GALs, and CLS for review of ICPC cases and case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida.

FUTURE PLANS

- Continue to be a part of the NEICE Project and serve on the technical team of the project. Florida will continue assisting American Public Human Services Association (APHSA) and the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) in the national implementation effort. Additionally, Florida will continue to support further development and enhancement of the NEICE system.
- Continue to participate in the NEICE State Data Workgroup with APHSA to further enhance ICPC reporting on the state and national levels.
- Continue to offer ICPC trainings throughout the state to the judiciary, Guardians ad Litem, Department attorneys, protective investigators, Lead Agency staff, and other interested stakeholders.
- Continue to participate and/or serve on the executive committee of AAICPC as well as assigned subcommittees to assist with addressing national ICPC issues.
- Continue to survey Florida stakeholders for identification of any barriers to ICPC efficiency, and possible improvements. Create workgroups to address any areas of improvement identified in the survey results.
- Continue to participate collaborative training with the Florida Department of Juvenile Justice on the intersection of dependent and delinquent children placed or absconded across state lines.
- Working to enhance current systems, and/or develop procedures in effort to prevent crisis and possible reentry of ICAMA eligible children that move to Florida. Additionally, alerting local agencies of the ICAMA eligible child’s relocation to their area for targeted services prior to crisis intervention.

ADOPTION

Lead Agencies are responsible for identifying and reporting to the court the permanency options available to each child removed from a parent or legal guardian. The scope of case management services includes

arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child. Lead Agencies are responsible for pre-and post-adoption services including the provision of maintenance adoption subsidies. Data on the number of children available for adoption and adoption related information is included in the update to the Foster and Adoptive Parent Diligent Recruitment Plan (Attachment 1).

PRE-ADOPTION SERVICES

Pre-Adoption Services include, at a minimum, mental health services to prepare children for adoption, legal services to sever the parental rights for a child to be legally free for adoption, supervision of visitations between siblings and other birth family members, and supervision of adoptive placements for a minimum of 90 days. Services for prospective adoptive parents include the provision of adoptive parent training and the home study process.

ADOPTION DOCUMENTS & REGISTRY (ADORE)

The Florida Adoption Reunion Registry (FARR) maintains paper applications and associated documents for individuals who registered with the FARR. Additionally, the registry maintains a significant number of closed adoption records in its storage facilities and on encrypted DVDs.

To ensure that documents are in one centralized location that can be accessed electronically by users, the Adoption Documents and Registry (ADORE) database was created. ADORE is a database system that facilitates the reunification of adult adoptees with birth parents and relatives. Additionally, ADORE permits adoption staff to electronically store, index, and retrieve documents related to private agency adoptions or adoptions completed by the Department prior to privatization that have been finalized in Florida.

POST-ADOPTION SERVICES COUNSELORS

A post-adoption services counselor is a staff person designated to respond to the requests and service needs of adoptive parents and their families after adoption finalization. The response to requests and service needs should include, at a minimum, information and referrals with local resources, assistance to CPIs when an investigation involves an adoptive parent, temporary case management, assistance with subsidy and Medicaid issues, and assistance in establishing and maintaining one or more adoptive parent support groups. All post-adoption services staff assist CPIs when an investigation involves an adoptive family. The post-adoption services counselor assesses the needs and potential services for the adopted child and adoptive family.

The Department and its partners are committed to providing a sufficient and accessible array of post-adoption services in each circuit that includes information and referral services, temporary case management, assistance with assessments during investigations, assistance with subsidy and Medicaid issues, and assistance in maintaining one or more adoptive parent support groups for the many adoptive families who face significant challenges as their adoptive children age and experience the various developmental milestones.

ADOPTION COMPETENCY

Adoption-competent mental health professionals have completed the Rutgers Adoption Competency, or an equivalent curriculum approved by the Department, to provide educational and therapeutic services for adoptive families. The educational and therapeutic services focus on strengthening relationships within the

family unit and assist families in understanding the developmental stages of adoption, and how adoption affects each family member and the family as a unit.

To incentivize mental health professionals to attend the Adoption Competency Training, the Department provides at no cost to the trainees, Certified Educational Units (CEUs) for each mental health professional continued licensure.

The state uses 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 support.

ADOPTION PROMOTION AND SUPPORT SERVICES

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, Promoting Safe and Stable Families (PSSF) to support the costs of Adoption Promotion and Support services. The Department dedicates 23 percent of the federal PSSF grant to fund family preservation services. In Florida, 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 avoid 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 Galleries.²³
- Child Recruitment Biographies.²⁴
- Use of social media.
- Media blitzes targeting severely medically fragile available children.
- 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 groups.
- Counseling referrals.
- Post-adoption specialist.

Adoptive parent and youth support groups provide opportunities for adoptive parents and youth to meet with other adoptive parents and youth who are struggling with similar challenges and concerns. These groups generally meet once a month and are appropriate for the languages, cultures, and needs of the

²³ Traveling photographic exhibit created to find forever families for children in foster care.

²⁴ 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/as needed basis for all children.

participants in each community; receive support from umbrella organizations and qualified facilitators when appropriate (e.g., teen support groups). In rural areas where there are limited numbers of adoptive families, newsletters and group emails are being utilized to provide new information about post-adoption services and provide an avenue for adoptive families to communicate with each other.

Research has shown that social connections, knowledge of parenting and of child and youth development, parental resilience, and concrete support in times of need are essential to family resilience. These can be made available to families through adoptive parent support groups. The post-adoption services counselors are connected to one of the support groups in their area and assist with providing local community resource persons as speakers for one or more of the support group meetings during the year. Each teen support group has an adoption competent mental health professional facilitating.

PROSPECTIVE ADOPTIVE PARENTS SURVEYS

The Department, in conjunction with the Lead Agencies, conducts an Annual Adoption Survey to gather feedback from prospective adoptive parents, children in the child welfare system, adoptees, and other stakeholders between August 4, 2022, and August 31, 2022. Overall, participants reported that their Lead Agencies excelled in three areas:

- Responding timely to questions.
- Timely completion of the adoption home study.
- Transparency during the adoption process.

The majority of the participants expressed that the Lead Agencies could improve in the following areas:

- Assistance in accessing post-adoption services/supports
- Post adoption services/supports
- Negotiating Adoption Subsidy.

POST-ADOPTION SUPPORT SURVEYS

The Department, in conjunction with the Lead Agencies, conducted a Post Communication Survey between August 4, 2022, and August 31, 2022, to gather feedback from families who requested and received services as a result of the One-Year Post Communication Contact requirement outlined in section 39.812(6), Florida Statutes. The intent of the survey is to determine the types of services received by the family and the quality of those services. The major findings about post-adoption services are:

- Most respondents felt comfortable asking their post-adoption worker for additional help/assistance and felt that they were understood. Respondents who were uncomfortable reported the top reason was that it takes too long to get help.
- The top two post-adoption supports needed were assistance with adoption subsidy and assistance with Medicaid.
- Most respondents reported that providers of services understood their needs.
- The top three services that respondents tried to access but were unable to receive were mental health treatment, residential mental health treatment and medical/dental/vision services.
- The major reason for services desired but not available was that the provider in their area does not accept Medicaid or the family's insurance.
- Prospective Parent and Post-Adoption Surveys are included in Appendix E.

Inter-country Adoptions

Currently, there are approximately 12 private agencies that handle international adoptions in Florida. The Department does not monitor the number of inter-country adoptions completed. When a child from an

international adoption is removed due to abuse, abandonment or neglect, the child and family receive services to help the child and family remain safe, and services are provided to assist with reunification efforts.

The Lead Agencies self-report these numbers to the Department, and the Department annually assesses the types of maltreatments and statuses of these cases. The Department receives two to three reports of international adoptees removed due to abuse, abandonment, or neglect per year. Due to the infrequency of such reports, the Department does not plan actions beyond the annual assessment and follow-up but will continue to monitor these reports for any increase in frequency. Children with no documented abuse, abandonment, or neglect who have undergone an inter-country adoption receive post-adoption services and support through the private agency that completed the adoption.

Federal Adoption Savings

The Department, through applying the applicable child standards for children eligible for adoption assistance, has used most of the adoption savings to support adoption services, post adoption services, and post guardianship services, while remaining funds are used for prevention services. The Department's Revenue Management Office, each Lead Agency 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.

Adoption and Legal Guardianship Incentive Awards

Florida received an Adoption Incentive Award for four of the last five consecutive years and all incentive award payments have been used to assist with Florida's significant maintenance adoption subsidy budget. The primary reason for Florida's significant subsidy budget is the fact that over the last several years Florida has completed over 3,800 adoptions annually. The Department anticipates continuing net increases in subsidy costs over the next several years. To meet this expanding need, any future incentive funds will continue to be applied toward subsidies.

The Department's Revenue Management Office, each Lead Agency 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.

Florida Adoption Reunion Registry (FARR)

FARR provides the opportunity to individuals affected by adoption the opportunity to reunite. Adopted adults, birth parents, birth relatives, and adoptive parents on behalf of their adopted minor child are eligible to register with the FARR. If two (or more) people affected by an adoption in Florida lists themselves on the registry, then FARR connects them with each other. The registry is passive and does not actively search.

JOHN H. CHAFEE FOSTER CARE PROGRAM AND EDUCATIONAL TRAINING VOUCHERS

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 continues to provide a robust array of services designed to assist youth with a successful transition to self-sufficiency. As shown in Table 5:3, in SFY 2022, the Department provided services to 4,487 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 many more services that assist in the transition to adulthood. There are an additional estimated 6,000 former foster care youth that have aged out of the Florida foster care system between 18 and 22 years of age that are potentially eligible to receive services to become self-sufficient.

Table 5.3: Transitioning Youth and Young Adults

Measurement	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
Total number of youth ages 13 to 17 in out-of-home care (end of month counts)	4,316	4,357	4,340	4,487
Number of youth ages 13 to 17 in relative/non-relative settings (end of month counts)	1,563	1,323	1,210	1,161
Number of youth ages 13 to 17 in group care (end of month counts)	1,233	1,144	1,055	1,139
Youth turning 18 while in foster care (end of month counts)	816	629	511	420
Youth age 16 and older who were adopted (potentially eligible for PESS)	82	169	260	165
Youth ages 16 and older whose cases were closed to guardianship (potentially eligible for PESS) 1	186	272	173	285
Number of young adults receiving EFC (end of month counts)	1,337	1,267	1,178	1,338
Number of young adults receiving PESS (end of month counts)	1,217	1,140	934	872
Number of young adults receiving Aftercare Services (end of month counts)	435	410	318	437
Unduplicated total number of young adults receiving ECF, PESS, Aftercare (end of month counts)	2284	2,364	2,092	2,252

Source: Florida Safe Families Network (FSFN)

PROGRAM OVERSIGHT AND MONITORING

The Chafee program is administered by the Department through contracts with Lead Agencies. All Lead Agency contracts include requirements to administer services in accordance with federal guidelines, Florida Statutes, and Florida Administrative Code. Florida has highly structured statutory requirements for the Independent Living programs, Extended Foster Care (EFC), Postsecondary Education Services and Support (PESS), and Aftercare Services. The Department has incorporated real time policy support through the Office of Continuing Care including a regular cadence of statewide stakeholder virtual meetings, in person site visits, as well as conferences and trainings. Florida’s Office of CBC/ME Financial Accountability continues to provide financial oversight on the expenditures for Chafee and ETV.

DESCRIPTION OF PROGRAM DESIGN AND SERVICE DELIVERY

Florida has codified all programmatic and general oversight requirements for Chafee program and ETV within Florida Statutes and Florida Administrative Code. As a result, there are highly structured statutory requirements that govern Extended Foster Care, Postsecondary Education Services and Support, and Aftercare Services. Program requirements include establishing client eligibility, payment calculations, payment disbursement requirements, payment amounts, standards of progress, as well as due process and appeals for a

denial or termination of services. Requirements in Florida Administrative Code further detail the framework for how the array of Independent Living services are administered, including application and discharge procedures, transition planning, and documentation requirements.

REQUIREMENTS RELATED TO CASE MANAGEMENT, CAREGIVER ACTIVITIES, AND JUDICIAL OVERSIGHT

[Section 409.14515, F.S.](#), established requirements for future implantation to assist children who are in foster care in making the transition to independent living and self-sufficiency as adults. These requirements include the identification of important life skills for children in out-of-home care, the development of age-appropriate activities for obtaining life skills, the dissemination of training for caregivers related to building life skills, the monitoring of life skills development, opportunities for mentorship for children, and the implementation of procedures for children to access a personal allowance. Per [section 39.701\(2\)\(a\)\(10\), F.S.](#), a written report must be provided to the court at each judicial review hearing that includes a statement from the caregiver detailing what progress the child has made in acquiring independent living skills. This caregiver statement is required for all foster care children that have received life skills training between 13 years of age but are not yet 18 years of age.

[Section 39.6035, F.S.](#), requires that specific transition plans be developed for those youth aging out of the foster care system and after the child reaches 18 years of age if he or she is receiving funding under s. [409.1451 \(2\), F.S.](#) During the year after a youth reaches 16 years of age, transition plans are developed in collaboration with the youth, caregiver, and any other individual whom the child would like to include. The youth can include additional topics in the transition plan that will support them as they transition to adulthood. Transition plans are designed to supplement standard case planning activities and are subject to court review. The activities addressed within the transition plan must provide options for the child to use in obtaining services that include housing, health insurance, education, financial literacy, driver's license obtainment, workforce support, and employment services. The plan must also consider establishing and maintaining naturally occurring mentoring relationships, and other personal support services, as well as health care decisions. The Department's transition planning document was recently updated to capture additional information including information on independent living services and programs. The document is tailored to the individual needs and plans of the child, including, at a minimum, the specific benefits of each program and how such benefits meet the needs and plans of the child, the advantages and disadvantages of participation in each program and the financial value of each program to the child. When completed, the plan provides a road map for not only the child, but their entire team for the child's path to self-sufficiency.

Florida recently passed into law an increase in the monthly PESS stipend from \$1,256 to \$1,720 for a young adult who does not remain in foster care and is attending a postsecondary school, per [s. 409.1451\(2\), F.S.](#) In addition to the increased stipend, the Department will assess each young adult's financial literacy and executive functioning, self-regulation, and similar skills prior to the young adult being enrolled in post-secondary education and to provide information and referrals to the young adult to assist with strengthening those skills. This assessment must be included in the transition plan. The Department or contractor shall review the transition plan with the young adult during the year before they graduate from postsecondary education or the year before they turn 23, whichever occurs first. The transition plan must include an assessment of the young adult's current and future needs and challenges for self-sufficiency and at a minimum address how they will meet their financial needs when funding under the section is no longer provided.

[Section 409.1452, F.S.](#), also requires that the Florida Board of Governors, the Florida College System, and the Florida Department of Education establish academic support systems to provide a comprehensive support structure that helps assist youth and young adults who choose to attend college with the opportunity for

successful transition from the foster care system to a publicly supported postsecondary educational program. All Florida public postsecondary institutions can engage former foster care youth in campus based academic support services, intended to improve former foster care student retention, and graduation rates. The Department continues to collaborate with these agencies to ensure that youth and young adults who attend postsecondary education receive support to promote matriculation, including access to a campus coach.

YOUTH INVOLVEMENT AND VOICE

Florida's focus on providing opportunities with lived experience to influence policy is made possible by the state's strong connection with youth advocacy groups and organizations. Florida continues to engage with four primary organizations that help to support engagement and provide a voice to youth, service providers, and advocates.

Youth Advisor Position

The Department established an internal position to employ a young adult with lived experience to support the policy and practice team and Office of Continuing Care. This position allows for continued collaboration and communication between the Department and Florida's youth advocacy programs including OVI, Florida Youth SHINE, GAL CHAMPIONS, and Lead Agencies to promote youth empowerment throughout the state. The Youth Advisor is responsible for ensuring that every young adult's voice is represented, regardless of their readiness or participation in advocacy groups. Recognizing that experiences in foster care are unique to each individual means that we cast a wide net to capture the many experiences that make up "youth voice."

Independent Living Services Advisory Council (ILSAC)

The Independent Living Services Advisory Council (ILSAC) assesses the implementation and operation of Florida's Road-to-Independence Program (Postsecondary Education Services and Support and Aftercare) along with Extended Foster Care and advises the department on actions that would improve the ability of the Road-to-Independence Program services to meet established goals. The advisory council keeps the department informed of problems being experienced with services, barriers to the effective and efficient integration of services and support across systems, and successes that the system of services has achieved. From the assessments, the council creates an annual report that provides information on outcomes for young adults who turned 18 years of age while in foster care, relating to education, employment, housing, financial, transportation, health and well-being, and connections, and an analysis of such data and outcomes.

Florida Youth Leadership Academy (FYLA)

The mission of the Florida Youth Leadership Academy (FYLA) is to inspire young leaders through building healthy relationships, exploring leadership development, and actively engaging them within their communities. FYLA kicked off its first class in December 2007 in Orlando, Florida. What was initiated as a professional development project under the direction of the Department's Child Welfare Leadership Program and Connected by 25, grew into a statewide mentorship and leadership program for youth involved in the child welfare system. The FYLA mentees are typically between the ages of 15 and 18 and are paired with an adult mentor who works in child welfare. Throughout the program year, FYLA youth and their mentors meet regularly in their local areas to focus on specific learning objectives, including networking, public speaking, resume-building, and interviewing skills. Additionally, mentors assist their youth in achieving the individualized goals set at the beginning of the year. The FYLA group travels four times throughout the program year to engage in several educational and leadership activities, including touring the State Capitol, the State Supreme Court, and college campuses across Florida. Each FYLA class concludes with a graduation ceremony during the annual Family and Child Well-Being Summit.

Florida Youth SHINE

Florida Youth SHINE engages current and former youth in foster care across the state of Florida. There are fourteen local chapters that facilitate local meetings and partner with, or serve as representatives on, local Youth Advisory/Advocacy Boards. The goal of each chapter is to provide a voice for the youth and address local issues through the development of proposed solutions and bring them to the statewide level. Chapters also work on community education activities to better educate the communities and gain public speaking experience. Chapters come together four times per year to work on statewide issues that affect youth in Florida. Chapters are open to members ages 13-24 who have been touched by the system of care (foster care, adopted, non-relative care, relative care, and reunification).

Florida youth shine has youth currently under the age of 18, 18-22, and those who may no longer receive support in Florida, 23 and up.

One Voice IMPAACT

The One Voice IMPAACT (OVI) Network of Councils harnesses authentic youth voice, creates space for youth and young adults with lived experience to work alongside system leaders to find solutions to local issues, and gives councils a platform for statewide collaboration. OVI is a partnership of the Florida Coalition for Children and the Selfless Love Foundation.

These youth councils and advisory boards allow for youth ages 13 and up to participate in the councils with their respective Lead Agencies.

OVI Benefits:

- Council Development Guidance. OVI provides on-site guidance for youth and systems leaders interested in building a youth system organizing council.
- Leadership Summit. OVI hosts a leadership summit for youth leaders at the annual FCC conference.
- Ambassador Sessions. OVI hosts 5-6 sessions for youth leaders to travel to the state capitol, learn about advocacy, and meet with state legislators.
- Youth Engagement Seminars. OVI hosts regional seminars to begin a dialogue about youth engagement amongst youth and system stakeholders.
- Learning Community Calls. OVI hosts monthly calls for youth council leaders to share best practices, discuss common issues, and assess progress.
- Collective Voice. OVI coordinates responses/recommendations from Youth Councils when legislation or policy issues are being discussed.

Guardian ad Litem CHAMPIONS

Guardian ad Litem CHAMPIONS is a GAL Youth Advisory Council composed of a group of former foster youth who provide a voice for all foster care youth appointed to the program. These young adults serve as ambassadors and credible messengers for best-interest advocacy and the value of volunteer child advocates and pro-bono attorneys.

GAL CHAMPIONS represent a collective viewpoint of alumni who have personal lived experience in the foster care system and advise by:

- Using their experiences in foster care to identify and inform priorities and offer ideas to improve best interest advocacy and child representation.
- Educating policymakers and other stakeholders about their varied experiences in child welfare

- Share their lived experiences of foster care to identify and inform program priorities and offer ideas to improving best interest child advocacy practice.
- Analyzing the effectiveness of practices and policies based on the experiences of youth in child welfare.

Currently, GAL CHAMPIONS have 20 members ranging in ages between 16-29 years old and representing 13 circuits in the state of Florida.

Youth Focus Groups

The Office of Child & Family Well-Being, along with Florida’s Youth Engagement Organizations, host various Department-led focus groups to engage youth and young adults and seek their lived expertise and to solicit feedback on various topics. The feedback is compiled, disseminated, and discussed with Department leadership to utilize for policy and practice changes. These youth are then followed up with by the Department once these changes are made to showcase the changes these young people have created. This ensures the Department has a consistent feedback loop of current and former foster youth while also giving these young people opportunities to improve the system for their peers.

The Department has also been working to establish a Youth Committee within the Child & Family Well-Being Council. The Committee will offer a space for a youth-led, self-standing body for Youth with Lived Experience to provide advice and expertise on topics and discussions from the Child and Family Well-Being Council in addition to whatever topics deemed necessary by the youth. The Committee will be structured to have officer positions and a seat at the table for all Child and Family Well-Being Council discussions. The membership will consist of youth from One Voice Impact, Florida Youth SHINE, and the Guardian Ad Litem CHAMPIONS youth advocacy organizations, in addition to at-large youth representatives from the community.

STATEWIDE SERVICES FOR YOUTH OF VARIOUS AGES AND STAGES

Florida offers a wide array of services and direct support payments to current and former foster care youth which are designed to promote the acquisition of general life skills, educational and employment attainment, maintenance of housing, and development of permanent connections. Within the parameters of federal and state requirements, Lead Agencies have the flexibility to create local services in response to local needs, cultural preferences, and resources.

Pursuant to [section 409.1415, F.S.](#) , the Department strives to successfully transition children in foster care to independent living, and self-sufficiency as adults. The Department mandates that the identification and acquisition of important life skills and age-appropriate activities, along with the opportunity to interact with a qualified mentor, and the maintaining of a personal allowance are part of that successful transition. Life skills and activities should be specifically tailored to the child and their developmental needs, including for older youth providing information on the availability of community and independent living services under [sections 414.56](#) and [409.1451, F.S.](#), and must include information on how to apply for these services. Beginning at 13 years of age the Department begins assessing life skills needs, and the results of the assessments are made available to caregivers for support in creating, implementing, monitoring, and revising life skills planning to address deficits. Child welfare professionals are responsible for maintaining dialogue monthly on the child’s life skills needs, and the caregiver is expected to provide life skills and opportunities consistent with the youth’s ages and needs.

Judicial oversight of life skills under [s. 39.701\(3\)\(a\), F.S.](#) requires the courts to inquire about the life skills the child has acquired, at the first judicial review hearing held after the child's 16th birthday. At the judicial review hearing, the Department must provide the court with a report that includes specific information related to the

life skills that the child has acquired since their 13th birthday or since the date of entering foster care. Additionally, for any child who may meet the requirements for the appointment of a guardian advocate, an updated case plan must be developed in a face-to-face conference with the child, court-appointed guardian ad litem, the custodian of the child, and the parents of the child if those rights have not been terminated.

Statute requires an additional judicial review hearing within 90 days after the 17th birthday of a youth in out-of-home care. At that review, a report must be submitted to the court detailing what steps have been taken to inform the teen of independent living programs and services, including Extended Foster Care (EFC), Aftercare, and Postsecondary Education Services and Support (PESS) to include program requirements and benefits, and the tuition fee exemption. The report must describe the youth's plans for living arrangements after age 18 and the life skills services that may need to be continued past age 18, and any other identified obstacles and needs the youth has regarding independent living.

[Section 39.701\(3\)\(a\), F.S.](#) requires that independent living service eligibility be addressed for a second time at the last judicial review prior to the young adult reaching the age of 18 and the youth affirms that they understand they are aware of their service eligibility and how to apply for services should they choose to do so.

Transition plans must be as detailed as the youth chooses and be conducted in the youth's primary language as specified in [s. 39.6035, F.S.](#) The transition plan must address specific options for the child to use in obtaining services, including housing, health insurance, education, financial literacy, a driver's license, and workforce support and employment services. If the transitioning youth is eligible and plans to remain in EFC after turning 18 years old the transition facilitator must ensure that the transition plan includes an agreement detailing the chosen qualifying activity and supervised living arrangement as referenced in [Rule 65C-41.004, Florida Administrative Code](#).

Medicaid

As described in Attachment 2, Health Care Coordination and Oversight Plan, young adults who reach 18 in foster care are eligible for Medicaid up to the age of 26, and those who are in EFC may choose to remain in the Sunshine Health Plan. Expanded health care services to support youth transitioning include:

- Specialized Care Management.
- Targeted transition planning in coordination with the Lead Agencies to address healthcare needs and social determinants of health (housing, education, employment).
- Training/workshops for youth related to accessing healthcare as they transition.
- Partnerships and coordination with agencies/programs serving transitional independent living youth throughout the state.

Care Grants

Care Grants supply up to \$150 per year, per youth for services or supplies including social or physical activities, such as gym memberships, swimming lessons, sports equipment or supplies, art supplies, and application fees for post high school educational needs.

Transition Assistance Funds

Transition Assistance Funds consist of a one-time transitional payment of up to \$500 per young adult transitioning out of foster care, or extended foster care, between 18-21. These funds may be used toward services and items such as rental deposits, utility services, or household supplies (i.e., linens, appliances, furniture).

SERVICES FOR YOUNG ADULTS 18 TO 26 YEARS OF AGE

The Department recognizes that the transition into adulthood can be challenging for young people. For current and former foster youth, it can be even more difficult without an existing support system. The Office of Continuing Care has a renewed and innovation-focused approach to improving the lives of young adults both entering and exiting the child welfare system. Through best practices established at the state level and personal connections established at the community level, the Department can harness person-to-person impact and a systematic, trauma-informed approach. With streamlined oversight of all programs affecting youth and young adults, coupled with the direct client interaction of the statewide resource center, the Department can swiftly respond to the needs of clients through direct services or through more overarching policy conversations. The Office of Continuing Care, under the umbrella of Hope Florida – A Pathway to Prosperity, is staffed by care navigators with lived experience and offers free, one-on-one help for young people who are about to or have recently transitioned out of foster care, aiming to make the leap into adulthood a positive experience. Young adults between the ages of 18 and 26 years old who age out of the foster care system in Florida, may receive services that include accessing special services available to former foster youth, a support system to help with next steps, and connections to existing resources in their community.

The three categories of independent living services that are currently available in Florida for young adults ages 18-23, include:

- Extended Foster Care (ages 18-21, 22, with documented disability).
- Postsecondary Education Services and Support (ages 18-23).
- Aftercare Support Services (ages 18-23).

Young adults with lived expertise in foster care who are employed with the Department are compensated for their time as paid employees of the Department. This includes the Youth Advisor and Office of Continuing Care (OCC) Navigators.

EXTENDED FOSTER CARE (EFC)

In support of the development of more permanent bonds for Florida's former foster care youth, section 39.6251, Florida Statutes, established EFC for eligible youth between the ages of 18-21 (up to age 22 for youth with disabilities). The program utilizes Title IV-E funds. One of the key components of the program is that eligible young adults who wish to remain in foster care should have their placement at the time of reaching the age of majority viewed as the preferred placement for the young adult. Should the young adult's placement not be available or practical, it is the responsibility of the Lead Agency service provider and the young adult to identify an alternative placement that may or may not be licensed and that offers a degree of supervision to best meet the immediate and long-term needs of the young adult.

Standard case manager visitation, case planning activities, life skills training, and judicial reviews are also required. To maintain eligibility for participation in the program young adults must be:

- Enrolled in secondary education.
- Enrolled in an institution that provides postsecondary or vocational education.
- Participating in a program or activity designed to promote or eliminate barriers to employment.
- Employed for at least 80 hours per month.
- Unable to participate in programs or activities listed above on a full-time basis due to a physical, intellectual, emotional, or psychiatric condition that limits participation.

By offering young adults the option to enter extended foster care, it is believed that the development of necessary permanent connections will be more available to Florida's former foster youth. Direct care providers, in collaboration with caregivers, provide a more collaborative living environment that takes into consideration the shared living plan that should exist when a young adult resides in a natural parenting situation. There are required standardized assessments to determine the appropriate supervised living arrangement type; the transitional services necessary to assist the youth/young adult achieve their goals and reach independent living. The shared living plans include the youth/young adult's clearly defined goals of transition and appropriate adult behavior.

[CFOP 170-17, Chapter 3](#), Extended Foster Care provides a description of additional EFC policies for guidance on practices related to continuing care and services for young adults.

EDUCATION AND TRAINING VOUCHERS (ETV) AND POSTSECONDARY EDUCATION SERVICES AND SUPPORT (PESS)

Eligibility for Benefits and Services

The Postsecondary Education Services and Support (PESS) program is administered by the Lead Agencies. PESS is a Florida program for eligible former foster youth to receive the skills, education, and support necessary to become self-sufficient and have lifelong connections to supportive adults. Young adults enrolled in eligible post-secondary institutions and who meet other eligibility criteria are eligible for PESS. Depending on certain statutory conditions, eligible youth may receive a monthly financial payment of \$1,720 which is an increase from the prior amount of \$1,256 in previous years. This financial payment may include ETV funding. The financial award is to secure housing, utilities, and other assistance.

Initial eligibility requirements for both programs require that a young adult:

- Turned 18 while in the legal custody of the Department and spent a total of six months in licensed out-of-home care.
- Was 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.
- Has earned a standard high school diploma, or its equivalent.
- Has reached 18 years of age but not yet 23 years of age.
- Is enrolled in at least 9 credit hours and attending a Florida Bright Futures eligible educational institution.
- Has submitted a Free Application for Federal Student Aid.
- Has applied for other grants and scholarships.
- Has 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.

In 2021, legislation expanded the requirements under [section 409.1451\(3\), F.S.](#), to allow young adults who are enrolled in PESS to receive financial assistance if they are experiencing an emergency and do not have sufficient resources to resolve the emergency. The temporary assistance that is afforded to those young adults include, but is not limited to, automobile repairs or large medical expenses.

In 2022, legislation increased supports and resources for young adults in PESS under s. 409.1451, F.S. to require transition planning that requires financial planning and assessment regularly while the young adults are receiving financial assistance in the program.

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. The law requires those youth to have spent at least six months in licensed care within the 12 months immediately preceding such placement or adoption. ETV and CFCIP federal funds cover room and board and other expenses necessary to pay the cost of attendance.

The law limits PESS to Florida Bright Futures eligible schools. However, there is another, more limited financial support for a young adult who wishes to attend a postsecondary school that is not a Bright Futures school, e.g., an out-of-state school. An annual federal ETV educational stipend payment of up to \$5,000 may be available, provided the chosen academic institution meets ETV eligibility requirements and the young adult meets the other PESS requirements.

Federal ETV payment amounts are set based on a needs assessment that determines the student's total financial need, to ensure that federal ETV payments do not exceed a student's total cost of attendance. However, the monthly payment for PESS is fixed at \$1,256 per month, so any payments more than a student's estimated cost of attendance, or the \$5,000 federal ETV limit, are covered by state funds. In addition, students remain eligible for participation in the program up to their 23rd birthday, so students who apply or reenter the program after the age of 21 are required to have the entirety of their payments covered by state funds.

Students receiving the PESS stipend may also opt into EFC. The method of the payment depends upon whether the young adult is residing in a foster home or group home or is temporarily residing away from the home. Students must maintain a reasonable standard of academic progress to remain enrolled in this program. If the young adult should fall below academic progress as defined by their postsecondary educational institution, the young adult will be given a probationary period to maintain eligibility.

Prior experience and statistical evidence have shown that requiring former foster youth to maintain a standard full-time enrollment in postsecondary education can be detrimental to the completion of their education. Many former foster youth struggle to complete secondary education; others need to work to supplement the financial assistance or are parenting young children. Florida defines "full-time" for this program as nine credit hours, providing additional flexibility for the young adults served; however, a young adult may enroll in additional credit hours.

Any young adult with a recognized disability or who is faced with another challenge or circumstances that would prevent full-time attendance (i.e., nine credit hours or the vocational school equivalent) may continue receiving PESS provided the academic advisor approves the student's completion of fewer credit hours. A student is eligible to remain in PESS, or to reenroll in PESS, at any time until their 23rd birthday. Participation in the program is approved annually, based on the individual's enrollment date.

In addition to the federal ETV and state aid packages listed above, Florida's public postsecondary institutions also offer Florida's eligible former foster youth a tuition and fee exemption, remaining valid up to the young adult's 28th birthday.

Table 5.4. ETV Awards

	TOTAL ETVs Awarded	Number of New ETVs
Final Number: 2021-2022 School Year (July 1, 2021 - June 30, 2022)	543	173
2022-2023 School Year*	591	197

*In some cases, this may be an estimated number since the APSR is due on June 30, 2023, the last day of the school year.
Data Source: FSN OCA Summary & Detail Report

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 use counseling.
- Life skills classes, including credit management and preventative health activities.
- Parenting classes.
- Job skills training.
- Counselor consultations.
- Financial literacy skills training.
- Daycare referrals.
- Extracurricular activities related to secondary or postsecondary education.
- Temporary financial assistance for necessities, including but not limited to, educational supplies, transportation expenses, security deposits for rent and utilities, furnishings, household goods, and other basic living expenses.

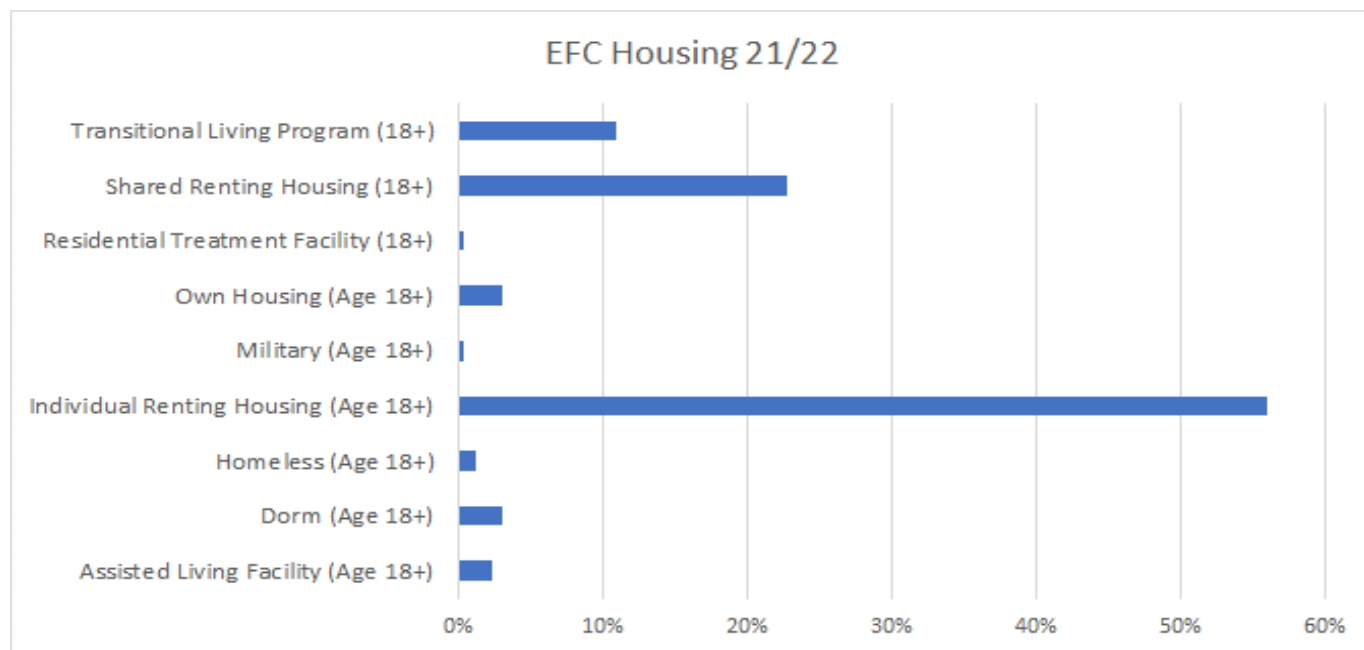
Rules governing aftercare services are found in [Chapter 65C-42.003, F.A.C.](#) Page 115 of this report discusses the Office of Continuing Care, the Lead Agency’s responsibility for reaching out to young adults until 23, and how the Office of Continuing Care provides an avenue for young adults to receive continued resources until 26.

HOUSING (LIVING ARRANGEMENTS)

The Department and the Lead Agencies track and monitor data relevant to housing for young adults receiving independent living services. The Department and the Lead Agencies strive to ensure that every young adult served has an appropriate living arrangement and the necessary supports needed for the young adult to become successful. EFC is the only service category that requires an assessment of the young adult’s living environment as an eligibility factor. Assessment of each young adult’s life skills and abilities helps Lead Agencies determine what level of supervision is needed.

As depicted in Table 5:5 below, just over half, at 55 percent, of young adults in EFC are reported as renting individual housing while approximately 11 percent are in transitional living settings. All living arrangement types showing zero percent reflect each having four or less reported entries.

Table 5.5. Living Arrangement of Young Adults in Extended Foster Care



Source: Florida Safe Families Network (FSFN)

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AWARDS

The Lead Agencies in Florida were made aware of awards by the Public Housing Authorities (PHA) listed in the press release from HUD in April 2020. However, the PHAs have set various dates as to when those vouchers can commence. Those vouchers that were sent are the Family Unification Program (FUP) vouchers, which can be utilized for families and young adults experiencing homelessness. There is no set number of vouchers that are set aside specifically for transitioning young adults.

The Department hosted the National Center for Housing & Child Welfare at the Annual Independent Living conference to provide information and training on the FYI-FUP Vouchers. They have been providing on-going technical assistance to Lead Agencies engaging with Public Housing Authorities around the state.

The Department’s Child and Family Well-Being Council spent the last quarter of 2022 dedicated to housing solutions, the meetings provided an avenue for those with lived experience and in the field to share their housing challenges. Housing experts across many areas of expertise provided detailed information about gaps and opportunities in housing and many focused on the specific needs of young adults from foster care on their path to self-sufficiency.

OCC facilitated a discussion with the council on the various housing options for youth and young adults engaged in our state and federal programs (Aftercare, Extended Foster Care, and Post-Secondary Education Services and Support). The need for mental health housing and better collaboration with our stakeholders, including Agency for Persons with Disabilities, has been at the forefront of the OCC. The focus on housing as an outcome will continue to push conversations about housing, ensuring youth and young adults in Florida have the most appropriate and diverse living arrangement options upon transitioning into adulthood. Part of this effort will include supporting lead agencies as they navigate the FYI-FUP Voucher path for young adults. The Department, as well as the IL staff, participated in a call with the Capacity Center for States in May 2022 to

discuss HUD's programs, FUP and Foster Youth to Independence (FYI) Vouchers to gain a better understanding on the differences between the two programs.

In addition, the Department has been working with the Florida Housing Finance Corporation on their Extremely Low Income (ELI) Initiative. The Florida Housing Finance Corporation administers the state affordable housing trust fund and provides financing for the development of multifamily rental housing. In return for the financing, the developers must set aside units for ELI households and for Persons with a Disabling Condition or that have Special Needs (independent living population). Each Developer is required to enter into an agreement with at least one Lead Agency that administers or provides supportive services to Special Needs Households or to Persons with a Disabling Condition. The Developer and the Lead Agency create a Memorandum of Understanding (MOU) that outlines the roles and responsibilities of the parties. The apartments provide a first come first serve approach that allows these young adults the opportunity to rent with the developer prior to reaching out to the public. Currently, there are seven Lead Agencies participating in the housing initiative statewide.

The Department is still awaiting the 2022 report of FYI-FUP voucher usage for the state of Florida.

FLORIDA HOUSING AUTHORITY (FLHA):

Florida Statute allows the Florida Housing Authority to provide funding for newly developed rental structures for the independent living population. The OCFW partnered with the Florida Housing Authority to implement this initiative and ensure the program benefits these young adults. The FLHA did not award an application during the last cycle, however, they continue to accept applications to support the development of rental structures.

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 the Indian Child Welfare Act (ICWA). The Department makes 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.

In December 2022, the Department conducted a tribe and state collaboration meeting with Florida's 3 Federally recognized tribes. During this meeting, the Deputy Director for the Office of Continuing Care provided detailed information regarding Chafee and ETV funds and how they are utilized, and the Department emphasized how tribal children can benefit from these resources.

Chafee Program Improvement and Training

The Department supports young adults with Chafee funds in the PESS and Aftercare programs. The Department continues to mentor youth through the FYLA program and ongoing community partnerships and conducts annual IL trainings in the summer, in addition to trainings provided at the Annual Summit.

The Department takes part in monthly calls, quarterly meetings, and strategy meetings with youth and statewide mentors from Florida Youth SHINE and One Voice Impact. The monthly calls include county wide reports of youth involvement in the system, their analysis of implementation in their respective regions, recommendations for improvement and a report of their advocacy in their local areas. The Department

continues to meet with these groups as part of a collaborative approach for a youth focused and youth centered service implementation.

As part of its ongoing collaboration and Continuous Quality Improvement commitments, the Department intends to participate in national evaluations of related topics to the extent possible within available resources and legislative requirements.

Case management pre-service training includes a module on how case managers should be preparing foster children and youth for independent living and individual Lead Agencies provide in-service training on this and other independent living topics.

QUALITY STANDARD WORKGROUP

The Florida Coalition for Children (FCC), in collaboration with the Department, community stakeholders, and young adults with lived experience, initiated a workgroup with an overall goal of creating effective standards statewide to support child welfare professionals in providing quality service to youth and young adults.

The workgroup expanded to develop a set of quality standards for young adults, age 18 and older. The workgroup assessed the needs of young adults served by the IL program (EFC, Aftercare, and PESS) and identified and defined the quality standards essential to ensuring youth and young adults are receiving the appropriate services and supports. The formalized quality standards review tool in collaboration with the Office of Continuing Care and the Office of Quality and Innovation was finalized in February 2023, utilizing a random selection of young adults receiving a service under an Independent Living Program. The first cohort of reviews are scheduled to begin in March 2023.

YOUTH BILL OF RIGHTS/ GOALS AND EXPECTATIONS BROCHURE

The Department met with young adults with lived experience in January 2020 to incorporate youth voice on a youth bill of rights and expectations brochure. In 2021, [s. 39.4085, F.S.](#), with that input, established goals for children in foster care to be included in the bill of rights and required the Department to work with all stakeholders to help children in out-of-home care become knowledgeable about their educational, health, visitation, court participation, and safety rights.

Both documents are [accessible electronically](#) on the Department's website.

NATIONAL YOUTH IN TRANSITION DATABASE (NYTD) OUTCOMES SURVEY ADMINISTRATION

To establish accountability for a state's use of Chafee funds, as a requirement of federal law, the Administration for Children and Families (ACF) established the National Youth in Transition Database (NYTD), which requires Florida to comply with two distinct data collection activities:

- Develop a data collection system to track independent living services.
 - Florida uses caseworker level data collected in the Child Welfare Information System to align with federally required reporting categories to track the independent living services provided to youth and young adults ages 13-22. Information on the services provided is transmitted to ACF every 6 months.
- To collect outcome measures of the youth/young adults who receive the independent living services provided.
 - This data for outcome measures is collected through the administration of the National Youth in Transition Database (NYTD) Outcomes Survey.

The Department continues to contract with Cby25[®] Initiative, Inc. to administer the federally required NYTD baseline and follow-up 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 independence and stability, measuring outcomes relevant to health, housing and transportation, education, employment, and involvement with the Juvenile/Criminal Justice System.

The OQI plans to incorporate data from NYTD into future reviews to strengthen the assessment of:

- Services that support youth 13-17 and eligible young adults 18-23 during their transition to adulthood; and
- Placements and supportive services for young adults who move to the extended foster care program.

COVID-19 SERVICES AND SUPPORT

TITLE IV-E, MAJOR DISASTER, COVID-19, STAFFORD ACT

Title IV-E, Major Disaster, COVID-19, Stafford Act was passed to allow agencies to request flexibility to meet specific Title IV-E requirements due to the COVID-19 pandemic and national public health emergency. In May 2020, the State of Florida requested flexibility in meeting §475(8)(B)(iv) of the Act relating to the required education and employment conditions for youth over age 18 to receive Title IV-E assistance. Those young adults whose employment and educational requirements were waived, were able to remain in extended foster care until the waiver expired in conjunction with the Executive Order. The Stafford Act expired December 30, 2021.

SUPPORTING FOSTER YOUTH AND FAMILIES THROUGH THE PANDEMIC ACT

Florida worked closely with stakeholders under the spending authority of Division X to ensure that the dollars went directly to young people. The state used the funds listed in numbers 1-8:

1. Florida was awarded \$19,791,518 in additional Chafee funds and \$2,876,674 in additional ETV funds out of the \$400 million allocation. Under the Act, Florida's young adults were permitted to remain in, and re-enter, extended foster care (EFC) without meeting the educational and employment conditions during the period of December 27, 2020, through September 30, 2021. Each Lead Agency was required to contact the eligible young adults between the ages of 18 and 21, or 22 with a disability, who exited extended foster care due to the inability to meet educational and employment conditions and offer an opportunity to re-enter the program, which would be funded by the Division X award. Additionally, Florida implemented and continues to implement the following provisions for Chafee funding to serve children, youth, and young adults, ages 14-23 under the following categories. Transportation to youth and young adults:
 - a. Provided financial assistance of up to \$500 to youth ages 15-17 and \$2,000 for young adults currently in Extended Foster Care (EFC), post-secondary education (PESS), and Aftercare services to cover transportation needs upon request.
2. Financial stimulus checks to young adults:

- a. Provided a one-time financial check of \$1,500 to young adults currently in EFC, PESS, or entering EFC and PESS.
 - b. Provided a one-time financial check of \$1,000 for youth aged 14-17 placed in relative/non-relative/Level I placements under an open dependency case.
 - c. Provided a one-time financial check of \$500 to youth aged 14-17 placed in licensed care.
3. Additional funding to support the needs of young adults:
 - a. Provided additional funding of \$1,000 to support the needs of young adults in EFC and PESS that were negatively impacted by the pandemic.
 - b. Provided additional funding of \$2,500 to support the needs of young adults in Aftercare that were negatively impacted by the pandemic.
 4. Employment and Educational incentives for young adults:
 - a. Provided educational incentive payments of up to \$1,000 for young adults in EFC, PESS, and Aftercare who achieved academic progression in Fall 2021 and Spring 2022 semesters.
 - b. Provided an employment incentive payment of \$1,000 for young adults in EFC, PESS, and Aftercare who are gainfully employed.
 5. Life Skills incentive to youth:
 - a. Provided a one-time \$200 incentive for any youth ages 14-17 in out-of-home care upon completion of an independent living assessment.
 - b. Provided a one-time \$500 incentive for any youth ages 14-17 in out-of-home care who successfully enrolled in a life skills program.
 6. Driver's license incentive to youth:
 - a. Provided a one-time \$100 incentive for any youth ages 15-17 in out-of-home care who enrolls into the Keys to Independence drivers program.
 7. Campaign outreach by the Department and community partners:
 - a. Allocated funding to each Lead Agency for campaigning to provide awareness and outreach to youth and young adults on information related to Division X funds.
 8. Public Awareness Campaign
 - a. Partnered with youth and young adult engagement programs, One Voice IMPAACT and Florida Youth Shine, to provide outreach to current and former youth and young adults who are eligible to receive the Division X Additional Chafee funds.
 - b. Outreach methods through social media.

ADDRESSING NEEDS OF CROSSOVER AND MULTI-AGENCY INVOLVED YOUTH

The Department and the Department of Juvenile Justice (DJJ) have worked diligently over the past six years to develop and implement interagency efforts statewide for "crossover youth." Crossover youth is a broad term that refers to youth who have a case (open or closed) with DJJ and the Department. Youth with an open case simultaneously with DJJ and the Department are referred to as dually served youth.

For the last five fiscal years, the overall number of crossover youth has steadily declined from an overall average of 10,000 youth to 7,000 youth. The data source for dually served youth is derived from a monthly

Department and DJJ data match. The reporting population is defined as youth with an open case simultaneously in the Department and DJJ. Investigations is not included in the match for dependency. For DJJ, criteria include youth with an open case in detention, intake, probation, and residential.

Fiscal Year	Number of Unduplicated Crossover Youth Served
2021-2022	1,539
2020-2021	1,645
2019-2020	1,997
2018-2019	2,110
2017-2018	2,183
2016-2017	2,194

The partnership between the Department and DJJ provides an important foundation for the next several years as the Department aligns group home standards with the new FFPSA restrictions on federal reimbursement for children not placed in a foster home and prepares to provide a certification in the state plan assuring that new policies and practices will not result in an increase in the number of youths in the juvenile justice system.

HUMAN TRAFFICKING

Subsection 39.001(5), Florida Statutes, establishes the following goals for the treatment of sexually exploited children who are residing in the dependency system:

- Ensure these children are safe.
- Provide for the treatment of such children as dependent children, rather than as delinquents in the criminal or juvenile justice system.
- Sever the relationship between exploited children and traffickers and reunite these children with their families or provide them with appropriate guardians.
- Enable these children to be willing and reliable witnesses in the prosecution of traffickers.

The Secretary of the Department and the Florida Attorney General co-chair the Human Trafficking Council. The Council provides recommendations through an annual report to the Legislature.

Local representatives of the Department participate in all human trafficking task forces across the state. Currently there are task forces operating in all 20 circuits, some are at the county level, and some are regional task forces. These task forces 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. The Department has participants on all task forces and takes a leadership role on most of these task forces. This allows for the Department Human Trafficking Unit personnel to have a true statewide understanding of the unique regional needs and responses, as well as recognizing gaps in the continuum of care.

The Department utilizes a collaborative approach to address several of the challenges and needs in human trafficking identification and response mechanisms. The Department utilizes both a collaboratively developed Human Trafficking Screening Tool (HTST) and a Multi-Disciplinary Team (MDT) Tool, which incorporates the previously used Level of Care Placement Tool, to determine victimization and service needs to address victimization. The DJJ utilizes the same HTST to identify potential human trafficking victims within their system. The MDT Tool has assisted in creating a standardized statewide response in addressing the service

needs of victims. In addition to the MDT standardized response, Department Human Trafficking Unit staff follow up with families of verified victims, after six months, to obtain an update on how the victim is doing with his/her service plan.

CHAPTER 6. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Requirements for compliance with the mandates of the Indian Child Welfare Act (ICWA) are contained in federal regulations, Florida Statutes, Florida Administrative Code, and in operating procedure. Child Protective Investigators (CPIs) are required to determine potential eligibility for the protections of the ICWA at the onset of each child protective investigation. Florida Administrative Code requirements and supporting guidance ensure that children eligible for the protections of the Act are identified at the earliest possible point in the initiation of services. The Department's core pre-service curriculum includes the mandates of the ICWA.

The two federally recognized tribes in Florida, the Seminole and Miccosukee, are familiar with the Child and Family Services Plan (CFSP) and the Annual Progress and Services Report (APSR) and the accessibility of the documents on the Department of Children and Families' website. 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 as they have their own resources to provide services. The Department works with the Poarch Band of Creek Indians tribe that is in southern Alabama, as they serve tribal families located on the Florida line.

During FY 22/23, the Department has provided information from the Children's Bureau that pertains to Tribal Maternal Infant, and Early Childhood Home Visiting Grant programs, and Adverse Childhood Experiences from the Capacity Building Center for Tribes.

The Department is responsible for child protective investigations for the tribes. The Department's operating procedure, [CFOP 170-1, Ch. 15](#), Reports and Services Involving American Indian Children, [CFOP 170-1, Ch. 15, Reports and Services Involving American Indian Children](#), describes processes to be used by CPIs and case managers. The Department requires the Lead Agencies to obtain a credit report for youth in care ages 14 to 17. This requirement is applicable to all youth in this age group. Case planning services are offered by the Department and the Seminole Tribe of Florida's (STOF) Family Services Department. Case Planning services align with Florida's practice in obtaining credit reports for tribal children. The Miccosukee Tribe provides case planning services to its own children. The Department continues to engage the Miccosukee Tribe to confirm if case planning services include credit reports. The Department has six regional points of contact serving as ICWA liaisons to guide child welfare professionals with aligning practices with federal and state requirements. The regional contacts work closely with the Department's statewide liaison at the Department's headquarters.

The Department has enhanced its CCWIS system to capture the new federal AFCAR requirements for ICWA reporting. The Department completed a training webinar to assist child welfare professionals with how to accurately document all ICWA AFCAR requirements.

Florida continues to work in collaboration with the federally recognized tribes, by maintaining and encouraging ongoing contact, support, staff interaction, and opportunities for the tribes to participate in statewide initiatives and training. All three tribes continue to receive invites and scholarships to participate in the annual statewide Florida Children & Families Summit.

The Department has regular communication with points of contact for all three tribes and has invited the tribes to participate in joint planning meetings, specifically with our Office of Substance Abuse and Mental Health and other initiatives. The Department's regularly scheduled bi-monthly meeting continues to be held with the Seminole tribe and the Seminole Tribal Courts. The Department has implemented a bi-monthly call with all three tribes which was held in December 2022 and February 2023 and will continue bi-monthly moving

forward. Topics of discussion include Florida's State Opioid Response (SOR), Chaffe Funds and Credit Checks, Child and Family Services Reviews, Training Needs and Collaboration, Options for Treatment Providers serving Tribal Members and Adverse Childhood Experience.

The Department completes joint trainings with the tribes regarding technical assistance with policies for ICWA.

The Department's statewide liaison, along with the special projects administrator of the Seminole Tribal Court, convenes regularly scheduled conference calls every two months to discuss training needs, data needs, plans to identify statewide compliance, and reviews of complex cases from a statewide perspective. There is broad participation during the bi-monthly conference calls to include Department regional staff, DCIP, Department General Counsel, CLS, Sheriff's Offices conducting child protective investigations, and Tribal Liaisons.

The Department and the STOF continue to work towards executing a Statewide Memorandum of Agreement (MOA). Once the MOA is executed representatives of the STOF and the Department will:

1. Collaborate in the development and implementation of training for child welfare professionals across the state (CPI, CM, CLS, and the courts) which include attention to unique local issues.
2. Collaborate in the development of a case management tool kit which would assist the field with implementation of quality active efforts in accordance with the Indian Child Custody Proceedings 25 CFR SS.23.2. and 23.120.
3. Continue to strengthen the relationship between the STOF and the Department with ongoing, regular communication involving the circuit ICWA specialists to identify ongoing practice challenges and solutions.

The Department and Tribal advocacy program leadership continue to work diligently to finalize the pending statewide MOA. The Department continues to provide, at the STOF's request, child abuse and neglect investigations and certain case management functions on the Seminole reservations. Florida's courts hear dependency court cases resulting from investigations conducted by the Department or its contracted agencies on the STOF reservation in Hollywood, Florida. The progress and outcome of the cases being heard on the reservation is positive and has resulted in all future ICWA cases being heard on an ongoing basis.

The Department, in conjunction with the Seminole Tribe of Florida, provided ICWA training in select areas of the state where the Seminole Tribe is prominent, and with the intention to deliver this training to all case managers, Sheriff's offices conducting child proactive investigations, and child protective investigators statewide by 2023. The Department along with the Seminole Tribe conducted ICWA training in February 2023 and March 2023 in the Suncoast and Southern Region to frontline staff. The Department has provided the Seminole tribe with a point of contact from the Quality Office to assist with quality assurance training materials for child welfare.

Between October 1, 2021, and September 2022, the Department identified 93 children in out-of-home care with the race of American Indian/Alaskan Native, regardless of another race. A total of 70 children have at least one tribal affiliation, and a total of 2 children in out-of-home care have at least two tribal affiliations. There was a total of 24 children identified as ICWA eligible. Of the ICWA eligible children, 18 were placed in an ICWA compliant placement.

The department continues to strengthen the relationship with the STOF through regular communication involving the circuit ICWA specialists and identifying ongoing practice challenges and solutions. The Judge in Broward County (Circuit 17) travels to the reservation to hear all ICWA cases on the tribe's reservation. The tribal courts along with the 17th judicial district Judge have continued with their new initiative that will focus on

families with drug and alcohol abuse, to specifically address the risk and needs through a Healing and Wellness court, as well as incorporate a diversionary court for cases in the juvenile delinquency court.

The Seminole tribe continues to participate in the Strong Foundations project as a representative for the tribe on the stakeholder advisory team.

The Seminole tribe has a non-relative group home on the Big Cypress Reservation that is exclusively for Seminole tribe children, and it is owned and operated by the Seminole Tribe. Any relative or non-relative home studies that may be needed for a tribal member willing to take placement will be completed by the Tribal Advocate in coordination with the Department. The Case Manager assists in the process by completing local background checks as well as Florida Child Abuse Information System checks. The Tribal Advocate completes reunification home studies for any parent(s) that is a tribal member. By working in coordination, the families can be assured of receiving the best services aligned with state and federal law. The local Lead Agency holds quarterly meetings with the Tribal Advocate and senior management to address case progress and any concerns raised by either party. The Tribal Advocate is available to provide records from the behavioral health center for any tribal member receiving services. These coordinated efforts demonstrate the strong partnership that exists between the state and local tribes.

The Department continues to extend an invitation to participate in ongoing collaboration efforts to all tribes.

The tribal representatives for the state's federally recognized tribes are:

Miccosukee Tribe of Indians of Florida

Martha Vega, Miccosukee Social Services Director
Office (305)223-8380 ext. 2267
Cell (305) 409-1241
Fax (305) 894-5232
marthaV@miccosukeetribe.com

Seminole Tribe of Florida

Designated Tribal Agent for ICWA
Attention: Shamika Beasley, Tribal Family & Child Advocacy Compliance & Quality Assurance Manager
Center for Behavioral Health
3006 Josie Billie Avenue
Hollywood, Florida 33024
Telephone: (954) 965-1314 ext. 10372 FAX: (954) 965-1304
shamikabeasley@semtribe.com

Additionally, the representative from the Alabama tribe:

Poarch Band of Creek Indians

Martha Gookin, Department of Family Services
5811 Jack Springs Road
Atmore, Alabama 36502
Telephone: (251)368-9136 extension 2602 FAX: (251) 368-0828
TMS@pci-nsn.gov

CHAPTER 7. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

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 all goals of the Child and Family Services Plan 2020-2024:

GOAL 1. CHILDREN ARE, FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT.

GOAL 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

GOAL 3: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

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 Department, with primary support from the Office of Child and Family Well-Being, continues to be the Lead Agency designated to administer the Child Abuse Prevention and Treatment Act grant funds. The Child and Family Well-Being 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 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).

Plans of Safe Care information is outlined in multiple areas of this APSR: Pages 24,131-132, 203-204, and 206.

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 Lead Agency 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 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 and use of supplemental America Rescue Act funding.

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.

The Department is exploring the use of CAPTA, CJA, and CBCAP grant dollars to help operationalize the two large prevention initiatives launched over the past year, Care Navigation and Family Navigation. The Department will be analyzing our grant awards, contracts, and service array to better align and streamline these funding sources to ensure that families are receiving supports and stabilization as quickly as possible to mitigate deeper system penetration.

The Department has established and launched the Child and Family Well-Being Council to advance the well-being of Florida's children and families and help fulfill the Department's statutory mission and purpose of working 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 Council was created out of the CJA/Child Welfare Task Force as the number of stakeholders wanting to participate in that venue has grown over the years. The Council advances the Department's vision and strategy to invite multiple stakeholder groups, including non-traditional stakeholders, parent and lived-experience voice, and sister agencies to the same discussions. As the Child and Family Well-Being Council is being built over the second quarter of FFY 2022-23 there is intent to create a collaborative policy development and recommendation system for stakeholders to better inform the Department's direction.

COLLABORATION

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 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 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 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.

INDEPENDENT LIVING SERVICES ADVISORY COUNCIL (ILSAC)

The Independent Living Services Advisory Council (ILSAC) is legislatively mandated under section 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 council meets monthly and prepares and submits an annual report to the Florida Legislature and the Department 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.

These reports are available at: <https://www.myflfamilies.com/service-programs/child-welfare/lmr/>

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 section 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.

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 which meet the requirements of the Child Abuse Prevention and Treatment Act. Pursuant s. 39.702, F.S. Citizen Review Panels may be established in each judicial circuit and shall be authorized by administrative order executed by the chief judge of each circuit.

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 Florida counties. Sheriff's offices in seven counties (Broward, Hillsborough, Pasco, Pinellas, Manatee and Seminole and Okaloosa counties) conduct child protective investigations through grants conducted investigations. 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, childcare, foster home, etc.) or by a person legally responsible for a child's welfare per Florida Statute.

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

See section above.

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 warrant the initiation of a child protective investigation, because the information being reported does not rise to the statutorily required criteria to initiate a child protective investigation; or there is no allegation of abuse, abandonment, or neglect being reported.

For such situations, the Hotline uses the opportunity to employ preventive measures by providing appropriate referrals based on the family's needs. The Hotline will also determine if one of four Special Condition Referrals (Child on Child Sexual Abuse, Caregiver Unavailable, Foster Care Referral, Parent Needs Assistance) are appropriate to address the family's presenting needs.

The Department is implementing a Family Navigation program that will add an adjunct child welfare professional to the Intake, assessment, screening, and investigations process. The goal of this professional is to have a constant connection to that family throughout the case, regardless of whether the family remains intact with in-home services or needs more acute system interventions to stabilize and reunify. The position will coordinate early assessment, recognition, and referral of services enabling other system professionals involved with the family more focus.

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 within the 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 persons, missing persons, sexual predators/offenders, and 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 Lead Agency is considering a planned placement option for a child in out-of-home care they must require the potential caregiver to submit to a fingerprint-based background check.

For emergency 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 and Family Well-Being on-site visits, each Lead Agency 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. Updated assessments are on-going.
- Effective July 1, 2018, incarcerated parents are included in the case planning process for their dependent children.
- Effective July 1, 2018, several statutory changes were implemented to improve the use and support of relative and nonrelative caregivers for children removed from their homes due to abuse or neglect. The Department updated operating procedures to incorporate statutory changes regarding family finding requirements and continues exploring possible training packages for child welfare staff in relative search techniques to locate placements for children who are currently in foster care.
- Children and Families Operating Procedure (CFOP) 170-5 Chapter 10, Domestic Violence Consultations requires when information is available at pre-commencement or obtained during the Family Functioning Assessment indicates that intimate partner violence is believed to be occurring in the home, the child protective investigator must consult with a domestic violence advocate.
- Children and Families Operating Procedure (CFOP) 170-5 Chapter 11, Substance Abuse Consultations requires when information is available at pre-commencement or obtained during the Family Functioning Assessment indicates that substance misuse is believed to be occurring in the home, the child protective investigator must consult with a substance abuse expert.
- Procedure (CFOP) 170-5 Chapter 12, Mental Health Consultations, for purposes of child protection assessment and interventions, it is important for investigators to consult with mental health professionals to accurately identify mental health conditions in parents, caregivers, children, and adolescents in order to determine the extent, if any, the condition has on the caregiver's ability to parent and, in extreme circumstances, the direct impact on child safety.
- Additionally, the Department collaborated with Florida's Center for Child Welfare and the Institute for Child Welfare.
- Effective October 1, 2021, the Department and Lead Agencies are required to conduct an MDT staffing pursuant to s. 39.4022, F.S., when a child requires a change of placement, change in an education setting, or for a determination that is in the best interests of the child.

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

When a 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 and Family Well-Being implemented 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 a 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 section. Availability of each type of service depends on the local Lead Agency service structure and system of care to address community needs and population differences.

Domestic Violence and Child Welfare Collaboration:

The impact of domestic violence on children is significant, as even exposure may present behavioral, social, emotional, cognitive, and long-term trauma. Many studies on the co-occurrence of domestic violence and child maltreatment reveal that there are adult and child victims in up to 60% of families experiencing domestic violence. In 2021, Florida reported 103,915 domestic violence offenses and 63,464 arrests. As one of Florida's top 3 maltreatments, domestic violence has been identified as a critical issue to prevent and address, which requires a strong, coordinated community response to hold perpetrators accountable and keep families safe. Positive family outcomes are more likely to occur when CPIs and case managers partner with the non-abusive parent in their efforts to protect the children while holding the batterer accountable.

The Office of Domestic Violence oversees the statewide CPI Project and has enhanced the Department's efforts to strengthen collaboration with agencies responding to domestic violence. Advocates' expertise in this area assists child welfare professionals by partnering with survivors of domestic violence by identifying and building on the protective factors of the non-abusive parent. The co-located advocates also assist child welfare professionals in identifying batterers' patterns of coercive control and assessing the impact of the batterers' behavior on the children. Advocates meet regularly with regional child welfare leadership and other community partners to address local goals such as safely reducing removals of children from non-offending parents, increasing the capacity of child welfare professionals to work with survivors and perpetrators, and to discuss challenges and successes as they work together to develop protocols and guidelines for collaboration.

The integration of the program team has also allowed for increased capacity of child welfare professionals and the intentional focus on improved engagement of domestic violence partners. These efforts have resulted in the development of a specialized training track for child welfare professionals to expand internal knowledge for those working with families impacted by domestic violence. The curriculum explains the impact of abuse, explores the complexities of domestic violence when interviewing families, offers techniques to engage perpetrators, highlights protective capacities of the non-offending parent, and encourages collaboration to domestic violence center partners while aligning best practices with Children and Families Operating Procedures (CFOP).

Behavioral 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 half 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 continued to strengthen working relationships between child welfare and the substance use and mental health programs both at the headquarters and regional levels.

Untreated behavioral health can result in diminished parental capacities which may contribute to child safety concerns. The Office of Substance Abuse and Mental Health continues to provide Behavioral Health Consultants in each circuit and engagement programs at the behavioral health providers to assist with identifying behavioral health concerns and engage families in treatment. To successfully support families with mental health and substance use disorders, the system is realigning the current service provision model to move from a philosophy of “task-based case plan compliance” to an effective model of integrated treatment with concurrent planning. Behavioral health providers that serve families involved in child welfare have received training on the caregiver protective capacities. By promoting the use of common language and assessment, behavioral health providers and child welfare professionals can work together towards shared outcomes for the families served. Treatment programs with child-welfare specific training and interventions can support behavioral change language and improve parental capacity for individuals to safely care for their children. Additionally, language has been added to the Managing Entity contracts to require Working Agreements with each Lead Agency in their catchment area to outline the gaps in service array, establish referral and communication protocols, and develop mutual outcomes and expectations.

Human Trafficking Information:

On a national level, the Department has partnered with multiple states to share information developed, lessons learned, legislative language, and tools developed. In 2018, The Department 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.

The Department continues to host and provide technical assistance to states interested in the 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 National Child Welfare Anti-Trafficking Collaborative and the National Compendium of State-Run Anti-Trafficking Initiatives. 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.

The Department Secretary 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 Department Statewide Human Trafficking Program 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 child welfare staff. The Department 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. The Department 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 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 utilizes a collaborative approach to address several of the challenges and needs in human trafficking identification and response mechanisms. The Department 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.

(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's Child Welfare Information System 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. Florida's Child Welfare Information System provides opportunities to identify child welfare outcomes and practices and ensure a complete record of each child's current and historical child welfare information.

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 ICPC cases and information can be sent both interstate and intrastate. Florida continues to serve as part of the technical advisory team for NEICE. As a result of the feedback from member states and the technical advisory team, there have been regular updates to further enhance the system.

(6) Developing, strengthening, and facilitating training.

Organizationally, the Department's training unit is situated within the Office of Quality and Innovation. The unit consists of one supervisor, three specialists, and six training liaisons for each region. 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:

- Tracking training activities of the Department and community-based training providers to ensure initial and ongoing training needs of Child Welfare professionals.
- Designing and developing training materials and resources, such as pre-service training, ongoing in-service training for topics such as, but not limited to, legislative changes, statewide program initiatives, and other statewide training needs.
- Procuring and monitoring contracts for training materials and resources.
- Delivering Career Ladder (i.e., department’s career development opportunities for CPI job family) initiative-related training.
- Initiating and supporting projects for the future state of training within the agency.
- Conducting evaluations to measure the impact of training and improve current training offerings.
- Implementing training initiatives using PROSCI ADKAR change management methodology.
- Providing initial and on-going training to new job groups (i.e., Multidisciplinary Teams, Family Finders, and Family Navigators) for professionals within the Office of Child & Family Well-being.

Various in-service training, work sessions, supervisory support, and technical assistance needs were procured through contractual agreements with various vendors 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 Children and Families Summit provides support and technical assistance to those on the front end of child welfare by 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 Lead Agencies offer training to enhance the skill base of staff serving Florida’s most vulnerable citizens.

(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.

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 Office of Licensing is statutorily responsible for the administration of childcare licensing and childcare training throughout Florida. Childcare personnel must begin training within 90 days of employment in the childcare industry. The introductory childcare training is divided into two parts: the identification and reporting of child abuse and neglect; annual in-service training requirements.

Teachers

The Florida Department of Education (FDOE) in partnership with the Florida Department of Children and Families, 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

A curriculum was recently developed for a statewide public awareness campaign and educational initiative for the prevention of child abuse. Through this awareness campaign a website, dontmissthesigns.org, was developed. Information is also available through the Department's webpage, myflfamilies.com.

In compliance with the *Victims of Child Abuse Act Reauthorization Act of 2018*, 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 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 Department of Children and Families' more critical partnerships for young children .

(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.

To enhance schoolteacher’s knowledge and understanding of what to expect when contacting the Florida Abuse Hotline when reporting allegations of abuse, abandonment, or neglect; the Hotline is developing a Teacher Academy. The Teacher Academy will be an enhancement to the current on-line required training that all teachers take which covers basic reporting requirements. The Academy will be an advanced interactive 2-day training where participants will gain knowledge on reporting requirements, common signs of abuse or neglect, and what commonly happens after the report is made.

(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 supports over 40 statewide, and currently provides technical assistance and training to the local groups. It is continuously working to expand and support more parent support groups throughout the state.

(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, Lead Agencies, and 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 was created, within the Executive Office of the Governor (The Office), for the purpose of establishing 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 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 to equip them to better care for and nurture their children.

(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 use. operates as the central clearinghouse and administrator of state and federal funding initiatives for prevention and intervention of domestic violence. These duties include the monitoring and funding of Florida's 41 certified domestic violence centers, as authorized in section 39.903, Florida Statutes (F.S.). The Department works directly with Florida's 41 certified domestic violence centers and other multi-disciplinary partners committed to serving Florida's domestic violence survivors and their children.

Florida's Continued Efforts to Support the Needs of Infants Born and Identified as Being Affected by Substance Misuse:

The Department has long acknowledged the necessity for a close relationship between the behavioral health and the child welfare systems and continues to work on methods for supporting collaboration and coordination. Substance use and mental health disorders (behavioral health) are present in at least half of the cases of child maltreatment and in a much higher percentage of the cases where children are removed from their homes. The parents in these cases must receive treatment and have an opportunity for recovery. Children in these families are more vulnerable to instances of maltreatment as diminished parental capacities contribute to child safety concerns. The Department's integration of Child Welfare and Substance Use and Mental Health has also focused on this population and includes a self-study completed in each region to analyze their local system of care's progress towards integration of services.

Also updated was [CFOP 170-05, Chapter 11](https://www.myflfamilies.com/admin/publications/cfops/CFOP%20170-xx%20Child%20Welfare/CFOP%20170-05%20Child%20Protective%20Investigations/CFOP%20170-05,%20Chapter%2011,%20Substance%20Abuse%20Consultations.pdf), Substance Abuse Consultations <https://www.myflfamilies.com/admin/publications/cfops/CFOP 170-xx Child Welfare/CFOP 170-05 Child Protective Investigations/CFOP 170-05, Chapter 11, Substance Abuse Consultations.pdf>. Also updated was [CFOP 170-05, Chapter 11, Substance Abuse Consultations](https://www.myflfamilies.com/admin/publications/cfops/CFOP 170-05, Chapter 11, Substance Abuse Consultations). For the purposes of child protection assessment and interventions, it is important to accurately identify substance abuse disorders 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 to assist in an accurate assessment and identification of any substance misuse or dependency problem.

[CFOP 170-8, Chapter 1](#) and [2](#) Safety Methodology Practice Guidelines and Investigations <https://www.myflfamilies.com/admin/publications/cfops/CFOP 170-xx Child Welfare/CFOP 170-08 Plan of Safe Care for Infants Affected by Prenatal Substance Use/CFOP 170-08, Plan of Safe Care for Infants Affected by Prenatal Substance Use.pdf> 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. [CFOP 170-8, Chapter 1 and 2 Safety Methodology Practice Guidelines and Investigations](#) 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.

[CFOP 170-8](#) Safety Methodology Practice Guidelines and Investigations was updated to incorporate and address the requirements of CARA. [CFOP 170-8 Safety Methodology Practice Guidelines and Investigations](#) was updated to incorporate and address the requirements of CARA. It outlines 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.

Plans of Safe Care are required to be incorporated into the family support and care plans developed by the agency involved with the family specific to the family's needs, as previously described on pages 131-132.

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.

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 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 DOH'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 DOH's state Healthy Start program.

To expand from lessons learned during the pilot, the DOH 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 use treatment and counseling for pregnant women and new mothers and have multi-disciplinary engagement specialists in the community.

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 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 the hope through continued diligent efforts to address plans of safe care that positive momentum is achieved leading to safe infants and healthy families.

CHAPTER 8. FINANCIAL INFORMATION

CFS-101, Part I
 U. S. Department of Health and Human Services
 Administration for Children and Families

Attachment B
 OMB Approval #0970-0426
 Approved through 09/30/2023

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2024: October 1, 2023 through September 30, 2024

1. Name of State or Indian Tribal Organization AND Department/Division:		3. EIN:	593458463	
FLORIDA		4. UEI:	GKB5R3B9JGE4	
2. Address: (insert mailing address for grant award notices in the two rows below)				
2415 N. Monroe Street, Suite 400		5. Submission Type: (mark X next to option)		
Tallahassee, FL 32303-4112		- New	<input checked="" type="checkbox"/>	
a) Contact Name and Phone for Questions: Diane Sunday 850-717-4740		- Reallotment		
b) Email address for grant award notices: diane.Sunday@myffamilies.com				
REQUEST FOR FUNDING for FY 2024:				
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. Hardcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$16,258,663	
a) Total administrative costs (not to exceed 10% of the CWS request)			\$1,625,866	
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total		
a) Family Preservation Services		20.0%	\$4,227,382	
b) Family Support Services		25.8%	\$5,445,919	
c) Family Reunification Services		34.2%	\$7,228,005	
d) Adoption Promotion and Support Services		20.0%	\$4,227,382	
e) Other Service Related Activities (e.g. planning)		0.0%	\$0	
f) Administrative Costs (STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)		0.0%	\$8,220	
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.		100.0%	\$21,136,908	
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$1,336,083	
a) Total administrative costs (not to exceed 10% of MCV request)			\$0	
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$5,295,659	
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:			\$7,175,951	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$2,152,785	
11. Requested Education and Training Voucher (ETV) funds:			\$2,458,586	
REALLOTMENT REQUEST(S) for FY 2023:				
Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.				
12. Identification of Surplus for Reallotment:				
a) Indicate the amount of the State's/Tribe's FY 2023 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year (should they become available for re-allotment):				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official		
Title Chief of Revenue Management		Title		
Date 5/4/2023		Date		

2024 APSR

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: FLORIDA

For FY 2024: OCTOBER 1, 2023 TO SEPTEMBER 30, 2024

No entry required in the black shaded cells

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (narrative)	(L) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	\$ -			\$ -				\$ -	425,674	212,837	reports of abuse/neglect	6 Regions
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 4,227,382		\$ -				\$ 1,409,127	12,777	5,555	all eligible children	6 Regions
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 13,636,533	\$ 5,445,919		\$ 5,295,659				\$ 6,360,817	24,509	12,899	all eligible children	6 Regions
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 7,228,005		\$ -				\$ 2,409,335	32,282	18,989	all eligible children	6 Regions
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 996,264	\$ 4,227,382						\$ 1,741,215	3,888	2,287	all eligible children	6 Regions
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -	-	-	-	
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 75,465,384	\$ 48,061,324	7,913	4,655	all eligible children	6 Regions
(b) GROUP/INST CARE	\$ -						\$ 742,200	\$ 457,800	1,365	803	all eligible children	6 Regions
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 144,514,332	\$ 100,079,806	49,815	34,781	all eligible children	6 Regions
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 4,279,482	\$ 3,020,757	2,190	1,301	all eligible children	6 Regions
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 7,175,951			\$ 1,793,988	4,933	4,340	eligible 13-22 year old youths	6 Regions
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 2,458,586		\$ 614,647	591	591	eligible 16-22 year old youths	6 Regions
12.) ADMINISTRATIVE COSTS	\$ 1,625,866	\$ 8,220	\$ -				\$ 174,990,456	\$ 187,025,698				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ -				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 321,965	\$ 321,965				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 7,099,520	\$ 4,156,578				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 1,336,083				\$ -	\$ 445,361				
18.) TOTAL	\$ 16,258,663	\$ 21,136,908	\$ 1,336,083	\$ 5,295,659	\$ 7,175,951	\$ 2,458,586	\$ 407,413,339	\$ 357,898,418				
19.) TOTALS FROM PART I	\$ 16,258,663	\$ 21,136,908	\$ 1,336,083	\$ 5,295,659	\$ 7,175,951	\$ 2,458,586						
20.) Difference (Part I - Part II) (If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds the amount on Part I.)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00						
								21.) Population data required in columns I - L can be found: (mark X below the option)				
								On this form	In the APSR Narrative			
								X				

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2021 Grants: October 1, 2020 through September 30, 2022

No entry required in the black shaded cells

1. Name of State or Indian Tribal Organization:		2. Address:			3. EIN: 593458463	
FLORIDA		2415 N. Monroe Street, Suite 400			4. UEI: GKB5R3B9JGE4	
5. Submission Type: (type New or Revision) NEW		Tallahassee, FL 32303-4112				
Description of Funds	(A) Actual Expenditures for FY 21 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) Population served (narrative)	(E) Geographic area served	
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 16,123,092	29,186	17,168	all child welfare clients	6 Regions	
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 56,288					
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 21,247,295	29,186	17,168	all child welfare clients	6 Regions	
a) Family Preservation Services	\$ 4,998,753					
b) Family Support Services	\$ 5,820,752					
c) Family Reunification Services	\$ 6,161,659					
d) Adoption Promotion and Support Services	\$ 4,249,459					
e) Other Service Related Activities (e.g. planning)	\$ -					
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF spending)	\$ 16,672					
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	\$ 21,247,295					
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 1,301,029					
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ 4					
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ 7,027,778	4,908	4,430	eligible 13-22 year old youths	6 Regions	
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ -					
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 2,614,838	543	543	eligible 16-22 year old youths	6 Regions	
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan which was jointly developed with, and approved by, the Children's Bureau.						
Signature of State/Tribal Agency Official				Signature of Federal Children's Bureau Official		
Title	Date	Title	Date			
Chief of Revenue Management	5/4/2023					

1992 PSSF Verification

State Fiscal Year	Crisis Intervention (Family Preservation)	Prevention & Support Service (Family Support)	Family Reunification Services	Adoption Promotion & Support Services	Total State Share
1992-93	85,737,000	311,374,000			397,111,000
1993-94	89,683,000	308,635,000			398,318,000
1995-96	102,734,000	306,787,000			409,521,000
1996-97	102,590,000	334,424,000			437,014,000
1997-98	124,226,000	402,301,000			526,527,000
1998-99	N/A	N/A			
1999-00	212,523,589	294,346,482			506,870,071
2000-01	289,717,496	360,844,036			650,561,532
2001-02	307,322,358	313,008,601			620,330,959
2002-03	319,416,329	236,847,274			556,263,603
2003-04	272,524,635	271,865,884			544,390,519
2004-05	328,146,128	283,185,887			611,332,015
2005-06	281,122,688	300,453,611			581,576,299
2006-07	257,220,980	345,495,146			602,716,126
2007-08	360,971,684	323,522,062			684,493,746
2008-09	329,768,367	311,966,459			641,734,826
2009-10	325,476,156	297,103,746			622,579,902
2010-11	342,517,176	295,846,645			638,363,821
2011-12	321,598,115	276,823,942			598,422,057
2012-13	290,890,344	279,328,784			570,219,128
2013-14	351,849,429	276,314,954	1,616,125	33,927,768	663,708,276
2014-15	406,340,825	329,740,315	2,351,253	35,196,541	773,628,934
2015-16	396,240,113	343,821,654	1,104,415	12,127,238	753,293,420
2016-17	355,156,714	335,728,608	812,774	50,739,438	742,437,534
2017-18	331,847,927	329,251,359	643,889	51,996,558	713,739,733
2018-19	325,482,621	381,402,006	1,067,636	47,330,587	755,282,850
2019-20	361,161,082	335,257,761	4,590,270	62,381,333	763,390,446
2020-21	460,688,830	317,859,616	9,205,672	57,373,758	845,127,876

Title IV-B, subpart I FFY 2005
Historical Comparison for Payment Limitations

cobj	OCA Title	oca	Total Expenditures	Total Federal	Total State
PCW05	FS-PROGRAM ADMINISTRATION	BT000	158,329.35	118,747.01	39,582.34
PCW05	FS/QUALITY ASSURANCE UNIT	FFQAU	867.60	650.70	216.90
PCW05	PDC TRNG PROTECTIVE SVCS	PDC02	(223.13)	(167.35)	(55.78)
PCW05	PDC TRNG FOSTER CARE	PDC03	(831.43)	(623.57)	(207.86)
PCW05	PDC TRNG ADOPTION PLACEMENT	PDC04	(163.11)	(122.33)	(40.78)
PCW05	SF CHILD WELFARE OH ADMIN-CBC	PR024	1,637,628.13	1,228,221.10	409,407.03
PCW05	IV-B CHILD WELFARE OH ADMIN-CBC	PR026	10,931,006.61	8,198,254.96	2,732,751.65
PCW05	IV-B CHILD WELFARE OHC MAINT-CBC	PR046	513,148.45	384,861.34	128,287.11
PCW05	IV-B IN HOME	PR126	3,728,406.04	2,796,304.53	932,101.51
PCW05	IV-B CHILD WELFARE IH-CBC	PRA26	1,325,379.83	994,034.87	331,344.96
PCW05	IV-B CHILD WELFARE ADOPT ADMIN-CBC	QACM0	90,294.12	67,720.59	22,573.53
PCW05	QUALITY ASSURANCE & CONTRACT MGT	RSFL0	599.05	449.29	149.76
PCW05	FRONT LINE RETENTION STRATEGY	RSL00	952.83	714.62	238.21
PCW05	RETENTION STRATEGY-LOAN REIMB	WG000	559,669.77	419,752.33	139,917.44
PCW05	PROTECTIVE SVCS FOR CHILDREN	WH000	1,328,079.23	996,059.42	332,019.81
PCW05	CHILD WELFARE MAINT PYMTS-OHS	WO004	320,317.47	240,238.10	80,079.37
PCW05	FOSTER CARE PRG ADMIN	WOA00	163,614.16	122,710.62	40,903.54
PCW05	CHILD WELFARE PROGRAM ADMIN	WY000	117,226.36	87,919.77	29,306.59
	TOTAL TITLE IV-B, PART I FFY 2005		20,874,301.33	15,655,726.00	5,218,575.33
			Total	IV-B Federal	IV-B State
PCW05	IV-B CHILD WELFARE OHC MAINT-CBC	PR046	513,148.45	384,861.34	128,287.11
PCW05	CHILD WELFARE MAINT PYMTS-OHS	WO004	320,317.47	240,238.10	80,079.37
	Title IV-B FC Maintenance Payments for FFY 2005		833,465.92	625,099.44	208,366.48
No Child Care or Adoption Assistance Payments were paid from FFY 2005 Title IV-B, subpart I grant funds or used as state match for the grant.					
				Amount State Share	
Non Federal funds expended by the state for Foster Care Maintenance Payments for FFY 2005				87,983,633.35	
<i>Source: IDS Grants</i>					

1992 Comparision to 2021 for State and Local Funds

Expended for Non-supplantation Requirements related to Tiltle IV-B, Part II Services

Period	Crisis Intervention (Family Preservation)	Prevention & Support Services (Family Support)	Family Reunification Services	Adoption Promotion and Support Services	Total
2021	460,688,830	317,859,616	9,205,672	57,373,758	\$ 845,127,876
1992	\$ 85,737,000	\$ 311,374,000	\$ -	\$ -	\$ 397,111,000
Diff 2020 from 2021	\$ 374,951,830	\$ 6,485,616	\$ 9,205,672	\$ 57,373,758	\$ 448,016,876
Funds have not been supplanted to meet this federal requirement to equal or exceed the amount spent in 1992 for Family Preservation and Family Support Services as stated in 45 CFR 1357.32(f).					

ESTIMATED EXPENDITURES: State Fiscal Year 2020-2021

PROMOTING SAFE AND STABLE FAMILIES

Fiscal Data

Program/Service	Funding Source	Family Preservation Services		Family Support Services		Time-Limited Family Reunification Services		Adoption Promotion and Support Services	
		STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL
Associated Marine Institute-DJJ	State Funds	6,234,525							
Child Sexual Abuse Treatment Program - DCF	State Funds	2,907,971							
Child Protection Teams - DOH	State Funds, SSBG	3,173,112	7,342,939						
Child Abuse Prevention	TANF, SSBG								
Child Care and Development Fund-OEL	SSBG/CDBG & TANF			110,292,983					
Children's Mental Health and Substance Abuse	DJJ- General Rev	50,410,903	12,992,407						
	DCF – Comm MH Block Grant and SA Block Grant	51,985,727	6,409,023						
CINS/FINS Runaway Shelter	DJJ -State Funds, Title IV-E	40,302,727							
Comm-Based Family Resource	State, Family Resource & Support			476,851	2,321,577				
Community Food & Nutrition	Comm Food & Nutrition Grant				284,866,371				
Day Care Quality Improvement	CCDBG, SSBG and State			2,322,762	11,505,768				
Day Care Resource & Referral	CCDBG, SSBG and State			856,754	3,916,249				
Domestic Violence	Fam Viol Prev & Svcs/STOP/SSBG/TANF			18,688,155	15,351,342				
Early Intervention Services	State, IDEA, Part C			50,314,939	17,821,230				
Epilepsy	State Funds			3,237,958					
Family Planning	Title X, Family Planning, State	4,245,455	12,604,437						
Family Safety	State, IV-E, IV-B, TANF	216,803,024	69,097,676	52,525,670	19,934,879	9,205,672	5,065,924	57,373,758	34,169,386
Full Service Schools	DCF - State Funds								
	DOH -								
Healthy Families	TANF, State			17,030,273	10,904,595				
Improved Pregnancy Outcome	Maternal & Child Health Blk Grant			20,370,833	4,070,759				
Interstate Compact/ISS	State Funds, IV-E, TANF-DCF	401,462	306,590						
	State Funds - DJJ	151,112							
Local Services Program	Refugee Assistance Fed Grant TF				30,457,113				
Ounce of Prevention	State			1,787,123					
PACE	State Funds			22,082,009					
Primary Care (CMS)	Maternal & Child Health Blk Grant			750,000	489,828				
Protective Services Staff - DJJ	SSBG, Med Asst, TANF, CWS- State, & Title IV-E		36,402,429						
Protective Services Staff - DCF		84,072,812	129,559,175						
Regional Perinatal Program				213,894					
School Health				16,909,412	11,625,846				
Women, Infants & Children Program	Women, Infants & Children Program				260,998,393				
Totals by Program AREA & FUND SOURCE		460,688,830	274,714,676	317,859,616	674,263,950	9,205,672	5,065,924	57,373,758	34,169,386

ATTACHMENT 1: FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN UPDATE

This plan reflects the activities that will continue to be conducted over the next five years to ensure that there are enough foster and adoptive homes that meet the needs of children served by the child welfare system. Findings from the Contract Oversight Unit (COU) reviews of Lead Agencies placement resources and processes are included in Chapter 2 in Foster Parent Licensing, Recruitment, and Retention. Regarding recruitment plans, the COU found that, "As a whole, Lead Agencies had recruitment plans that identified a target based on some analysis of their needs; however, in many areas there was a lack of a strategic analysis of the needs of the children coming into care, paired with a strategic recruitment plan aimed at recruiting homes to meet those specific needs."

Strategic Initiative 2, the Placement Services Array, concluded with recommendations that Florida develop a uniformed statewide annual foster parent survey, utilization of an electronic placement matching system and the use of Market Segmentation, to address the need for a standardized approach to capacity assessment, more customized recruitment planning, and refinement as appropriate to the COU standards for placement resources and processes.

Characteristics of Children for Whom Foster and Adoptive Homes are Needed

All Children in Out-of-Home Care

As of January 31, 2023, there were 20,977 children in out-of-home care. Table 1 shows the statewide age, gender distribution, and placement types. This information is available on the Child Welfare Dashboard, Trend Reports. Each region and Lead Agency use the dashboard to create local profiles. The following information reflects the characteristics of the statewide number of children in care as of January 31, 2023:

- Placement settings:
 - 35 percent with approved relative/non-relative caregivers
 - 52 percent with licensed foster families
 - 8 percent in group care
 - 4 percent in other settings

- Race:
 - 57 percent White,
 - 32 percent Black/African American
 - 11 percent are a mix of other races

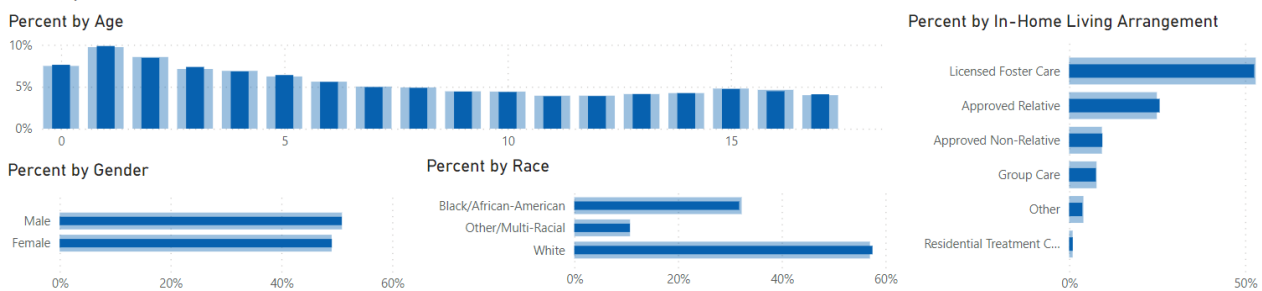
- Gender:
 - 51 percent are male
 - 49 percent are female

- Age:
 - 46 percent are 0-5 years of age
 - 32 percent are 6-12 years of age
 - 22 percent are 13-19 years of age

- Of 4,978 sibling groups, 61 percent are placed together:
 - 43percent of sibling groups placed together are placed with relative/non-relative caregivers

- 54 percent of sibling groups placed together are placed in licensed foster care
- The size of sibling groups placed together in care
 - 65 percent of sibling groups are comprised of 2 children
 - 23 percent of sibling groups are comprised of 3 children
 - 12 percent of sibling groups are comprised of 4 or more siblings
- 80.82 percent of children in out-of-home care are placed in the circuit in which they were removed.

Table 1. Children in Out-of-Home Care as of 01/31/2023



Source: Florida Child Welfare Dashboard

Children Entering Out-of-Home Care

A total of 910 children entered care between 1/1/2023 and 1/31/2023. (Source: Child Welfare Dashboard, Trend Reports) The following information describes the characteristics of the new children entering foster care:

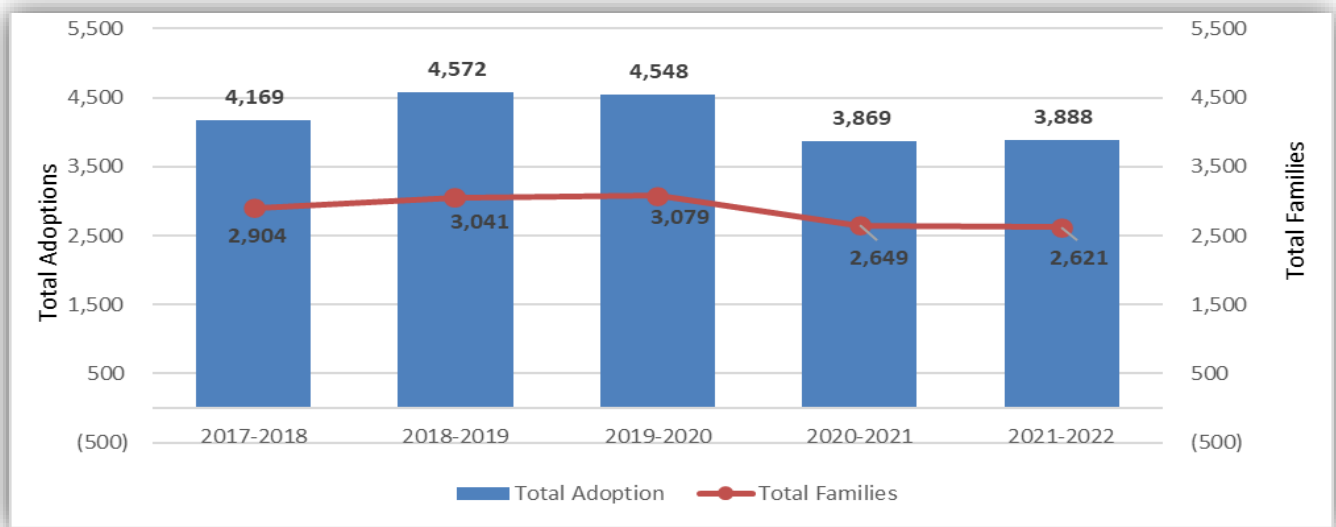
- Age:
 - 28 percent were 0-1 year of age
 - 24 percent were 2-5 years of age
 - 30 percent were 6-12 years of age
 - 18 percent were 13-17 years of age
- Gender:
 - 50 percent female
 - 50 percent male
- Race:
 - 55 percent White
 - 35 percent Black/African American
 - 10 percent a mix of other races

Characteristics of Children with a Goal of Adoption

As shown in Table 2, 21,046 children were adopted from foster care during the last five years. Of the 3,888 children adopted in 2021-2022:

- 47 percent were adopted by relative caregivers
- 30 percent by foster parents
- 23 percent by non-relatives

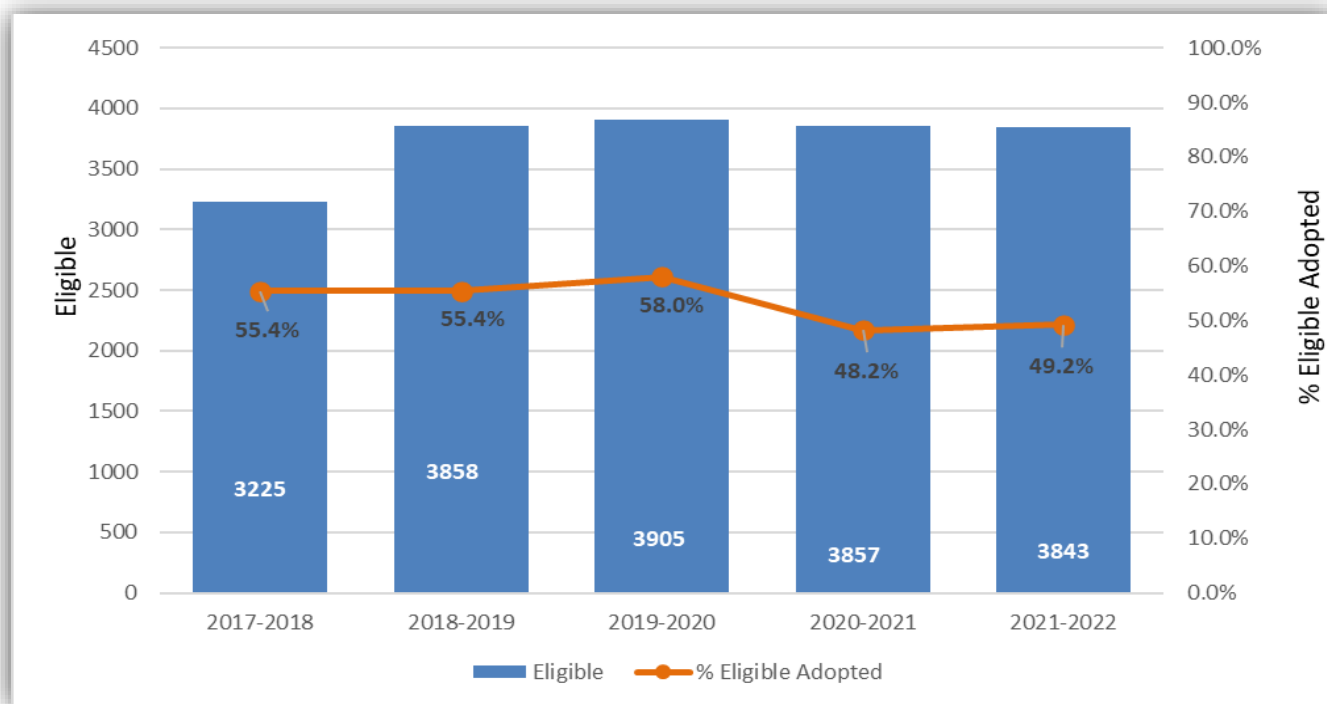
Table 2. Total Number of Adoptions Finalized and Total Number of Families Adopting by State Fiscal Year



Source: Adoption Incentive Annual Report November 15, 2022

Table 3 illustrates the overall trend in the number of children eligible for adoption on July 1st of the fiscal year and the subset of those children who were subsequently adopted by June 30th of that fiscal year.

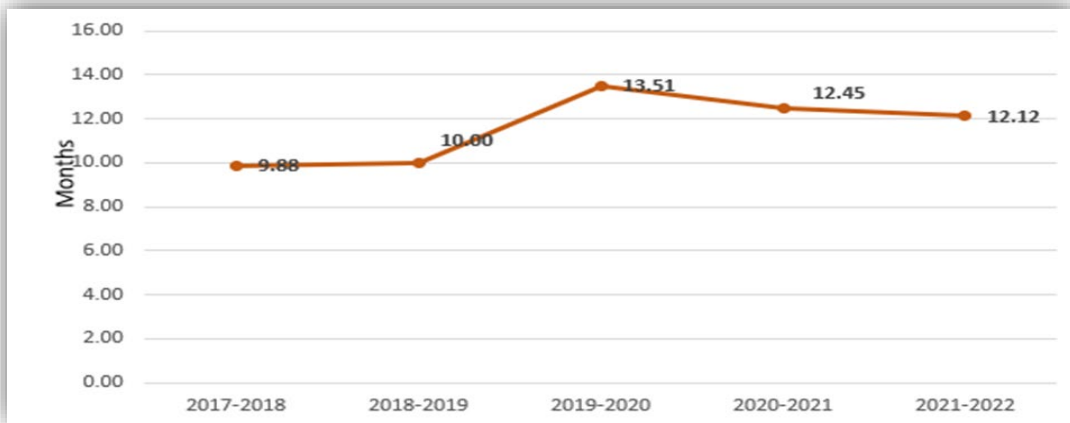
Table 3. Number of Children Eligible for Adoption on 7/1 & Percentage of Children Adopted that were Adopted by 6/30 for Each State Fiscal Year



Source: Adoption Incentive Annual Report November 15, 2022

In Florida, children are not eligible for adoption until the parental rights of their legal and/or biological parents have been terminated. . The chart below represents the average length of time from the termination of parental rights (TPR) to adoption for children who had a finalized adoption during the five-year baseline assessment period

Table 4. Average Length of Stay in Months from Termination of Parental Rights to Adoption

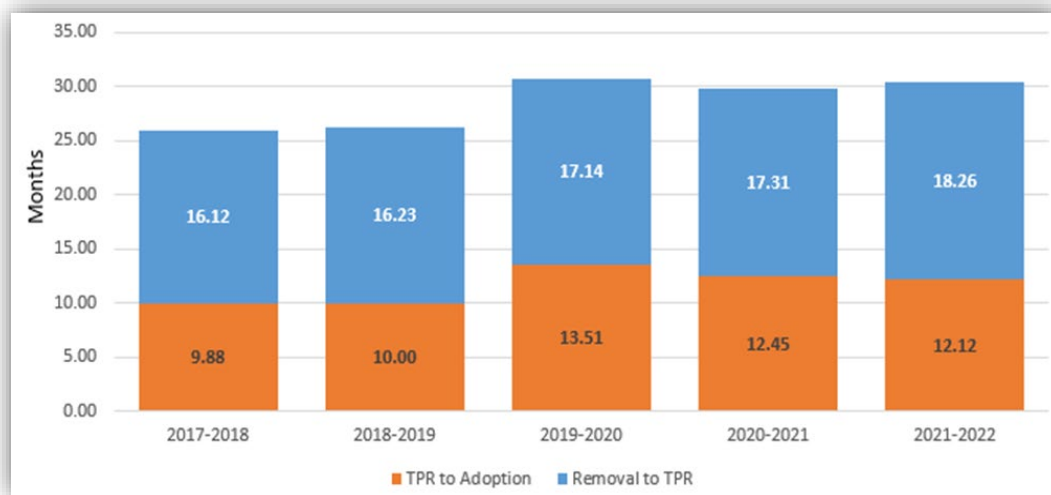


Source: Adoption Incentive Annual Report November 15, 2022

There are two clear phases of the adoption process. The first phase of the adoption process is the time between the removal of the child from his/her biological and/or legal parents to the termination of paternal rights (TPR) of both parents. The second phase of the adoption process begins with the TPR of both parents and ends with the finalized adoption of the child.

Table 5 displays the length of time to complete each phase of the adoption process during the last five state fiscal years, as well as the total length of time it took to reach adoption completion.

Table 5. Average Length of Stay in Months from Removal and Time to Finalization from TPR



Source: Adoption Incentive Annual Report November 15, 2022

Recruitment and Retention Strategies

Lead Agencies develop targeted recruitment plans that align with the needs of children entering out-of-home care in their respective areas. The effectiveness of these recruitment strategies varies among agencies. All CBCs utilize the following methods in their outreach efforts: social media & printed marketing, faith-based outreach, word of mouth/financial incentives, foster parent associations & support groups, Quality Parenting Initiatives, and engagement with local businesses. The most effective recruitment strategies utilized amongst the agency consist of social media/printed marketing, word of mouth/financial incentives, and faith-based outreach. To achieve timely and appropriate placement of children in out-of-home care, recruitment and retention efforts are targeted to a pool of families capable of promoting a child’s development regardless of age, gender, ethnicity, race, culture, emotional, psychological, or physical needs.

1. Recruitment Strategies

CBCs Recruitment Strategies for Family Foster Care						
Rank of Community-Based Care Agencies' five most effective recruitment strategies: 1= the most effective recruitment strategy and 5= the least effective						
	1	2	3	4	5	"Other"
NWF Health Network-East	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Foster Parent Associations/Support Groups	Quality Parenting Initiatives	Faith-Based Outreach	NA
Brevard Family Partnership	Faith-Based Outreach	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Foster Parent Associations/Support Groups	Quality Parenting Initiatives	NA
ChildNet-Broward	Faith-Based Outreach	Foster Parent Associations/Support Groups	Social Media & Printed Marketing	Social Media & Printed Marketing	Quality Parenting Initiatives	NA
ChildNet-Palm Beach	Faith-Based Outreach	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Foster Parent Associations/Support Groups	Quality Parenting Initiatives	NA
Children's Network of SW Florida	Social Media & Printed Marketing	Faith-Based Outreach	Other	Engagement with local businesses	Word of Mouth/Financial Reward	Open House/Informational Meetings

Citrus Health Network	Word of Mouth/Financial Reward	Social Media & Printed Marketing	Engagement with local businesses	Faith-Based Outreach	Foster Parent Associations/Support Groups	1. Engagement with civic organizations 2. Warmline response to inquiries 3. Dedicated foster parent support staff 4. Ongoing multimedia campaign efforts.
Community Partnership for Children	Social Media & Printed Marketing	Faith-Based Outreach	Word of Mouth/Financial Reward	Other	Quality Parenting Initiatives	TV Commercial
Communities Connected for Kids	Faith-Based Outreach	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Quality Parenting Initiatives	Foster Parent Associations/Support Groups	FFIC
Family Support Services Suncoast	Social Media & Printed Marketing	Faith-Based Outreach	Foster Parent Associations/Support Groups	Social Media & Printed Marketing	Engagement with local businesses	Direct marketing via phone call and e-mail to prospective foster parents who have made initial inquiries, but have not yet attended an orientation
Children's Network-Hillsborough	Word of Mouth/Financial Reward	Social Media & Printed Marketing	Faith-Based Outreach	Foster Parent Associations/Support Groups	Foster Parent Associations/Support Groups	NA
Embrace Families	Social Media & Printed Marketing	Other	Other	Word of Mouth/Financial Reward	Foster Parent Associations/Support Groups	Partner agencies
NWF Health Network-West	Word of Mouth/Financial Reward	Faith-Based Outreach	Social Media & Printed Marketing	Foster Parent Associations/Support Groups	Other	NA
Family Integrity Program	Word of Mouth/Financial Reward	Faith-Based Outreach	Social Media & Printed Marketing	Engagement with local businesses	Foster Parent Associations/Support Groups	NA

Family Support Services of North Fla	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Faith-Based Outreach	Engagement with local businesses	Foster Parent Associations/Support Groups	NA
Heartland for Children	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Faith-Based Outreach	Faith-Based Outreach	Engagement with local businesses	HFC Website - new landing page
Kids Central, Inc.	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Faith-Based Outreach	Foster Parent Associations/Support Groups	Engagement with local businesses	NA
Kids First of Florida, Inc.	Word of Mouth/Financial Reward	Social Media & Printed Marketing	Faith-Based Outreach	Quality Parenting Initiatives	Foster Parent Associations/Support Groups	NA
Partnership for Strong Families	Other	Word of Mouth/Financial Reward	Social Media & Printed Marketing	Faith-Based Outreach	Foster Parent Associations/Support Groups	Info Nights, Website Engagement
Safe Children Coalition	Targeted social media advisement/posting	Inform of need during Virtual Informational Meetings	Other	Other	Attend in person community events such as farmer's markets, fall festivals, baseball games etc.	Highlight current needs in Foster Parent Newsletter and in Professional Parent private Facebook group and offer incentive to refer.

2. Outreach and Dissemination Activities

Websites and Social Media

The Department hosts or sponsors multiple websites to assist with recruitment of foster/adoptive families:

- [Fostering Success](#) provides information about the benefits of being a foster parent; multiple publications about foster parenting, including the process; links to local contacts and resources; a calendar incorporated from the Foster/Adoptive Parent Association's (FAPA) website that includes local association meetings and events; links to multiple other websites with information about foster parenting and Florida resources; and videos that share stories about fostering children who need temporary care.
- [Explore Adoption](#) is a statewide adoption initiative aimed at promoting the benefits of public adoption. It is one of the major initiatives that Florida uses to recruit adoptive families via the Explore Adoption

campaign and associated website. Explore Adoption urges families to consider creating or expanding their families by adopting a child who is older, has special needs, or is part of a sibling group. Through public education, expanded partnerships, and social media, Explore Adoption invites Floridians to learn more about the children immediately available for adoption in their home state and community. The initiative puts a new face on public adoption by telling stories of families who have enriched their lives by adopting Florida's children.

- [All Pro Dad](#) recruits foster and adoptive parents for the Department by increasing awareness online, on-air, and during social events. All Pro Dads features children who are available for adoption through their Coach's Kid of the Month campaign. Additionally, the organization meets with each Lead Agency to assist with child specific recruitment. All Pro Dads offers support in the school system to foster and adoptive parents. The group also hosts a statewide recognition event to honor foster and adoptive parents who have committed their lives to serving Florida's most vulnerable population.

Lead Agencies, case management organizations, and child placing agencies also have websites. Social media links are found on these websites or are available through the major online services (such as Facebook and YouTube). The Department hosts a blog on its Facebook page featuring foster and adoptive parent experiences.

[One Church One Child \(OCOC\) of Florida](#) provides adoption related services and works in partnership with the Florida Department of Children and Families. One Church One Child State Board of Directors and Local Advisory Committees engages with churches and communities in activities to heighten awareness and increase recruitment of potential adoptive and foster families and mentors. The organization provides referrals to the local community-based organization while providing support to families and churches that are interested in adopting, fostering or being a mentor to a child in foster care. Additionally, OCOC advertises in various media markets to include radio stations, television stations through their community calendars, newspapers, Facebook, Twitter, Instagram, and YouTube.

Quality Parenting Initiative (QPI)

The Department has actively engaged with QPI to support and broaden the initiative's presence and positive impact on foster care in Florida. QPI provides ongoing technical assistance to participating Lead Agencies in Florida; provides monthly conference calls for QPI sites to share implementation information; and collaborates with the Department on most projects that impact Florida caregivers. QPI is a major contributor of innovation and tools for recruiting, developing, and supporting caregivers.

The QPI philosophy is that to thrive, all children and youth need excellent parenting. When parents cannot care for their children, the foster or relative family must be able to provide the loving, committed, skilled care that the child needs, in partnership with the system, to ensure children and youth thrive. Both the caregiver's parenting skills and the system's policies and practices should be based on child development research, information, and tools. QPI promotes the concept that when caregivers are well-supported and well-engaged as team members, not only will children thrive but other Florida families will be more likely to become a foster parent. QPI offers practices that result in improved retention of foster parents, which also results in improved success with recruitment.

QPI is an approach, a philosophy and a network of sites that share information and ideas about how to improve parenting and recruit and retain excellent families. It is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the expectations of and support for caregivers. The child

welfare system commits to fully supporting excellent parenting by putting the needs of the child first. The key elements of the approach are:

- Defining the expectations of caregivers.
- Clearly communicating expectations (the Brand Statement) to staff, caregivers, and other stakeholders.
- Aligning system policy and practice with those expectations.

When QPI is successful, caregivers have a voice. They work as a team with agency staff to support children and youth. Caregivers receive the support and training they need to work with children and families, understand what is expected of them, and know what to expect from the system. Systems are then able to select and retain enough excellent caregivers to meet the needs of each child for a home and family. When these changes are accomplished, outcomes for children, youth, and families will improve. The Department is committed to implementing QPI in every circuit by 2024. Currently, Department has 14 contracts in place for delivery of the QPI.

One QPI best practice is “the comfort call.” The comfort call is a phone call made by the Child Protective Investigator or caseworker and foster parent to the birth parent(s) shortly after a child is removed from their home to comfort the child, take the first step in establishing a positive co-parenting relationship between the foster parent and birth parent(s), and discuss vital information needed to meet the child’s needs. This call also provides an opportunity for the child and parent to speak to each other after removal, which can help both to feel more comfortable with the placement. This call should always occur within 12 hours, if at all possible, otherwise, as soon as it can be done once the child is placed. During the call, the foster parent should allow the birth parent(s) to be the expert on their child by discussing information needed to meet the child’s needs. The OCFW is currently contracting with the Quality Parenting Initiative/Youth Law Center on the implementation of the Excellent Parenting legislation from the 2020 legislative session. In 2020-2021, the QPI worked to develop a curriculum for transition planning and comfort calls. Train the trainer sessions were held throughout the state for each region and their associated Lead Agencies. Additionally, the QPI worked with each region to develop comfort call and transition protocols and identify components in a regional plan. Lastly, the QPI collaborated with the OCWF to develop a statewide plan on the excellent parenting initiatives.

The OCFW has contracted with the Youth Law Center’s Quality Parenting Initiative (QPI) to hold a series of regional meetings with local child welfare stakeholders including Sheriff’s offices, child protective investigators, case management, Children’s Legal Services, Regional Counsel, Guardian Ad Litem, judiciary, service providers, licensing and placement staff, foster parents, caregivers, youth, and birth parents. The outcome of these meetings is to assist in the development of plans that outlined the following:

- Guidelines to improve communication and information sharing between staff and caregivers.
- Clarify individual roles of stakeholders to support respectful relationships.
- Develop tools and resources to improve responsiveness and dispute resolutions between staff and caregivers.

The development of these plans will assist in improving the relationships between birth parents and caregivers.

Other Family Finding Methods

The Department of Children and Families is committed to seek both emotional and legal permanency for children and youth in Foster Care. Per Florida Statute 39.4015, Family Finding is a priority. The primary

framework of Family Finding is built on six steps to connect and build a team that will support a child or youth with significant connections. The six steps are:

- Discovery - find support options by identifying individuals who may be supportive adults and possible placement options.
- Engagement - engage those who know the child the best to advocate for permanency for the child.
- Planning - meet with family members and others important to the child to focus on planning for the successful future of the child or youth.
- Decision making - involve the team to explore all permanency options.
- Evaluation - assess the suitability and safety of the connections for the child or youth.
- Follow up support - the team will support the child or youth and their family to plan for and access essential formal and informal support.

The OCFW, in partnership with the University of South Florida, implemented an intensive train the trainer sessions to build knowledge on the requirements for the family finding model. In addition, the Department was allocated funding to support the enhancement in capacity throughout Florida. The Department received 64 new full time employee positions to support the model in each county, while each Lead Agency and Sheriff's Office conducting child protective investigations received funding to support, at minimum, one family finder position for each agency. The Family Finding Model is an approach designed to discover "lost relationships," people who could be re-engaged to have meaningful connections with youth in foster care, possibly provide a home. Family finding supports foster youth in developing a meaningful and enduring connection with adult relatives who will support the youth throughout his or her life. The family finding model often results in relative placement options. Relative placements are less likely to result in placement disruptions and enhance prospects for locating a permanent family if the child cannot safely return home.

There are several search techniques in Family Finding:

- Mobility Mapping. The youth is walked through a process where they remember where they have lived and who were the important people in those locations. This elicits memories of the relationships that can be captured to help build a team of supportive adults.
- Case Mining - searching and digging through the case information in Florida's Child Welfare Information System. Review case notes, meetings, and intakes.
- Internet searches - include the use of social media platforms, public records services, and vital statistics to assist in the search and discovery process of finding connections for a child or youth.
- Cold Calls - calls made to family members who may not know them, know that a child or youth from their family is in foster care, and are not likely to be expecting to hear from someone in child welfare.

Permanency Roundtables

Permanency Roundtables developed and implemented with technical assistance and training from Casey Family Programs continue to provide a dependable method for child-specific family finding. The purposes of the permanency roundtable process are:

- To develop a child-specific plan to achieve permanency.
- To stimulate thinking and learning about pathways to permanency for other children in foster care.
- To identify and address barriers to permanency through creative thinking, professional development, policy change, resource development, and the engagement of system partners.

Rapid Permanency Reviews (RPR)

Rapid Permanency Reviews, also developed by Casey Family Programs and implemented with technical assistance and training from Casey, are an effective process to find any local operations barrier or bottleneck that is keeping a child in care. The OCWF currently has three trained implementors who can provide regional trainings. The OCWF is committed to finding ways to provide additional training and technical assistance to the field. The Department has been collaboratively working with Casey Foundations to explore additional targeted populations to address permanency which may include reunification or permanent guardianship.

Florida State Foster/Adoptive Parent Association (FAPA)

The Florida FAPA is a key partner in recruitment activities. The association conducts quarterly training sessions, hosts an annual training conference, and attends 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 continues to provide wonderful "real life" examples of foster care/adoption experiences to share with the media and others for recruitment purposes.

Adoption Benefits for State Employees and Other Eligible Applicants

The Department provides state employees and other eligible applicants who adopt a difficult to place a child from Florida's child welfare system a one-time lump sum of \$10,000 for a difficult to place child and \$5,000 for a non-difficult to place child. In July 2022, individuals eligible to receive this benefit expanded to Law Enforcement Officers. Law Enforcement Officers who adopt a difficult to place child are eligible to receive a one-time lump sum of \$25,000 and those who adopt a non-difficult to place child are eligible to receive \$10,000 per child.

Successful Foster Parent Recruitment Strategies

Licensure specialists in the Office of Licensing will continue to conduct quarterly statewide calls with the regions and Lead Agencies to report on local recruitment and retention strategies and share best practices. There will continue to be a focus on finding homes for siblings and teen youth in care. The recruitment strategies for each Lead Agency are recorded by the Office of Licensing and OCWF and posted on the Department's Child Welfare Dashboard for [Placement in Out-of-Home Care Data](#). (Refer to the Additional Data section at the bottom of the web page, CBC Recruitment Strategies.)

Each Lead Agency is asked to present their most effective recruitment strategies. The most effective strategies across all agencies include:

- Faith-based outreach and social media/printed marketing were the top two effective strategies reported statewide.
- Word of mouth and financial rewards.
- Foster Parent Associations/Support.
- Quality Parenting Initiative.
- Florida's Foster Information Center.

The Department has implemented the use of the Foster Home Estimator as a recruitment strategy to aid in identifying foster homes for the population of children most in need of placement throughout the state. The foster home estimator, allows agencies to see a view of the current population in foster parents and children to determine the level of recruitment needs based off age, race, ethnicity, etc.

The Office of Child & Family Well-Being has contracted with Family's First/All Pro Dads to help with the recruitment throughout the state. All Pro Dads uses online social media platforms and social and virtual events as recruitment efforts to raise awareness for the need for more foster and adoptive parents for Department. Additionally, All Pro Dads meet with each Lead Agency bi-annually to determine which Community Based Care events that they will attend to promote the need for more foster and adoptive homes. All Pro Dads also attend conferences and trainings on behalf of the Department to support foster and adoptive parents and promote the need for fostering and adoption. As an effort to demonstrate appreciation to foster and adoptive parents, All Pro Dads host a statewide recognition event to honor foster and adoptive parents who have opened their homes to provide stability and permanency for Florida's children in care.

Considering ongoing work with Family's First/All Pro Dads and the faith-based initiative, the recruitment and retention statewide calls with the regional licensing team continues to be reevaluated.

The Florida Foster Information Center (FFIC), the FFIC is a Department headquarters-based hotline that provides a welcome front door for families considering fostering. The FFIC employs current and former foster and adoptive parents with personal insight and firsthand knowledge about the foster home licensing process. The FFIC helps to answer common questions from prospective foster parents and refers them to the appropriate licensing agency in their area once they are ready to move forward with the licensure process. As of February 2022, FFIC has referred more than 5,000 families to their local licensing experts.

Successful Adoptive Parent Recruitment Strategies

Throughout the state Lead Agencies reported the use of various tools and practices used in the preparation of appropriate adoptive families, matching children with families, and providing post-adoption supports.

Examples follow:

- In partnership with Casey Family Programs and the Department, ChildNet-Broward, Children's Network of SW Florida, Community Partnership for Children, Embrace Families, Inc., Heartland for Children, Family First Network, Citrus Family Network, Eckerd Community Alternatives, Kid's Central Inc. and Partnership for Strong Families implemented the Rapid Permanency Review (RPR) process model. The RPR process is a method intended to identify barriers and bright spots related to the permanency efforts of children in care. The focus of the RPR process is children who have been in foster care for two years or more with a goal of adoption who have been in the same family type setting for at least six months. The intent is that these children will achieve permanency in a safe home and that barriers will be mitigated and/or removed, resulting in a positive impact.

Adoption Promotion and Support Services

In Florida, Adoption Promotion and Support Services are an important factor for promoting the adoption of children by relative, non-relative, and licensed foster caregivers. These services are also important to prospective adoptive parents who are not yet as knowledgeable about the needs of the children they will adopt. A description of adoption promotion and support services is provided in Chapter 5, Description of Child and Family Services Continuum.

Adoptive Parent Training, Communication, and Organizations

The Department hosts a statewide training opportunity for adoptive parents once a year, in May. The training contains a general information and question and answer session conducted by the state's adoption policy specialist.

The Department continues to collaborate with the Florida Association of Heart Galleries to provide general awareness of the needs of foster parents, respite providers, mentors, volunteers, and adoptive families. The Department's Communication Office works closely with foster/adoptive families and child welfare personnel throughout the state to support recruitment efforts and to conduct public awareness events. This includes prevention events, legislative session activities, and partnerships with Lead Agencies.

Sunshine Health provides personalized healthcare for children in Florida's child welfare system to care for their physical and behavioral health needs. Sunshine Health implemented a specific health care program to provide specialized services for post-adoptive families. Sunshine Health specialized care managers work directly with the adoptive family. For members preparing to transition out of the foster care system due to a pending adoption, Sunshine Health care managers with expertise in adoption educates the adoptive family about the child's needs and care, and the benefits available through the Sunshine Plan. Care management staff also connect post-adoption families to needed services and when appropriate develop comprehensive, integrated care plans for at risk and complex members. Sunshine Health also has expanded availability of adoption competent therapists within the Sunshine Health network. Through these proactive interventions and supports Sunshine Health intends to prevent crises from arising that could lead to hospitalizations, higher levels of care, or adoption disruptions.

Information and Access Strategies

The Department uses and will continue to use several different strategies for potential and existing caregiver access to information, services, resources and supports.

Guardianship Assistance Program (GAP)

The 2018 Florida legislature authorized the Department to develop and implement the Title IV-E GAP, starting July 1, 2019. Relative and non-relative caregivers (referred to as fictive kin) who are committed to caring for children placed in their care will be eligible for guardianship assistance payments. The child would be eligible not only for subsidies paid to the caregiver for the care of the child, but also for Title IV-E Medicaid coverage, and nonrecurring legal costs incurred in establishing permanent guardianship for the child. Relative and non-relative caregivers will have the option of choosing to become licensed under Level 1 foster care licensure standards or continuing to provide care as an approved home.

Ongoing GAP statewide meetings are held bi-monthly to discuss updates to policy, provide technically assistance, and gather information on statewide trends to help inform policy changes and training needs. During these meetings, GAP specialists and others responsible for GAP program or funding participate in providing information.

The guardianship assistance program has continued to see growth over the past two fiscal years. Between The successes and barriers are related to ensuring key stakeholders are knowledgeable about the GAP components to ensure that children that are eligible for benefits are not closed out prior to GAP eligibility being determined. Statewide, a process has been established which requires the assessing of all cases closing to permanent guardianship to help ensure families are able to access the most appropriate benefits based on their case.

Adoption Information Center and Multiple Websites

The Department contracts for the statewide adoption information services provided by the [Adoption Information Center](#). This statewide resource operates as a clearinghouse in every area of adoption. The

services of the Adoption Information Center are free and include a toll-free helpline for providing adoption information and referral services to potential and current adoptive parents, adult adoptees, birth relatives, pregnant women, and professionals. The Adoption Information Center monitors the Hague Convention Website to ensure private agencies licensed through the Department remain in compliance. The Department continued to maintain multiple statewide websites for obtaining information about fostering and adoption. Lead Agencies continued to offer the following based on local needs and capacity:

- Deliver training and supportive services in multiple locations (churches, neighborhoods, etc.), which helps with transportation.
- Provide childcare services so that families can attend pre-service and in-service trainings.
- Designate staff at Lead Agencies for foster parent liaison work.
- Provide foster parent mentors (voice of experience).
- Conduct site visits when prospective parents inquire. The purpose of the site visit is to answer questions the parents have, and to do a preview of the home to determine if there are any apparent barriers to becoming a foster or adoptive parent.

Training for Diverse Community Connections

- Discussions about working with children and foster parents from various diverse communities are woven throughout the Licensing Specialty Pre-Service curriculum which thoroughly addresses this topic.
- The Department's Training Program developed and will continue to provide Cultural Competence Train-the-Trainer workshops. The goal is to educate child welfare trainers so they can in turn teach child welfare professionals how important it is that they are aware of and understand the dynamics of cultural competence when working with Florida's diverse population. This training will help the child welfare professional become accustomed to and understand different cultures, especially those they are most likely to be working.
- The Department hosted the annual Child Protection Summit – this comprehensive conference includes opportunities for diversity training, such as working with children who have special needs, being sensitive to children's cultures, and understanding and working with gender identity matters.
- The Adoption Information Center and the Department will host one statewide in-service adoption training in the spring. The two-day trainings are conducted by nationally recognized adoption experts such as Dr. Denise Goodman, Sue Badeau, Pat O'Brien, and Dr. Wayne Dean. The attendees include adoption case managers, adoption supervisors, Guardians ad Litem, private adoption agency staff, and Children's Legal Services' attorneys.
- Through Daniel Memorial, the Department will host one statewide in-service foster home licensing and group home licensing trainings in May. The two-day trainings are conducted by OCWF staff in conjunction with community stakeholders. The attendees include statewide Lead Agency and private agency licensing staff and supervisors, regional Department licensing staff, fiscal staff, revenue maximization staff and Children's Legal Services' attorneys.
- Spaulding for Children, in collaboration with the Department, launched a pilot of the National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents. The pilot which was conducted with two CBCs has since concluded. The evaluation process has also concluded and NTDC has been made readily available on the Spaulding for Children website for use. The project is still going through the process of becoming an evidence based preservice training for Foster and

Adoptive Parents. Multiple areas across the state are currently using the NTDC training for their foster and adoptive parents.

Strategies for Dealing with Linguistic Barriers

The Department has a [Statewide Auxiliary Aids and Service Plan for Persons with Disabilities and Persons with Limited English Proficiency](#). The guide provides the Department’s protocols for provision of auxiliary aids and services to ensure accessibility to all programs, benefits, and services to persons with disabilities and foreign language interpreters for persons with Limited English Proficiency. The plan’s provisions apply to all Department programs and contracted client services providers who provide direct services to clients/customers or potential clients/customers. Each of the six Regions within the Department as well as the Headquarters Office, has an Auxiliary Aids Plan unique to their location.

Year 3 Progress: The Department concluded a pilot with the National Training and Development Curriculum (NTDC) with Spaulding for Children in 2022. The training developed addresses culture and diversity in caring for children in the child welfare system for foster and adoptive parents.

Non-discriminatory Fee Structures

The Department ensures that fees, if charged, are fully disclosed, and defined in an impartial manner.

- All out-of-home care and adoption services are available free-of-charge.
- Prospective adoptive families may choose to pay for a private adoption home study to expedite the process.
- [Chapter 65C-15.010, Florida Administrative Code](#), governs “Finances” for child-placing agencies and provides a structure to ensure fees are based on reasonable costs and are non-discriminatory.

Procedures for Timely Search for Prospective Adoptive Parents

All children available for adoption and who have no identified family must be, according to Florida Statute, on the statewide website Explore Adoption with a photo and narrative within 30 days of termination of parental rights. In addition, the national photo listings at [AdoptUSKids](#) and [Children Awaiting Parents](#) are also utilized. The Department will continue to collaborate with One Church One Child in their efforts to recruit adoptive families for children in foster care by engaging local churches across Florida. Additional child specific recruitment efforts will be conducted for National Adoption Month in November, December, and again for Black History Month in February. A video of an available child, primarily a teen, will be shown each day in November, December, and February on Explore Adoption. The recruitment event is called “30 Days of Amazing Children” and each video will show a child speaking directly to the camera about topics important to him/her. These recruitment efforts have resulted in increased numbers of inquiries to the Department’s Adoption Information Center.

The statewide Association of Heart Galleries completes annual child specific recruitment initiatives for 30 days and the event generates numerous inquiries and interest to the Department’s toll-free number.

Currently, the Dave Thomas Foundation’s Wendy’s Wonderful Kids program has Wendy’s recruiters in eight Lead Agencies.

Recruitment and Retention Plan

1. The Contract Oversight Unit (COU) will continue to conduct comprehensive reviews of each Lead Agency which include evaluation of Standards for Systems of Care or Placement Resources and Process. The COU review includes assessment of local recruitment plans and the Lead Agency's analysis of the needs of children served. The reviews include stakeholder interviews with foster caregivers and will be broadened to include relative caregivers.
2. The Office of Child and Family Well-Being will:
 - 2.1. Collaborate with and support Goal 2, Strategic Initiative 2, Placement Services Array workgroup, including developing agreement ongoing respective roles, responsibilities, and communication.

Future Actions: The Department has implemented recommendations increase kinship placements, standardize foster home closure reasons, and utilize mobile response teams. The Department has begun to implement recommendation increase kin placement through the allocation of family finding positions to support the model. Supporting the birth family to keep children safely at home through the implementation of FFPSA prevention and using an electronic placement matching system. The Department will continue to work towards having all recommendations implemented by 2024 to align with FFPSA.

- 2.2. Support local licensure specialists, adoption specialists, other child welfare professionals, kinship peer navigators, and other system stakeholders with the ongoing implementation and tracking of new strategies to improve stability in care and permanency resolution:
 - 2.2.1. Guardianship Assistance Program.
 - 2.2.2. Kinship support services.

Year 2 Progress:

OCFW was awarded another grant to implement a Kinship Navigator Program. Department's planned activities include:

- Procurement of funds for a vendor
- Collaborate with FICW to work closely with the provider towards becoming rated in the Title IV-E Prevention Clearinghouse
- Implement Kinship services in select counties
- Expand to additional counties in Florida
- Develop a statewide Kinship Call Center

Florida Institute for Child Welfare (FICW)

The contracted provider conducted an evaluation plan designed for Kid's Central Inc. The evaluation includes two evaluation components. The process evaluation and the outcome evaluation component. The outcome evaluation will only involve initial data collection and preliminary data analyses due to the anticipated small sample size. The second portion of the project will continue to assist Children's Home Network with contributing to the evidence of becoming rated through the development of a third research proposal for a third manuscript focusing on child-related outcomes.

Kid's Central, Inc.

The kinship provider is providing kinship services to an array of community-based Family support services, navigation, and case management to families with relatives, non-relatives, and other fictive kin raising their children.

Kids' Central Inc. provides intake referrals, support groups, and case management services for kinship families in Citrus, Hernando, Lake, Marion, and Sumter counties. A comprehensive assessment is completed on the kinship families to evaluate risk factors and make determinations for which services may benefit the family. System navigation using systematic approaches are used to increase family access to supports and resources include applying for public benefits, relative caregivers' funds, and other community resources. The provider continues to collaborate with the Department's chosen contractor to assist with becoming rated through the evidenced based clearinghouse through the implementation of their evaluation plan. The agency implements and conducts kinship support groups.

Children's Home Network

The Children's Home Network is providing kinship services to an array of community-based Family support services, navigation, and case management to families with relatives, non-relatives, and other fictive kin raising their children. The agency implements and conducts kinship support groups. The Children's Home Network developed and submitted an implementation plan to address kinship services and supports. Miami-Dade County is currently being served by Children's Home Network.

Future Action: Kids Central Inc.'s kinship program will continue to build infrastructure to implement and sustain services using an implementation science model. The focus for this Fiscal Year will include:

1. FICW will continue ongoing evaluation of Kids Central, Inc.'s kinship navigator model. This includes continuing recruitment, follow-up staff interviews, and interviews with kinship caregivers.
2. Manuscript development and submission utilizing the secondary data gathered previously and finalizing the manuscript, examining child-level outcomes based on kinship care compared to foster care across the state.
3. Gathering additional information regarding agency-level factors that could contribute to the statistically significant differences found between agencies across the state among kinship care families that were previously identified.
4. Support local licensure specialists, adoption specialists, other child welfare professionals, kinship peer navigators, and other system stakeholders with the ongoing implementation and tracking of new strategies to improve stability in care and permanency resolution.
5. In effort to streamline the appeal rights of adoptive parents and young adults, updates will be made to the Adoption Florida Administrative Code, 65C-16. Additional training will be provided to adoption specialist and other community stakeholders regarding changes to F.A.C.
6. Implement a quality parenting initiative in every circuit by 2024. Develop and implement one or more pilots of the QPI best practice of "comfort calls."

Year 2 Progress (Complete):

Continue quarterly statewide calls with recruitment and retention specialists to continue identify and share "best practices" for foster parent recruitment and retention.

Year 1 Progress (Complete):

Explore and strengthen ways to build local capacity to provide post-adoption services and achieve more parity across Lead Agencies.

Year 2 Progress (Ongoing):

The Office of Child and Family Well-Being will work with Post Adoption Specialists statewide to create a statewide listing of commonly requested post adoption services and providers in each area and

providers that offer this service. A centralized listing will be maintained by the statewide Adoption Information Center.

- a) The Department plans to enhance the Adoption Documents and Registry (ADORE) system to expand matches and build out reports, including more functionality for matching sibling groups. These system enhancements will help to better support post adoption services.

Future Actions: The Department will continue to search for funding to support modifications. The Florida Foster/Adoptive Parent Association (FAPA) identified strategies that their organization will provide over the next five years to contribute to recruitment and retention of foster caregivers. Department will collaborate and support FAPA as the organization:

- a) Continues to provide quarterly and annual education conferences with relevant training for foster, adoptive and kinship caregivers.

A quarterly conference was held in March 2022 as a virtual event. The 2022 Florida FAPA annual education conference was held in-person on June 10-12, 2022. This conference included workshops specifically related to the foster and adoptive parents across Florida.

Year 4 Progress (Complete):

During the 2022 year, Florida FAPA continued with their community engagement through workshops and conferences. FAPA held conferences in March 2022, June 2022, and November 2022. Topics discussed during these conferences included a town hall with the Department’s Secretary, training on Multidisciplinary staffings and placement transitions with the Office of Licensing, and legislative updates. Additionally, in February 2023, an in-person quarterly conference was held, and training provided included information on Trust-Based Relational Intervention (TBRI). The annual education conference is scheduled for June 9-11, 2023.

Future Actions: No future actions required. The Office of Licensing will continue to collaborate with the Florida FAPA through contractual obligations to engage in contact with Department Regional Managing Directors (RMDs) and staff, Lead Agency CEO’s and staff, QPI, and staff to:

- a) Resolve local concerns raised. FAPA will monitor Facebook pages of all local FAPA’s and support groups for foster and adoptive parents to identify local concerns and support local resolutions. This allows FAPA to educate families on who are the partners in the system of care and what roles they play. Help support and redirect their expectations.
- b) Demonstrate to regional leadership that stronger communication and inclusion of local chapters of FAPA can be an avenue to improve the system of care.
- c) Promote the inclusion of seasoned, dedicated foster and adoptive parents within the Lead Agencies, on their respective Board of Directors and within the provider agencies. No one understands the journey of a foster or adoptive parent better than one who has lived the journey. FAPA plans to highlight through social media and on their website Lead Agencies that have added relative and foster parent caregivers to the Board of Directors and Lead Agencies that have hired foster parents to run their system of care--seasoned educated foster and adoptive parents (foster parent peer champions).

ATTACHMENT 2: HEALTH CARE OVERSIGHT AND COORDINATION PLAN UPDATE

The Agency for Health Care Administration (AHCA) is responsible for the administration of Florida's Medicaid program. Florida operates under a Statewide Medicaid Managed Care program that is responsible for both physical and behavioral health care for Medicaid recipients. Sunshine Health Child Welfare Specialty 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 Medicaid eligible and served by the child welfare system, (as documented by an open child-welfare case or post-adoption case in Florida's Child Welfare Information System), including young adults who choose to remain in extended foster care up to the age of twenty-one. All children in out-of-home care, including children placed with relatives or in foster care, are automatically enrolled in the Sunshine Plan. Families 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. Young adults and children who age out of foster care are eligible to receive Medicaid up until the age of twenty-six, under a plan other than the Sunshine Health Child Welfare Specialty Plan.

Sunshine Health oversees behavioral health managed care and continues to subcontract for mental health and substance abuse services. One of their subcontractors is Community-Based Care Integrated Health (CBCIH), a consortium of child welfare Lead Agencies, who provide 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 Lead Agencies 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 provide 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 Lead Agency care coordinators and case managers.
- Nurse care coordinators provide local care coordination at each Lead Agency.
- Behavioral health care coordinators provide local care coordination at each Lead Agency.
- Adoption coordinators provide local care coordination at each Lead Agency for post-adoption members.

The Sunshine Health Plan serves approximately 55,000 children involved in the child welfare system, many of which are served in out-of-home care, including children placed with relatives. Many of the children served were adopted from the child welfare system (post-adoption). As of May 2023, 83.64% of the children in out-of-home care are enrolled in the Sunshine Plan. (Source: CBC Integrated Health).

Children opting out of the Sunshine Plan are enrolled in other Medicaid managed care plans that provide the same basic health and behavioral health covered services. As other plans do not offer the additional services

and supports provided by Sunshine Plan for the child welfare population, the Department and Lead Agencies strive to increase enrollment in the Sunshine Plan.

Health and Behavioral Health Services for Children Across All Medicaid Managed Care Plans

In addition to the analysis of lessons learned over the last five-year period, the Health Care Oversight and Coordination Plan includes:

Schedule for initial and follow-up health screenings that meets reasonable standards of medical practice.

During child protective investigations, an evaluation by a Child Protection Team (CPT) is required for children with specific physical injuries or suspected medical conditions, including malnutrition, medical neglect, or failure to thrive. A CPT evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same condition. A CPT assessment ensures the involvement of specialized child abuse and neglect clinical expertise to inform initial maltreatment findings and follow-up treatment services necessary.

The Department requires that a child's physical health needs must be assessed within five working days of removal from his/her own home. Any child who appears to be sick or in physical discomfort must be examined by a licensed health care professional within 24 hours. The Department's requirements for initial health care assessments are provided in Chapter [65C-29.008](#), Florida Administrative Code.

Medicaid requires the provider to assess and document in the child's medical record all the required components of the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) or Child Health Check-up. [Medicaid Well Child Visits](#) (Child Health Check-Up Visits) include preventive and comprehensive services for children enrolled in the Medicaid program. They follow the Bright Futures/American Academy of Pediatrics [Recommendations for Preventive Pediatric Health Care](#).

In addition, the Department requires a Comprehensive Behavioral Health Assessment (CBHA). A CBHA is an in-depth assessment of a child's emotional, social, behavioral, and developmental functioning within the family home, school, and community, as well as the clinical setting. The child welfare professional responsible for a child must make a referral for a CBHA for all children within seven days of the child's removal from his/her household. A CBHA must be filed with the court. The requirements for a CBHA, including provider qualifications, are provided in the [Specialized Therapeutic Service Coverage and Limitations Handbook](#), AHCA, March 2014.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

In all cases, the child welfare professional has primary responsibility throughout the case for coordinating, managing, and monitoring all aspects of the child's care and treatment. Each referral and the coordinating, managing, and monitoring efforts for the referral must be documented in Florida's Child Welfare Information System. There are rigorous court reporting requirements to keep the court well-informed about the child's current health, dental and mental health status. The case manager must create a Judicial Review Report in Florida's Child Welfare Information System to submit before each court hearing that provides information on current diagnosis, treatment(s) received, progress being made, and any treatment gaps.

For children enrolled in the Sunshine Child Welfare Specialty Plan, the plan provides a care management team of licensed nurses and behavioral health clinicians to provide ongoing specialized care management to meet

the unique needs of children in child welfare. Among other responsibilities, the care coordinator is responsible for monitoring compliance with scheduled appointments and planning for pediatric and psychiatric treatment that is tailored to the individual enrollee and aligns with evidence-based guidelines for pediatric and psychiatric treatment. Sunshine Health also subcontracts with CBCIH, who, in turn, contracts with the Lead Agency to hire or contract for nurse care coordinators and behavioral health care coordinators at each Lead Agency to support the ongoing provision and coordination of needed services.

As discussed in the description of the systemic factor, Service Array, Chapter 2, Florida stakeholders expressed concerns about the availability and quality of behavioral health providers to meet the well-being needs of children. Strategic Initiative 1, Objective 1.5 will address capacity and quality issues through joint planning activities with the Office of Substance Abuse and Mental Health.

How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record.

Each child has a Medical/Mental Health record in Florida's Child Welfare Information System for which the case manager is responsible for updating. The record includes all medications that are prescribed, including the reasons for each medication. The Department provides "read-only" access to the Guardian ad Litem program. The Medical/Mental Health record is also used to provide a high-level monthly healthcare report that provides leadership with point-in-time performance status in four areas:

- Percent of children in out-of-home care for whom a Medical/Mental Health record has been created.
- Percent of children in out-of-home care who have received a medical service within the last twelve months. This is a Lead Agency scorecard measure posted on the Child Welfare Dashboard ([Percent Receiving a Medical Service in Prior 12 Months](#)).
- Percent of children in out-of-home care who have received a dental service within the last twelve months. This is also a Lead Agency scorecard measure posted on the Child Welfare Dashboard ([Percent Receiving a Dental Service in Prior 12 Months](#)).
- Immunizations up to date. This is the percent of children in out-of-home care whose immunizations are up to date.

[Chapter 65C-30.011\(4\), Florida Administrative Code](#) requires the creation of a Resource Record for every child in out-of-home care. The child's resource record must be physically located with the caregiver, whether the child is in licensed care or placed with a relative or non-relative. The case manager is responsible for ensuring that medical and court-related documentation are kept current at each visit that is made at least every 30 days. If additional information is needed in the child's resource record, the case manager and the caregiver are expected to work together to ensure that the child's resource record is updated. The child's caregiver is responsible for updating the resource record after every health care, psychological, psychiatric, behavioral and educational service or assessment provided to the child.

Data sharing and management is facilitated by the Sunshine Plan's partnership and formal agreement with CBCIH. CBCIH provides Sunshine Health with information on the location of the child and authorized callers. Sunshine Health provides CBCIH with claims data that is then added to the CBCIH electronic information system, Integrate, which provides all Lead Agencies with a view of the child's access to care with details on the type of provider seen, date seen, diagnosis, medications filled, and date filled. This database provides an integrated system for Lead Agencies to access essential health information for the members served. Sunshine Health also provides CBCIH with monthly files identifying children who have not received an age-appropriate

preventive service and those that have. This information is provided by CBCIH to the applicable Lead Agencies so that they can assist in getting the child the services needed.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.

The subcontracted Nurse Care Coordinators and Behavioral Health Coordinators are located at the Lead Agencies to work directly with child welfare case management staff and caregivers daily in developing a comprehensive, coordinated care plan for each member. Lead Agencies participate in integrated staffings and share concerns about quality and gaps in services. CBCIH employs regional integration managers as physical health and behavioral health experts as a resource to the Lead Agencies. These experts consult with the subcontracted Lead Agency Nurse Care Coordinators and Behavioral Health Coordinators in accessing, integrating, and assuring continuity of care.

This team-based, integrated model and collaboration with Lead Agencies helps Sunshine Health, providers, members, caregivers, families (as authorized and appropriate), and other stakeholders improve outcomes for children in child welfare. Examples of how Sunshine case management staff, CBCIH, Lead Agency Care Coordinators, and Lead Agency case managers work together as a team to assure continuity of treatment include:

- For inpatient admissions, Sunshine utilization management staff and care management teams contact the Lead Agency Coordinator to assist in coordinating with the case manager to schedule post-discharge appointments, arrange tests, and ensure needed in-home services are in place and coordinated with the child's caregiver. Sunshine Health works with the case manager to address any family concerns or issues with the post-discharge placement and if needed, address any placement changes.
- Sunshine Health's physical health and behavioral health care coordinators conduct weekly integrated case rounds with CBCIH to review needs and develop effective care plans for complex members. This may include discussion of needed appointments and supports needed to keep the child in the placement or to prevent placement in a higher level of care.
- Lead Agency Coordinators work with CBCIH and the dependency case manager to identify complex physical or behavioral needs or need for care from multiple providers and notify Sunshine Health care managers to engage the caregiver and child, enroll the child in case management, and coordinate services.
- The CBCIH behavioral health specialist, Integration Manager, Lead Agency Coordinator, and dependency case manager jointly review all care recommendations for children in higher levels of care which include Specialized Inpatient Psychiatric Program (SIPP), Specialized Therapeutic Group Care (STGC), and Specialized Therapeutic Foster Care (STFC) or children who have two or more hospitalizations. Sunshine Health case manager attends the child's Multidisciplinary Team (MDT) meetings and ad hoc meetings to discuss progress, step down plans, and service needs.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

There are statutes, administrative rules, and operating procedures that govern psychotropic medication monitoring and oversight for children in the child welfare system. Section 409.912(51), Florida Statutes, does not allow for Medicaid reimbursement for psychotropic medication without the express and informed consent of the child's parent or legal guardian. The physician must document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription. Florida can

capture the informed consent in Florida's Child Welfare Information System. The Department is in the process of enhancing the medical/mental health module in Florida's Child Welfare Information System to support additional information related to psychotropic medications such as pre-consent reviews.

AHCA contracts with the University of South Florida for the Medicaid Drug Therapy Management Program for Behavioral Health to maintain and develop evidence-based guidelines for the use of psychotropic medications for children. This program includes the development of Florida-specific best practice guidelines and their dissemination through a variety of methods created and implemented by the prescriber community. AHCA provides oversight through pharmacy claims, prior authorization protocols, and operation of the pediatric psychiatry consult lines.

The Department protocols for monitoring and oversight of psychotropic medications are established in Rule 65C-35, Florida Administrative Code. The express and informed consent of a child's parent(s) or court authorizations for a prescription for psychotropic medication for a child in the custody of the Department must be obtained. Florida Administrative Code 65C-35 includes the ability for psychiatric nurses, certified under Chapter 464, Florida Statutes, and defined in Chapter 394, Florida Statutes, to prescribe psychotropic medication for children under the age of 18 and complete Medical Report Form 5339.

- A Psychotropic Medications Detailed Summary Report is produced monthly from Florida's Child Welfare Information System, providing a variety of information about children in care who are prescribed psychotropic medications. This report is utilized in the field by supervisors and managers. It is also used in the Department's Child Welfare Key Indicators Monthly Report to show the percent of children in out-of-home care by Lead Agency prescribed one or more psychotropic medications, and the percent of children with consent for prescribed psychotropic medications.
- A pre-consent review is mandatory for any child ages 0-17 on two or more psychotropic medications. If the pre-consent review process is not used, a second opinion by a child psychiatrist is mandatory. The Department contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to provide the pre-consent review. Although not required, the contract provides for pre-consent reviews for any child up to age 17.
- The Department also contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to operate the Med Consult toll free line. This service is available for caregivers and decision makers for children and youth involved in the child welfare system. Callers may schedule a call with one of the Board-Certified Psychiatrists to discuss psychotropic medication resources and suggested medication treatment. This service is not a second opinion but is designed to help callers make informed decisions about medication. This service makes available the latest psychiatric medical information. This includes indicated uses and practices, Black Box Warnings, on or off label use, and precautions such as laboratory work, etc. The line is used by caregivers, judges, Guardians ad Litem, and case managers.
- Training is required for all caregivers and child welfare professionals assuming responsibility for children in out-of-home care who are prescribed psychotropic medications. Required training topics are as follows:
 - An overview of the use and effects of psychotropic medications.
 - An overview of evidence-based interventions and treatment options.
 - Names and uses of commonly prescribed psychotropic medications.
 - Medication management, roles, and responsibilities.
 - Monitoring for side effects of psychotropic medications.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

The Agency for Health Care Administration has an established Medical Care Advisory Committee that serves in an advisory capacity on health and medical care issues. The committee includes:

- Board certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people and with the resources available for their care.
- Members of consumer groups, including Medicaid recipients.
- Agency heads from the Department of Children and Families and the Department of Health.

The Sunshine Child Welfare Specialty Plan has a dedicated child welfare medical director and Child Welfare Advisory Committee comprised of representatives from stakeholder organizations. The Advisory Committee includes representation from the Foster and Adoptive Parent Association, a young adult who transitioned out of the foster care system, Florida State University's Center for Prevention and Early Intervention Policy, Guardian ad Litem Program, executive directors of two Lead Agencies, and Department child welfare state and regional leadership. Sunshine Health also has representation from providers including a child and adolescent psychiatrist, a pediatrician, and a CBCIH representative.

The procedures and protocols established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.

The CBHA is the Department's established, independent assessment process for assessing a child's emotional or behavioral issues. The CBHA assessor may recommend additional specialized assessments necessary. The child welfare professional may refer the child for an updated CBHA to assist in determining services that would allow the child to maintain his or her current placement.

The Department issued a memorandum, effective December 15, 2018, advising that the Comprehensive Behavioral Health Assessment is to be used as the initial assessment to determine and identify special needs to prevent inappropriate diagnoses. In October 2019, the Department incorporated the placement assessment as the preferred tool to assist with ensuring children in out-of-home care are not inappropriately referred for a clinical assessment for the purpose of rendering a diagnosis of mental illness, emotional or behavioral disorders, for the purpose of satisfying placement requirements in a clinical licensed setting.

Section 39.523(1) and (2), Florida Statutes, Comprehensive Placement Assessment, requires any child removed from a home and placed into out-of-home care have a comprehensive placement assessment completed to determine the level of care needed by the child and match the child with the most appropriate placement. Chapter [65C-28.004](#), Florida Administrative Code, addresses this requirement:(1) requires an initial assessment to determine whether relative or non-relative placement is an appropriate out-of-home placement; (2) requires a multidisciplinary team staffing to prior to placement in licensed care; (3) specifies factors that must be considered by the multidisciplinary team; (4) sets forth documentation requirements; (5) establishes requirements for the placement and care of children with special behavioral and physical health needs; (6) sets forth child welfare professional placement responsibilities

The procedures and protocols established to ensure that children in out-of-home care are not inappropriately placed in residential treatment centers for the treatment of mental health.

[Section 39.407, Florida Statutes](#), requires children in need of intensive mental health residential treatment program, to receive a suitability assessment by a qualified assessor assigned through the Qualified Evaluator Network (QEN). The Department contracts with Magellan, to oversee the assessments statewide. There are currently 18 assessors statewide, who conduct assessments within 5 days from receipt of referral.

Upon admission into a specialized therapeutic group home or Statewide Inpatient Psychiatric Program (SIPP), each child must receive a 60 day follow up assessment and additional 90-day assessments thereafter during their admission to the facilities. CFOP 170-11 Chapter 5 requires each qualified assessor to conduct a face-to-face interview with the child, review case records, and speaking with relevant collaterals.

[Section 39.407, Florida Statutes](#), requires the courts to conduct a hearing to review the status of the child's residential treatment plan, no later than 60- days after the child's admission to a residential treatment program. In addition, an independent review of the child's progress towards achieving the goals and objectives of the treatment plan must be completed by a qualified evaluator and submitted to the court before its 60-day review. [Chapter 65C-27, Florida Administrative Code](#) and [Chapter 65C-28.015, Florida Administrative Code](#) for Residential Mental Health Treatment outlined Department's policy and practice for children in need of residential treatment.

The Department developed a statewide Qualified Evaluator Network (QEN) workgroup in November 2019. Participants included stakeholders from the Agency for Healthcare Administration, Lead Agencies, Substance Abuse and Mental Health, Seminole Tribe, and Magellan of Florida. The workgroup was tasked with streamlining the suitability assessment process for children in out-of-home care. Diligent efforts towards enhancing best practices and policies for the system of care has been identified as the main goal. The workgroup recommendations will guide in the enhancement of practices and policy in Florida under [CFOP 170-11, Chapter 5](#).

The Department is in the process of updating CFOP 170-11 Chapter 5 to align with HB 893 which expands the scope for selected clinicians to assess children in out-of-home care for suitability assessments. Additionally, 65C-28. Additionally, Florida Administrative Code 65C-28.021 Qualified Residential Treatment Program is in the process of being amended to allow qualified individuals to allow preliminary assessments for those children placed in QRTP settings.

Steps to ensure that the components of the transition plan development process of the John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program) that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

The court is required to hold a judicial review hearing within 90 days after a child's 17th birthday and may review the status of the child more frequently during the year before the child's 18th birthday. The Department is required to include in the judicial review report, among many other items, written verification that the child has a current Medicaid card and all necessary information concerning the Medicaid program. Medicaid remains available for all youth turning 18, until the age of 21. Upon turning 21, the young adult is responsible for applying for coverage with the assistance of the Lead Agency, which is available until the age of 26. Youth

who apply for coverage at the age of 21 have a variety of managed care choices and need assistance to understand how to navigate the system and select a plan of their choice.

Health and behavioral health planning are essential elements of transition planning activities. Additionally, youth are provided information about the importance of designating another person to make health care treatment decisions on their behalf should the youth or young adult become unable to make these decisions, and the young persons does not want a relative to make these decisions.

To augment existing Lead Agency efforts to prepare transitioning youth for adult life, the Sunshine CW Specialty Plan reviews each 17-year-old member's transitional independent living plan and works with the Lead Agency Coordinator and case manager to identify any needs for ongoing case management, including disease or condition management. For those who need ongoing case management, Sunshine Health assigns a care manager who educates the member about their physical and behavioral health needs, diagnoses, and current treatment protocols and how to continue accessing care through the Medicaid system. The care manager collaborates with all stakeholders and caregivers to coordinate needed services and resources for a successful transition, such as identifying a new care plan and answering questions about benefits.

Sunshine Health continues to enhance the program to increase member access to other transition support services that address social determinants of health, including housing, through partnerships and linkages with centers that serve transitioning youth. Sunshine Health provides workshops at these centers on healthcare education including the importance of preventive services, health care visits, and how to access care.

For any child who may meet the Regis Little Act requirements for appointment of a guardian pursuant to Chapter 744, Florida Statutes, or a guardian advocate pursuant to section 393.12, Florida Statutes, the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court-appointed guardian ad litem, the temporary custodian of the child; and the parent, if the parent's rights have not been terminated. At the judicial review hearing, if the court determines pursuant to Chapter 744, Florida Statutes, that there is a good faith basis to believe that the child qualifies for appointment of a guardian advocate, limited guardian, or plenary guardian for the child.

Youth Certified Recovery Peer Specialist (CRPS-Y)

Peer support services for youth are being implemented in many states around the country in the areas of education, mental health and substance use, foster care, and juvenile justice. Peer support services help engage youth in services and supports, build positive social connections with peers, reduce death by suicide, promote normalcy and resilience and promote healthy transition into adulthood.

CRPS-Y was recently added by Sunshine Health Child Welfare Specialty Plan and CMS as an "In Lieu of Service" for psychosocial rehabilitation. Lead Agencies and Managing Entities can also fund it if not covered/approved by Medicaid.

The Florida Certification Board (FCB) offers certification for people who use their lived experience and skills learned in training to help others achieve and maintain recovery and wellness from mental health and/or substance use conditions. Once certified, these individuals are known as Certified Recovery Peer Specialists (CRPS). <https://flcertificationboard.org/certifications/certified-recovery-peers-specialist/>

There are four types of endorsements. For Certified Recovery Peer Specialist - Youth (CRPS-Y), the following lived experience is required:

Are between the ages of 18 and 29 at the time of application and have lived experience as a person who, between the ages of 14 and 25 experienced a significant life challenge and is now living a wellness and/or recovery-oriented lifestyle for at least two years.

CRPS-Y certification and funding through Medicaid is relatively new with very few applicants in the pipeline. Young adults meet the criteria to be certified to serve youth. However, no one has gone through the process to become certified specific to youth. Sunshine continues with efforts to recruit providers and young adults to become certified with limited success. Partnerships with the Department, The Peer Network, Sunshine Health, and providers are beginning to form in a few local communities to make this service available and sustainable. There is ongoing discussion with plans to target Brevard and Broward County. Sunshine Health restructured their organization, and as of April 1, 2019, they terminated their contract with Cenpatco, moving the management of behavioral health managed care back to Sunshine. Sunshine Health continues to subcontract for mental health and substance abuse services. One of their subcontractors is the Community-Based Care Integrated Health (CBCIH), a consortium of child welfare Lead Agencies, to provide 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 Lead Agencies 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 Lead Agency care coordinators and case managers.
- Nurse care coordinators provide local care coordination at each Lead Agency.
- Behavioral health care coordinators provide local care coordination at each Lead Agency.
- Adoption coordinators provide local care coordination at each CBC for post-adoption members.

Statewide Disaster Planning

The Department's published [Emergency/Disaster Plan](#) provides guidance for all Department program operations. Although Tropical Storm Watches and Warnings are the most often experienced events, the Department's plan addresses active shooter events; bomb threats; building issues; emergency drills and evacuation plans; fire; flooding; fog; hazardous materials; pandemic; tornado watch and warning; smoke, wildfire, and dense fog; and suspicious package. The Emergency/Disaster Plan provides detailed expectations for "Activities to be Carried Out Prior to Hurricane Season, During a Pre-Watch Period, During a Tropical Storm or Hurricane Watch, During a Warning Period, and During the Post Storm Phase." Guidance is provided as to the responsibilities of Program Administrators and Directors, Managers and Supervisors. This plan includes staff in the Office of Child and Family Well-Being, the Interstate Compact Unit, the Hotline, Children's Legal Services and Child Protection Investigations.

As part of its disaster preparedness efforts, the Department posts information about office closings and other operations changes on a disaster section on its website and encourages Floridians to sign up for the Department's text and email alerts at www.myflfamilies.com to receive instant notification of emergency food services available in their areas. Individuals and families who sign up for these alerts will be the first to know if their area will receive emergency food assistance. This new technology is just one of the many innovative ways the Department is reaching out to communities across the state to assist them in their time of need. In addition, families and individuals who are current food assistance clients may receive replacement of benefits for the value of the food lost because of damage to their home or sustained electrical outages.

Requirements for Local Disaster Plans

Each Lead Agency has locally driven Continuity of Operations Plans and Child Welfare Disaster Plans. All written plans are updated and submitted annually to the Department. Copies of the written plans are provided to Department's Office of General Services and regional contract managers, and are made available to the circuits, regions, and within all Lead Agencies. The disaster plans address how the Lead Agency and any subcontracted case management agencies will:

- In case of a disaster, one of the aftermath activities of local agencies responsible for case management services is to quickly begin to contact families who care for children under state custody or supervision. During these contacts, the child's case manager (primary case manager) explores if any services to the child have been interrupted by the disaster.
- The case manager explores with the family the expected duration of interruption, alternative service providers, transportation considerations, etc. Local agencies make determinations of the extent of damage and interruption of services. If the Lead Agency identifies that certain services to children may be interrupted (such as speech therapy, mental health services, tutoring or other educational supports, etc.), the Lead Agency will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors inform staff of the alternative services available.
- If a family relocates intrastate due to a disaster, the child's primary case manager will request, through the Courtesy Supervision mechanism, that a secondary case manager be assigned in the new county. The secondary case manager will be responsible for conducting visits, identifying new needs based on the relocation, providing stabilization services to the family, and completing referrals that would ensure the child is provided services for previously identified needs. Primary and secondary workers would also work together and with the local providers in their respective areas to ensure that new

providers have current, relevant information about the child's needs and status in service provision prior to the child leaving his/her originating county.

- If the family relocates interstate, the primary worker will immediately notify the Florida Interstate Compact on the Placement of Children Office (ICPC) and will forward a packet of information to be sent to the receiving state so that notification and a request for services can be made. The packet will include a Child Social Summary that will contain information about service needs and will request that the assigned local case manager contact the child's Florida case manager to discuss service needs. The receiving state's case manager will be asked to initiate continued services to address the child's previously identified needs as well as any new needs identified based on the case manager's contact with the family.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- Preserve essential program records that are external to the Florida Safe Families Network.

The Office of Child and Family Well-Being (OCFW) and the Office of General Services (OGS) continue to be vigilant in communicating the need to review and revise, when necessary, all Emergency Plans from Lead Agencies and their subcontracted providers. The Department also reminds stakeholders and partners in the field to make sure staff are trained and apprised of any changes in the plan.

The two hurricanes that impacted Florida last year, Ian and Nicole, resulted in activation of the State's and each agency's COOP. Immediate actions included ensuring all children and families being served by the Department were contacted and had a plan for safety in place pre and post storm. This outreach was also implemented with each Domestic Violence Center, state hospitals, crisis units, etc, to ensure all customers were safe and had the supplies needed.

The state lead efforts across Florida in supporting resource center sites in the most impacted areas to bring to local communities an array of immediate supplies, the opportunity to meet with a Hope Navigator to assist with referrals and connection to additional resources, opportunity to meet with a certified mental health counselor, and immediate connection to an Economic Self Sufficiency team member to apply for emergency assistance. The Child and Family Well-Being, Child Protection, Substance Abuse and Mental Health, Adult Protection, and Administration team members within the Department supported these sites as well as the Disaster Supplemental Nutrition Assistance Program (Emergency SNAP) sites to provide this critical resource to those in need. These efforts took thousands of team members partnering with local communities, law enforcement, county commissions, and state legislators to ensure Florida's residents received much needed supports throughout the emergency.

ATTACHMENT 4: STAFF DEVELOPMENT AND TRAINING PLAN UPDATE

Training Plan Updates

The Office of Child & Family Well-Being Learning and Development (OCFW L&D) Unit's vision is to develop best-in-class child protective professionals that are competent, mission-driven, and committed to achieving the outcomes of safety, permanency, and well-being for children. In line with the vision, the OCFW L&D Unit continues to team up with all training units in the Lead Agencies, the Florida Coalition for Children, the Florida Institute for Child Welfare (Institute), universities, the Florida Certification Board, Sheriff Office grantees, the six Department regions, Children's Legal Services (CLS), and the Office of Family Courts to aid the Department in its mission of protecting the vulnerable, promoting strong families, and advancing family and children well-being.

Personnel Changes: The L&D team received seven training implementation specialist positions. These positions will play a crucial role in ensuring effective training delivery and implementation by performing the following functions:

- **Needs assessment:** Liaisons will work with regional training managers and staff to identify gaps in knowledge, skills, and abilities, and help determine the appropriate training interventions needed to address those gaps.
- **Training planning:** Liaisons will help develop training plans that align with Department's goals and strategies, identify appropriate training methods and modalities, and determine resource needs and timelines.
- **Coordination:** Liaisons will help coordinate the delivery of training, including scheduling, logistics, and communication with trainers and trainees.
- **Facilitation:** Liaisons will conduct training sessions, including classroom instruction, virtual training, and on-the-job training, and provide guidance and support to frontline and supervisors.
- **Evaluation:** Liaisons can help evaluate the effectiveness of training interventions, including assessing trainee knowledge, skills, and behavior change, as well as the impact of training on organizational performance.
- **Continuous Improvement:** Liaisons will identify opportunities for continuous improvement of training interventions and processes, including identifying best practices, developing and implementing feedback mechanisms, and refining training plans and delivery methods.
 - **Communication:** Liaisons will act as a bridge between trainers, trainees, and managers, ensuring that all stakeholders are aware of training initiatives and their impact on the Department, and addressing any concerns or issues that arise during the training process.

New Training Updates: The OCFW L&D team implemented an initiative to create and deliver more in-house training. The purposes of this initiative are to create training content that is specific to the needs of child welfare professionals and encourage subject matter experts to share their knowledge and skills with others in the organization to promote collaboration and knowledge sharing across different departments and teams. The details of these training are described under GOAL 2: Promote a Culture of Career-Long Learning – j Initiative 2.1: Career-Long Learning section. The team aims to create and deliver more customized and child welfare training for all child welfare professionals to provide opportunities for learning and growth within the child welfare community to increase employee engagement and job satisfaction, which may lead to improved retention rates.

Activities in Support of Florida’s Current Staff Development and Training Plan
GOAL 1: Professionalize and Strengthen the Training Infrastructure

Initiative 1.1 Trainer Credentialing:

The Department implemented an internal trainer credentialing program to provide trainer certification for all new child and family well-being trainers. The Office of Children & Family Well-Being Master Trainer plays a crucial role in ensuring that the pre-service trainers meet the necessary standards for providing high-quality training to child welfare professionals. The Master Trainer leads the trainer program and oversees the Regional/Agency-based pre-selected master trainers to evaluate new trainers for certification. She also works with the Regional/Agency-based pre-selected master trainers to ensure that they meet the necessary standards for evaluating new trainers. Master Trainers are responsible for regional and agency training, evaluating, and mentoring Pre-Service Trainers. Regional/Agency Master trainers must be certified child welfare trainers (CWT). They also assist with the peer review process to examine the Master Trainer applicant’s ability to observe, assess, and provide relevant feedback. There are 11 Master Trainers (DCF = 3, Lead Agencies = 7, and Sheriff Offices = 1). The Table below shows the number of trainers went through the evaluation process between July 2022 and March 2023.

	Level 1	Level 2a	Level 2b	Level 3
Number of Trainers	2	6	2	10

The Level 1, 2a, and 2b trainers are in the process of completing the training program based on their levels.

- **Future Plan:** The OCFW L&D team will update the Florida Administrative Rule 65C-33.016 to reflect the qualifications to be able to train new pre-service classes (described below) and add requirement to be certified to deliver in-service training.

Initiative 1.2. Professionally Developed Pre-service Curricula

The Florida Department of Children and Families is taking proactive steps to enhance the knowledge and skills of its child welfare professionals by introducing a new pre-service learning experience called the Florida Academy for Child Protection and Family Resiliency: Partnership. Support. Success. This Academy involves a comprehensive curriculum update, virtual reality experience, simulation, and quantitative assessment process. The state is collaborating with the Center for States to implement the project successfully, evaluate its outcomes, and ensure its sustainability. Communication, evaluation, and implementation readiness are the three main workgroups co-led by the Center for States and Department, which include relevant stakeholders and regional/agency leadership. The timeline for the CPI Specialty track's implementation is August 30th, 2023; the Case Management Specialty track's implementation is November 2023, and the Licensing Specialty track's implementation is December 2023. This new initiative is a promising step towards improving the quality of child welfare services in Florida.

- **Future Plan:** The OCFW L&D Team is dedicated to make The Academy a success and focusing on using data to create a comprehensive implementation plan and implement it successfully by November 2023.

Initiative 1.3: Leadership and Guidance

The OCFW L&D Unit created a “Critical Decision Making (CDM)” Team as training advisory. The CDM team plays a crucial role in supporting the agency to make sound, impactful decisions related to training. This team is composed of subject matter experts and experienced child welfare training managers, trainers, and

universities who possess a wealth of knowledge and expertise in the field of child welfare. They are responsible for conducting in-depth analyses of the agency's training needs, identifying areas for improvement, and developing effective training programs that address the identified gaps. The team also evaluates the effectiveness of existing training programs and provides recommendations for enhancing their impact. Through their extensive experience in the child welfare field and working very closely with frontline child welfare staff and supervisors, the Critical Decision-Making team helps the agency to make informed decisions that positively impact the quality of training provided to child welfare professionals, ultimately leading to improved outcomes for the children and families they serve. The team meets quarterly to discuss upcoming changes and share information. There are ten members: 2 from DCF, 4 from Lead Agencies, 2 from FSU, and 2 from Sheriff Offices.

- **Future Plan:** The CDM team will keep meeting to collaborate and share information.

GOAL 2: Promote a Culture of Career-Long Learning

Initiative 2.1: Career-Long Learning

The OCFW L&D team provides ongoing training and professional development opportunities to keep up to date with changes in policies, laws, and best practices, and helps them develop the skills and knowledge needed to provide effective services to children and families. These training are open to all child welfare professionals in the Department and partner agencies. These trainings are evolved around

- Policy updates (i.e., changes to laws, policies, and regulations related to child welfare)
- Best practices in the field (i.e., evidence-based interventions, trauma-informed care, and cultural competency)
- Child welfare specific training (i.e., substance abuse, domestic violence, or mental health issues)
- Skill development (i.e., case planning, safety planning, etc.)
- Self-care (i.e., 360YOU, Balance and Blend, etc.)
- Professional development, including training on leadership, supervision, and program management

The table below provides information on 32 voluntary trainings offered between January 2022-March 2023. The specific trainings offered are usually based on the most sought-after topics and required competencies for child welfare professionals. The trainings are designed to improve the skills, knowledge, and practices of professionals, including caseworkers, investigators, and supervisors, to better serve the needs of children and families. Through these trainings, professionals can deepen their understanding of child development, trauma-informed care, cultural responsiveness, and other essential topics.

Training Title	Training Type	Participants
AFCARS FSFN Updates	On-Demand	2,402
SB 7034 Updates Training	Webinar	612
Foster Home Overcapacity Guidelines Training	On-Demand	1,279
Everything You'll Want to Know About Safe FFAs	VILT*	1041
Empowering Supervisors	VILT	176
Critical Thinking	VILT	405

Medical Neglect	VILT	450
Time Management	VILT	240
Conflict Resolution	VILT	493
Substance-exposed Newborn	VILT	283
Wellness Offerings	VILT	236
Mentoring	VILT	63
Coaching Skills for CPI Supervisors	VILT	324
Domestic Violence Training Series	VILT	443
360YOU: Your Opportunities Unlimited	VILT	223
Critical Incident Response Team Overview	VILT	65
Autism and Related Disabilities	VILT	240
Trauma-Informed Care	VILT	160
Smart and Safe Interviewing	VILT	234
Common Mental Health Diagnoses	VILT	57
Cross-Agency Collaboration Missing Children	VILT	26
Cultural and Linguistic Competence	VILT	37
De-Escalation Techniques	VILT	35
Hallucinogens	VILT	43
HOPE Florida (Care Navigator)	VILT	119
Identifying and Responding to the Trafficking of Boys and Male Identifying Youth	VILT	184
Managing Stress and Emotion	VILT	131
Narcan Training	VILT	79
Opioid Overdose Recognition and Response	VILT	92
Psychological First Aid	VILT	44
Resilience Skills and Strategies	VILT	104
Stimulants Training	VILT	21

*VILT: Virtual Instructor-Led

Future Plan: The Department will continue to offer learning and development opportunities to all child welfare professionals in partner agencies. The training will utilize continuous quality improvement to revise and enhance the learning and development opportunities.

Initiative 2.2: Supervisor Professional Development

The standards for certification and certification documents were finalized in a previous reporting period and continue to be available on the Strong Foundations website. In the last year, the Florida Certification Board has also added information about the credential including the standards, certification documents and application

to their website. The certification exam has been created and is in the process of being validated by the Florida Certification Board.

Since the Supervisor Certification training was piloted in May 2021, a total of 163 supervisor have been trained. Only 120 of those supervisors continue to be a supervisor role and are eligible for certification. Of those supervisors that have been trained and remain eligible, 25 have completed the 4 observations required for certification. A total of 19 have completed all steps necessary and hold the Child Welfare Supervisor Certification credential.

During the last year, the focus has shifted from training supervisors to supporting the roll out of the training curriculum across the state. The initial cohort for train the trainer was launched on July 20-22, 2022. Due to Covid-19 concerns, as well as concerns for adequate participation the training was conducted virtually using the online platform, Zoom. Trainings were scheduled for three full days from 9am-4pm which included a 1-hour lunch break and two brief breaks. Participants were mailed packages in advance which included an agenda, a draft copy of the trainer guide, and required Florida Certification Board documents (overview of the certification opportunity, four observation forms, and case review form).

Following each training day of the initial cohort, trainers were asked to complete surveys. Based on the feedback received, modifications were made to both the trainer's guide and the delivery of the train the trainer. Changes were minor and included: more time on difficult topics, less time on topics that were self-explanatory, more time spent discussing tips for scheduling training days, homework assignments and virtual versus in person delivery.

Since the initial cohort, the train-the-trainer class was reduced from a full day to a half day training. The Strong Foundations team has since hosted an additional 6 train-the-trainer classes. A total of 81 trainers from lead agencies and DCF regions across the state have attended a train-the-trainer session. In addition to participating in the training, in order to finalize eligibility to deliver the supervisor certification training, trainers were also asked to view two videos that are included in Module 9 of the curriculum and submit certificates to verify completion. Following the completion of this step, experienced trainers were approved to offer the training. If the trainer has limited experience training, they need to observe and/or co-train with an experienced trainer before training a cohort of their own. As of March 2023, 34 trainers have been approved to deliver the training. Additional trainings are planned throughout the remainder of the project.

The training curriculum, participant guide and trainer guide that were created to support the learning of the core competencies are in the final editing phase. Following the initial cohort of the train-the-trainer class, editing issues were identified with the guides and are being corrected. The guides are expected to be finalized soon. Upon completion, the training materials will be available through the DCF Learning Management System.

Future Plan: The team is focusing on sustainability of the supervisory training until December 2023.

Initiative 2.3: Proficiency in Florida's Child Welfare Practice Model

The research, data, and activities of the Empowering Supervisor's Initiative from June 2021-June2022 revealed that many CPI Supervisors, particularly those with less than two years of experience who did not go through a proficiency process, were promoted for their excellence as a CPI. However, this left them wanting for guidance, skill-building, and support specifically geared toward CPI Supervision. To this end, the Path to

Certification Project will establish departmental standardized supervisory training and development program to increase retention and provide a framework for all Child Protective Investigator Supervisors (CPIS) who have less than two years of experience as a CPI Supervisor. The implementation of a standardized training and development program to prepare all Department Supervisors for the Certified Child Welfare Supervisor credential (CCWS) will include Individual Development Plans (IDPs) and certification for all Supervisors, and a precertification process for Supervisors with less than two years of experience. The program will increase the understanding of core supervisory competencies and provide monitoring and support for supervisor development. Upon successful onboarding, each supervisor will receive a practical guide to their first year as a supervisor and create an (IDP) with their Program Administrator (PA). Supervisors with less than two years of experience will move through a precertification process to determine readiness for full certification, begin training requirements, and confirm successful transfer of knowledge using quality review and regional data. Together, the practical guide, IDP, precertification process, and certification process will standardize the onboarding of CPI Supervisors and lay the groundwork for the certification requirements as a Certified Child Welfare Supervisor (CCWS). This program will coincide with the Career Ladder initiative with precertification as a requirement for CPIS Level 1 and full certification (CCWS) as a requirement for CPIS Level 2. Finally, this training and development program will utilize continuous quality improvement to be revised annually which will enhance supervisor support and improve retention of Child Protective Investigator Supervisors and CPIS

The number of expected CPI' Supervisors to go through the process of obtaining the CCWS credential is over 222. The expected timeline to completion is projected for 7/1/23 pending a successful curriculum design process.

Future Plan: The team aims to program include a comprehensive continuous improvement plan design to both evaluate programmatic efforts through the supervisors going through the credential process as well as strengthening the relationships between program administrators and their respective supervisors. A further evaluation will be provided by FCB to show details of the number of successful certifications achieved within a two-year period.

GOAL 3: Fully Integrate Training into the Continuous Quality Improvement (CQI) Process

Initiative 3.1: Continuous Improvement of Training

The OCFW L&D Unit uses data to develop and evaluate all new and existing training initiatives. The OCFW Training Unit implemented Learning Transfer Evaluation Model (LTEM) to measure the effectiveness of training and transfer of learning. All e-learning courses and webinars are followed up with an LTEM questionnaire. The OCFW Training Unit has one dedicated "Evaluation/Implementation" staff who monitors and assesses the evaluation results. The evaluator provides that feedback on the training courses to instructional designers.

Future Plan: The OCFW L&D Unit will continue the deployment of evaluations and update the courses based on the feedback.

Initiative 3.2: Strengthen the Link Among Training, Data, and Quality Assurance

The OCWF L&D, the OQI Data, and quality reviewer teams meet monthly to discuss performance gaps based on the Life of Case tool. Then, L&D team coordinates with the quality reviewer team conducts trainings, such as supervisory initial consultation, reading criminal background history, and safety planning.

Future Plan: The OCWF L&D Unit will continue to provide different instructional and performance solutions to support the vision of “best-in-class” and competent child welfare professionals.

Chapter 8 provides the breakdown of the training budget for this fiscal year.

Training Overview (January 2022- December 2022)

This overview is a compilation of data submitted by all Lead Agencies, Sheriff Office grantees, the six Department of Children and Families regions, and Children’s Legal Services. The reporting period for state training is January 2022 to December 2022. During the year, 77,883 individuals attended child welfare-related training activities offered by the Florida Department of Children and Families or one of its partner agencies at the estimated cost of \$957,096.

The population trained includes Foster and Adoptive Parents, Relative and Non-Relative Caregivers, Child Protective Investigators, Case Managers, Licensing Counselors, Adoption Specialists, Independent Living Case Managers, Children’s Legal Services employees of other child welfare service providers. The training data is self-reported and therefore is not always consistent.

The tables below show all Pre-Service, In-Service, Foster/Adoptive Parents, and other partners/providers’ trainings broken down by audience, course types, training setting, and providers. Totals vary across the tables due to missing data. Table 1 indicates an increase in attendance compared to 2021 data. Table 2 provides attendance by training topic. As in 2021, approximately half of training courses in 2022 focused on Social Work Practice, Child Abuse and Neglect Issues, Assessment, Mental Health and Foster and Adoptive Parent training. In 2022, the Department enhanced its methods to capturing data which increased the count of trainings for foster/adoptive parents.

Table 1. Pre-Service Training in 2022

Course Title	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Core	500	363	278	390	1,531	53.3%
Case Management Specialty	313	357	223	278	1,171	40.8%
CPI Specialty	31	34	18	13	96	3.3%
Licensing Specialty	6	38	14	15	73	2.5%
TOTAL	850	792	533	696	2,871	100.0%

Table 2. Description of In-Service Trainings in FY 2022

Title IV-E Training Topics Claimable at the 75 Percent Match Rate	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Social Work Practice	3,019	3,875	1,971	3,505	12,370	16.5%
Foster/Adoptive Parent Training	1,900	5,135	1,742	1,584	10,361	13.8%
Child Abuse and Neglect Issues	2,257	2,165	2,060	1,852	8,334	11.1%
Assessment	1,545	417	343	2,272	4,577	6.1%
SACWIS	721	723	579	616	2,639	3.5%
Referrals to Services	576	893	235	831	2,535	3.4%
Mental Health	910	621	315	649	2,495	3.3%
Permanency Planning	554	732	427	385	2,098	2.8%
Cultural Competency	361	772	134	646	1,913	2.6%
Communication Skills	414	369	413	447	1,643	2.2%
Child Development	290	678	189	427	1,584	2.1%
Ethics	312	481	400	380	1,573	2.1%
Substance Abuse	194	905	242	155	1,496	2.0%
Effects of Separation	70	726	15	457	1,268	1.7%
AFCARS System	5	514	111	468	1,098	1.5%
Title IV-E Policies	273	102	237	189	801	1.1%
Domestic Violence	216	211	134	57	618	0.8%
Independent Living	115	158	138	173	584	0.8%
Preserving Families	174	186	112	73	545	0.7%
Visitation/Family Time	89	24	6	46	165	0.2%
Training Topics Not IV-E Eligible @ 75%	3,404	5,031	3,804	3,961	16,200	21.6%
TOTAL	17,399	24,718	13,607	19,173	74,897	100.0%

Table 3 shows the level of participation from all audience groups remains stable. Foster and adoptive parent training is now tracked separately.

Table 3. In-Service Training in 2022 by Audience Groups

Audience Groups	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Case Management	13,426	17,580	10,611	16,276	57,893	77.2%
Foster Parents	1,583	4,420	1,044	1,408	8,455	11.3%
Child Protective Investigations	1,137	1,408	1,021	935	4,501	6.0%
Adoptive Parents	821	1,015	734	167	2,737	3.6%
Child Legal Services	453	340	209	424	1,426	1.9%
TOTAL	17,420	24,763	13,619	19,210	75,012	100.0%

Table 4 shows that as in 2021, most of the training delivered in 2022 was Online.

Table 4. In-Service Training in 2022 by Settings

Training Setting	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Online	11,007	15,175	8,781	10,991	45,954	61.3%
Classroom	4,440	7,900	4,761	5,187	22,288	29.7%
Field	1,973	1,688	77	3,032	6,770	9.0%
TOTAL	17,420	24,763	13,619	19,210	75,012	100%

Table 5 shows that most of the training continues to be provided ‘In-House.’ The In-House category is comprised of training by staff from the Department of Children and Families, a lead agency, a case management organization, or a Sherriff’s office that provides Child Protective Investigations. The University category includes training provided by trainers from or contracted through a university. For the ‘Other’ category, trainers are from or contracted through an outside organization. Examples of these include Action for Child Protection, Safe and Together Institute, or a local provider.

Table 5. In-Service Training in 2022 by Providers

Training Provider	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
In-House	21,256	22,037	13,535	15,755	72,583	77%
Other	5,966	4,527	5,017	5,043	20,553	22%
University	491	356	200	425	1,472	2%
TOTAL	27,713	26,920	18,752	21,223	94,608	100%

APPENDIX A. CAPTA DATA REPORT

The State of Florida 2021-2022 CAPTA ANNUAL DATA REPORT

1. **The number of children who were reported to the State during the year as abused or neglected:** 206,514 (Jul 1, 2021-Jun 30, 2022)
2. **Of the number of children described in paragraph (1), the number with respect to whom such reports were:**
 - A. **Substantiated;** 25,298
 - B. **Unsubstantiated; or (Note: Florida’s count for Unsubstantiated includes no indication findings and Not Substantiated)** 181,216
 - C. **Determined to be false.** 175
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;**
 - B. **The number that received services during the year under the State program funded under this section or an equivalent State Program;** 8,843 children received Family Support Services, 25,154 received In-Home Services, and 32,550 received Out of Home Care Services, **and**
 - C. **The number that were removed from their families during the year by disposition of the case.** 11,384
4. **The number of families that received preventive services, including use of differential response, from the State during the year.** 32,453 children received prevention services from Promoting Safe and Stable Families programs.
5. **The number of deaths in the State during the year resulting from child abuse or neglect.** There was a total of 64 deaths resulting from verified abuse or neglect. There are currently 84 cases that still remain open pending completion of the investigation.
6. **Of the number of children described in paragraph (5), the number of such children who were in foster care.** Of the 64 verified cases, 2 involved children in foster care. One of the 84 cases that remains open involves a child in foster care.
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**
 - iv. **investigation of such reports.**
2,527 investigators (includes CPI, CPIS, and Sheriff CPI and CPIS), and as many as 159 Hotline Staff Intake Counselors and 26 Hotline Staff Intake Supervisors.
 - B. **The average caseload for the workers described in paragraph (A).** Not available.
8. **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.
9. **The response time with respect to the provision of services to families.** Not available.
10. **For 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.**

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.

11. 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. 5,952

12. 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.

The average number of out of court contacts between such individuals and children.

13. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6).

14. 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 youths served by both the child welfare system and the juvenile justice system in June 2022 was 628.

15. The number of children referred to a child protective services system under subsection (b)(2)(B)(ii) 2,108. *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 one year of age based on Incident Date in investigations completed in FY. Children whose Incident date is prior to their date of birth, children with no date of birth, and children with no incident date are NOT included.

16. 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: Not available.

The number of children referred in *State Fiscal Year (SFY)*: Not available.

APPENDIX B. EDUCATION AND DEMOGRAPHICS FOR CPI IN SHERIFF OFFICES

Child Protective Investigations	Supervisors with BSW	Supervisors with MSW	Supervisors Avg Years Child Welfare experience	Investigators with BSW	Investigators with MSW	Investigators Avg Years Child Welfare experience
Sheriff Pasco	0	1	16.3	2	0	3.3
Sheriff Hillsborough	1	0	14.7	4	1	4.4
Sheriff Manatee	0	0	16	2	0	5
Sheriff Broward	2	3	20	13	6	9
Sheriff Pinellas						
Sheriff Seminole	0	0	15.75	2	0	5.27
Sheriff Walton	0	1	6	2	0	6

Demographic Information of the Child Protective Investigation Personnel in Sheriff Offices

Child Protective Investigations	Black	White	Other	Hispanic
Sheriff Pasco				
Sheriff Hillsborough	17	71	5	15
Sheriff Manatee	3	33	0	6
Sheriff Broward	54	3	2	11
Sheriff Pinellas				
Sheriff Seminole	8	41	0	2
Sheriff Walton	0	2	0	0

APPENDIX C. CHILD PROTECTIVE INVESTIGATOR AND CPI SUPERVISOR POSITION DESCRIPTIONS

STATE OF FLORIDA

POSITION DESCRIPTION

CAREER SERVICE <input checked="" type="checkbox"/> SELECTED EXEMPT SERVICE <input type="checkbox"/> SENIOR MANAGEMENT SERVICE <input type="checkbox"/> OTHER <input type="checkbox"/> _____					
POSITION LOCATION INFORMATION		Position Exempt Under 110.205(____)(____), F.S. Managerial <input type="checkbox"/> Confidential <input type="checkbox"/> Supervisory <input type="checkbox"/> Other <input type="checkbox"/> _____			
NAME OF AGENCY: Department of Children and Families		Organization Level: Current: 60 Proposed:			
DIVISION/COMPARABLE: Region / Family Safety		Position Number:	FTE: 1.00	Security Role Code: E	
BUREAU/COMPARABLE : Operations / Child Protection		Current Broadband Level Code: 21-1099-03	Current Class Title: Child Protective Investigator	Current Class Code: 8371	
SECTION/SUBSECTION: /		Proposed Broadband Level Code:	Proposed Class Title:	Proposed Class Code:	
HEADQUARTERS/COUNTY CODE: /		Type of Transaction:			
INCUMBENT:		APPROVAL AUTHORITY USE ONLY			
POSITION ATTRIBUTES : EEO: 01 <input type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> <input type="checkbox"/>		Broadband Level Code: 21-1099-03	Class Code: 8371	Approved By:	Effective Date:
CBU: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input checked="" type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/>		APPROVED BROADBAND OCCUPATION: Community/Social Service Spec/All Other			

<p>11 <input type="checkbox"/> 18 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 89 <input type="checkbox"/> 99 <input type="checkbox"/> Other <input type="checkbox"/> _____</p> <p>Special Risk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Overtime: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>CAD: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>APPROVED CLASS TITLE: Child Protective Investigator</p>
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1. **This position reports directly to:** Position Number _____ Broadband Level Code 21-1099-04
Broadband Occupation Community/Social Service Spec/All Other Class Code 8372 Class Title Child Protective Investigator Supv-SES

2. **Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:**

3. **What statutes establish or define the work performed?** FS Chapter 39

4. **This position has financial disclosure responsibility in accordance with Section 112.3145, F. S.:** Yes No

5. **Current budget for which this position is accountable (if applicable):**

Salaries & Benefits	O.P.S.	Expenses
F.C.O.	Data Processing	TOTAL ALLOTMENT

If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation:

6. **Duties and Responsibilities** - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.

% of Time	Duties and Responsibilities
	This is professional work protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children.
	Conducts investigations regarding allegations of abuse, neglect, abandonment and/or special conditions for children;
	Collects information through interviews with the children, parents, relatives, neighbors, and other parties associated with the case;
	Engages families, identifies needs and determines the level of intervention needed to include voluntary services or court ordered dependency services; provides services linkages to agency and community resources based on needs assessment. Provides recommendations for development of case plan to Case Manager;
	Conducts initial/ongoing child Present and Impending Danger assessments;
	Develops with the family a signed Present Danger Plan and a signed safety plan for any identified threats and interventions;
	Arranges emergency placement for any child that cannot safely remain in the home;
	Notifies state attorney, law enforcement, child protection team and other required individuals as appropriate;
	Schedules and gathers information for and participates in case staffings;
	Prepares appropriate reports/documentation in coordination with Children's Legal Services and provides testimony in court;
	Maintains thorough documentation in the client records/appropriate information system(s) and maintains organized client files;
	Reports indication of abuse, neglect and/or abandonment to the Florida Abuse Hotline;
	Establishes and maintains cooperative working relationships with organizations and other agencies involved with child protective investigations such as community based providers, Children's Legal Services, law enforcement, medical personnel, schools, and other community/agency resources;
	Ensures effective communication with deaf or hard-of hearing Customers or companions in accordance with the ADA and/or Section 504 and shall manage service records and report this data and any resources and/or training needs to their designated program point of contact.

7. **Knowledge, skills and abilities, including utilization of equipment, required for the position:** 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.

8. **Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):** Incumbents in this job class are required to use a personal vehicle to conduct field investigations, field visitations, or transportation of clients, and must maintain a valid driver's license, vehicle registration, and appropriate automobile insurance. Incumbents will receive a Vehicle Insurance Allowance. See CFOP 40-4, Vehicle Insurance Allowance For Selected Child Welfare and Adult Protective Services Staff, for additional information related to this job requirement. Florida Child Protective Investigator certification obtained within 12 months of hire.

9. **Other job-related requirements for this position:** On-Call

10. **Working hours:** (A) Daily from ____ to ____ (B) Total hours in workweek 40 (C) Explain any variation in work (split shift, rotation, etc.)

11. **Agency Use Only –**
Check those that apply: Uniform Allowance CJIP Bond Indicator Drug Screening Re-screening
 Security Check: No security screen required Background investigation required Background & fingerprint required
 Fingerprint investigation required Access to abuse records Caretaker Financial Law enforcement Management
 Sensitive Agency Security Check **Other:**

The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.

Incumbent Signature (optional):		Date:
Discussed with Employee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Title:	Date:
Supervisor's Signature:		
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date:

STATE OF FLORIDA

POSITION DESCRIPTION

CAREER SERVICE <input type="checkbox"/> SELECTED EXEMPT SERVICE <input checked="" type="checkbox"/> SENIOR MANAGEMENT SERVICE <input type="checkbox"/> OTHER <input type="checkbox"/> ____	
POSITION LOCATION INFORMATION	Position Exempt Under 110.205(2)(W), F.S. Managerial <input type="checkbox"/> Confidential <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Other <input type="checkbox"/> ____

DMS 05/5/04

Please name this file as follows: 2 digits for Agency # and 6 digit Position # (e.g. 60987654.doc)

NAME OF AGENCY: Department of Children and Families	Organization Level: Current: 60 Proposed:		
DIVISION/COMPARABLE: Region / Family Safety	Position Number:	FTE: 1.00	Security Role Code: M
BUREAU/COMPARABLE : Operations / Child Protection	Current Broadband Level Code: 21-1099-03	Current Class Title: Child Protective Investigator Supv-SES	Current Class Code: 8372
SECTION/SUBSECTION : /	Proposed Broadband Level Code:	Proposed Class Title:	Proposed Class Code:
HEADQUARTERS/COUNTY CODE: /	Type of Transaction:		
INCUMBENT:	APPROVAL AUTHORITY USE ONLY		
POSITION ATTRIBUTES: EEO: 01 <input type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> CBU: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input checked="" type="checkbox"/> 89 <input type="checkbox"/> 99 <input type="checkbox"/> Other <input type="checkbox"/> _____ Special Risk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Overtime: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CAD: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Broadband Level Code: 21-1099-04	Class Code: 8372	Approved By: Effective Date:
	APPROVED BROADBAND OCCUPATION: COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER		
	APPROVED CLASS TITLE: CHILD PROTECTIVE INVESTIGATOR SUPV-SES		
2. This position reports directly to: Position Number _____ Broadband Level Code <u>11-9151-02</u> Broadband Occupation <u>Community/Social Service Spec/All Other</u> Class Code <u>5916</u> Class Title <u>Program Administrator - SES</u> 3. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:			

DMS 05/5/04

Please name this file as follows: 2 digits for Agency # and 6 digit Position # (e.g. 60987654.doc)

Broadband : Class Title : Class Code : Position Number(s) : HQ Location

21-1099-03: Senior Child Protective Investigator: 8373: :
 21-1099-03: Child Protective Investigator: 8371: :
 43-4199-02: Records Technician: 0045: :
 21-1093-01: Family Support Worker: 5703: :

4. **What statutes establish or define the work performed?** FS Chapter 39

5. **This position has financial disclosure responsibility in accordance with Section 112.3145, F. S.:** Yes No

6. **Current budget for which this position is accountable (if applicable):**

Salaries & Benefits	O.P.S.	Expenses
F.C.O.	Data Processing	TOTAL ALLOTMENT

If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation:

7. **Duties and Responsibilities** - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.

% of Time	Duties and Responsibilities
	This is advanced professional work supervising and directing employees. The primary duty of the incumbent in this position is to spend the majority of their time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to effectively recommend actions such as: hire, transfer, suspend, layoff, promote, discharge, assign, and reward or discipline direct reports. Evaluates employees against established standards and takes appropriate actions when necessary (i.e. recognition, reward, corrective action, etc.).
	Supervise, plan and direct workloads, workflows, deadlines, work objectives and time utilization of subordinate staff in the delivery of protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children.
	Develop performance standards and job duty expectations with investigators, reviews standards and plans for continuous improvement. Communicate investigators' compliance with these expectations on a regular basis and provides coaching by acknowledging outstanding performance and providing suggestions on areas for improvement.
	Evaluate employees against established standards and takes any necessary steps for corrective action.

	Promote career development of investigators by ensuring each individual receives the proper training and leads cross-training efforts on differential investigative skills.
	Review casework, assessments, and safety plans with investigators, and provides consultation and direction to assure appropriateness, clarity, quality, thoroughness, and proper documentation.
	Use management tools in appropriate information system(s) on an ongoing basis to monitor open cases and manage workflow for steady progress to ensure the timeline for actions to be taken are met and to prevent backlog.
	Ensure that Child Protection Investigation (CPI) operations are within legislative authority and in compliance with required federal, state rules and regulations.
	Identify improvements and implements adjustments needed to ensure program effectiveness and efficiency.
	Facilitate and participate in the hiring, promoting, demoting, discipline and/or dismissal of employees.
	Collect, analyze, and report data regarding child protective investigations.
	Establish and maintain cooperative working relationships with organizations and other agencies involved with child protective investigations such as community-based providers, Children’s Legal Services, law enforcement, medical personnel, schools and other community/agency resources.
	Ensure effective communication with deaf or hard-of hearing Customers or companions in accordance with the ADA and/or Section 504 and shall manage service records and report this data and any resources and/or training needs to their designated program point of contact.
8.	Knowledge, skills and abilities, including utilization of equipment, required for the position: 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.
9.	Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite): Must maintain valid Driver’s License; Must maintain current Florida Child Protective Investigator certification; Bachelor’s Degree.

11. **Other job-related requirements for this position:** Proficient in the application of the child welfare safety practice model.

12. **Working hours:** (A) Daily from _____ to _____ (B) Total hours in workweek 40 (C) Explain any variation in work (split shift, rotation, etc.)

12. **Agency Use Only –**
Check those that apply: Uniform Allowance CJIP Bond Indicator Drug Screening Re-screening
Security Check: No security screen required Background investigation required Background & fingerprint required
Fingerprint investigation required Access to abuse records Caretaker Financial Law enforcement
Management
Sensitive Agency Security Check **Other:**

The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.

Incumbent Signature (optional):		Date:
Discussed with Employee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Title:	Date:
Supervisor's Signature:		
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date:

APPENDIX D. CHILD PROTECTIVE INVESTIGATOR AND SUPERVISOR ANNUAL REPORT

The Child Protective Investigator and Supervisor Annual Report serves as a status report to the Governor, President of the Senate, and Speaker of the House of Representatives. The report provides the educational qualifications, turnover, professional advancement, and working conditions of the Department's Child Protective Investigators, Child Protective Investigator Supervisors, and other child protective investigative staff. The report can be accessed via the Department's webpage at the following link:

[https://www.myflfamilies.com/sites/default/files/2023-02/CPI Workforce Report 2021-22.pdf](https://www.myflfamilies.com/sites/default/files/2023-02/CPI_Workforce_Report_2021-22.pdf)

APPENDIX E. ANNUAL ADOPTION SURVEY

The Adoption Incentive Report is a baseline assessment of Community Based Care Lead Agencies' performance in eight areas related to adoptions. This report includes the most recent five years of available data. The report can be accessed via the Department's webpage at the following link:

https://www.myflfamilies.com/sites/default/files/2023-02/Adoption_Incentive_Anual_Report_2021-22.pdf