FLORIDA'S

Child and Family Services Plan

2015-2019

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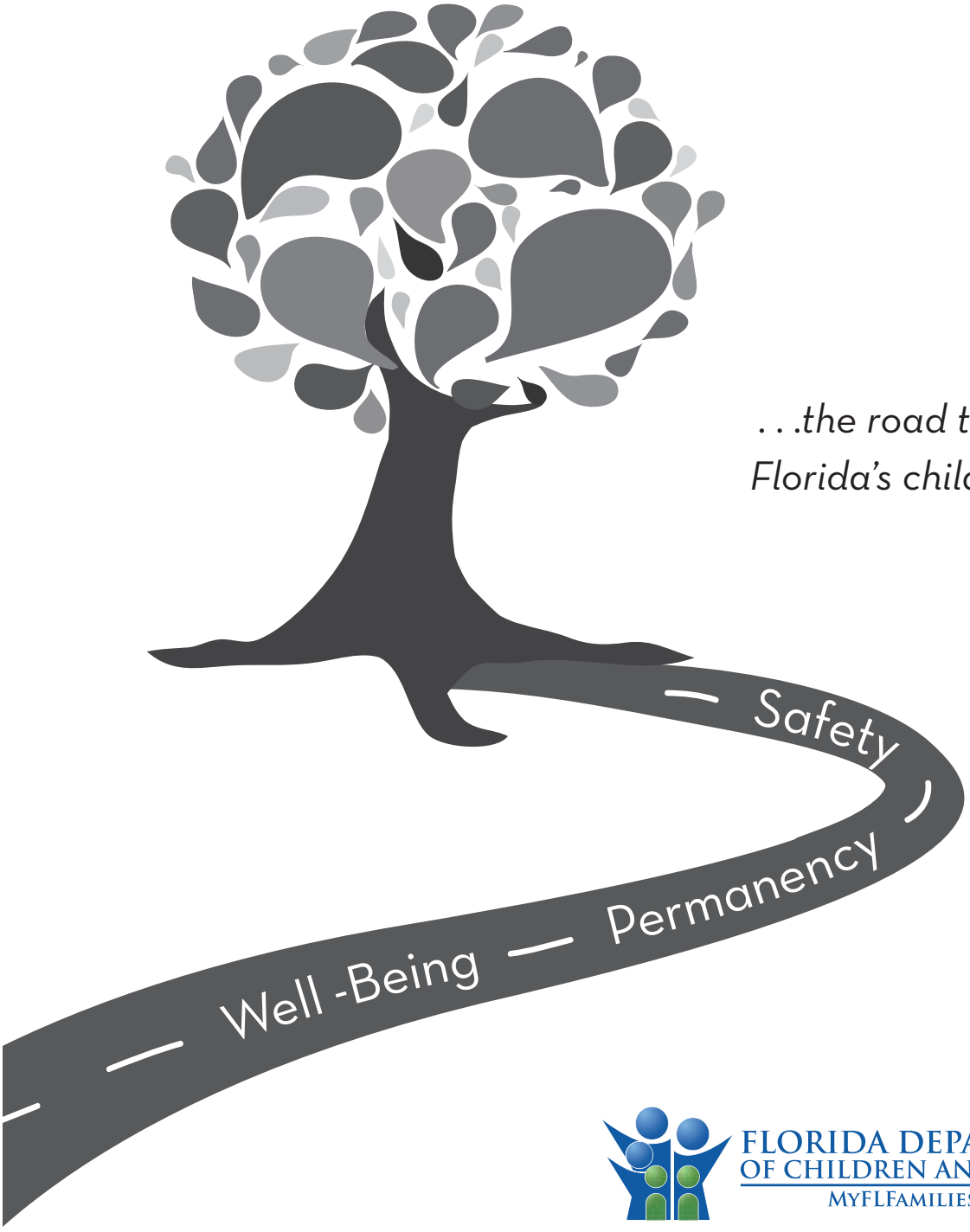

. . .the road to strengthening Florida's child welfare system

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Child and Family Services Plan 2015-2019

Florida Department of Children and Families
Tallahassee, FL

June 30, 2014

An electronic version of this document, once approved, will be available at:

http://www.centerforchildwelfare.org/Publications/ChildFamilyServicesPlan.shtml

Copies of the prior Child and Family Services Plan 2010-2014 and the Final Report for that time period are also available at the address above.

Prior Annual Progress and Services Reports for the 2010-2014 time period:

http://www.centerforchildwelfare.org/HorizontalTab/AnnualReports.shtml

Rick Scott
Governor

Mike Carroll
Interim Secretary

Florida's Child and Family Services Plan 2015-2019

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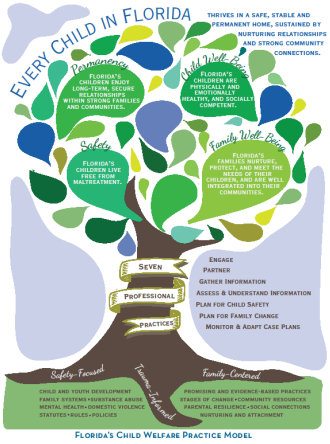
Chapter I. Child Protection Program: Mission and Vision

The **mission** of the Florida Department of Children and Families is to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.



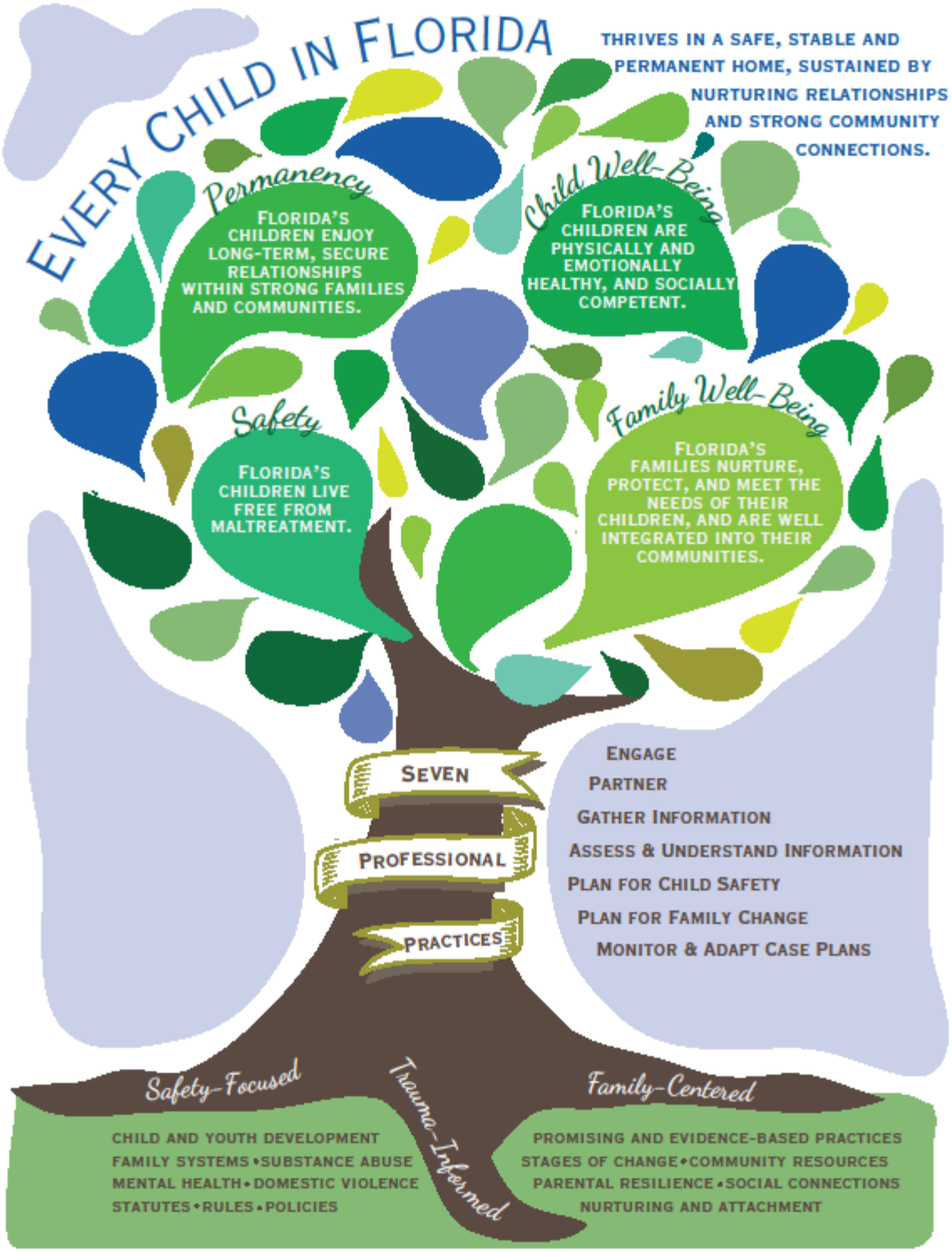
FLORIDA'S CHILD WELFARE PRACTICE MODEL

Our **vision** is that every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections.

As embodied in Florida's Child Welfare Practice Model (see pages 2-5 of this chapter), the vision is rooted in a sound knowledge base and a practice approach that is safety-focused, family-centered, and trauma-informed. It will be achieved by focusing on seven general professional practices that are operationalized by using methods, tools, and concepts that make up the Department's Safety Methodology. These practices are directed toward the major outcomes of safety, permanency, and child and family well-being.

As in all aspects of social services, particularly child welfare, an integrated and collaborative approach with multiple partners and stakeholders is essential. The Five Year Child and Family Services Plan (CFSP) reflects this vision and approach.

Mission and Vision



FLORIDA'S CHILD WELFARE PRACTICE MODEL

Mission and Vision

Florida's Child Welfare Practice Model

Vision

Every child in Florida thrives in a safe, stable and permanent home, sustained by nurturing relationships and strong community connections.

Goals

Florida's child welfare professionals seek to achieve these goals:

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

Practices

To achieve these goals, Florida's child welfare professionals use a safety-focused, family-centered and trauma-informed approach that includes these key practices:

- **Engage the family:** Build rapport and trust with the family and people who know and support the family. Empower family members by seeking information about their strengths, resources and proposed solutions. Demonstrate respect for the family as the family exists in its social network, community and culture.
- **Partner with all involved:** Form partnerships with family members and people who know and support the family. Partner and share information with relative caregivers and foster and adoptive parents. Include parent and other caregivers in case decision-making. Lead and facilitate partnership with all involved parties to achieve optimum communication, clear roles and responsibilities, and mutual accountability.
- **Gather information:** Gather information from the family members and other team members throughout the course of interventions to gain insight into solutions that might work for family members. Update information as underlying issues, including trauma histories, are identified and as the family situation changes.
- **Assess and understand information:** Assess the sufficiency of information gathered. Identify and, whenever possible, reconcile unsupported impressions and observations or unverified statements regarding family functioning. Ensure all team members have a shared understanding of both risk and safety information and how this information informs interventions.
- **Plan for child safety:** Develop and implement, with the family and other partners, short-term actions to keep the child safe in the home or in out-of-home care. For a child in temporary care, identify the circumstances within the child's family that must exist for the child to be returned home safely with an in-home safety plan.
- **Plan for family change:** Work with the child, family members, and other team members to identify appropriate interventions and supports necessary to achieve child safety, permanency and well-being. Identify services to help the child recover from the effects of child maltreatment and trauma, and to restore typical development to the extent possible. Seek to identify what is needed for the family members and their support network to succeed in maintaining positive changes over the long term. Seek the caregivers' expertise in case planning and service delivery.
- **Monitor and adapt case plans:** Link family members to services and help them navigate formal systems. Troubleshoot and advocate for access to services when barriers exist. Modify safety actions and family case plans as the needs of family members change. Support the child and family members with transitions, including alternative permanency options when reunification cannot occur.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Mission and Vision

THE SEVEN PROFESSIONAL PRACTICES: *What* child welfare professionals do.

THE SAFETY METHODOLOGY: *How* they do it.

THE GOALS AND VISION: *Why* they do it.

SEVEN PROFESSIONAL PRACTICES

Operationalized Using the Safety Methodology

Engage: The family is the primary point of communication, involvement and decision-making. The *Information Collection Protocol* for investigators and *Standards of Intervention* for case managers provide uniform processes that result in the ability to engage with the family and those who know the family. The uniform processes give parents information that empowers them, and seeks assistance from the family to gather sufficient information to complete the *Family Functioning Assessment* and (for unsafe children) the safety planning, *Family Functioning Assessment - Ongoing* and case planning. Engagement is essential to the development of the *Case Plan*, which includes goals for what must change, related to enhancing *Caregiver Protective Capacities* and the identification of treatment services. The case manager continues to engage the family to facilitate the needed change.

Partner: Partnering occurs throughout the time a child welfare professional works with the family. Child welfare professionals partner 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 progress evaluation. The partnering process promotes commitment and accountability of the family and all team members toward common goals for the family.

Gather information: Sufficient, relevant information-gathering is the most essential ingredient for effective decision-making. Information is gathered through the information standards, referred to as the *Six Information Domains*, which frame what must be known about children and caregivers to inform effective decision-making. These *Six Information Domains* live within the *Family Functioning Assessment*. The *Six Information Domains* are: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline. Through the collection of this information, the child welfare professional "creates a picture" of the pervasive functioning occurring among adults and children within the family. The "picture" represents a merging of crucial information which reveals: the presence or absence of danger threats to child safety; the vulnerability of children; the level of caregiver protective capacities; the sufficiency of safety plans; the evaluation of case plan progress; and the assessment of risk. Information-gathering begins at the Florida Abuse Hotline and continues during the investigation and throughout ongoing case management for unsafe children.

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THE SEVEN PROFESSIONAL PRACTICES:
Operationalized Using the Safety Methodology

Assess and understand information: When relevant, sufficient information is gathered, assessed and analyzed to inform the danger assessment of the children and the actuarial risk assessment of future harm. Impending danger is qualified and understood through meeting all five *Danger Threshold Criteria*: (1) the child is vulnerable, (2) family conditions are out of control, (3) family conditions are likely to have a severe effect, (4) the danger is imminent, and (5) the danger is observable. When information in the *Six Information Domains* clearly supports an active impending danger threat that meets the *Danger Threshold Criteria*, and there is no one in the household with the caregiver protective capacities to manage the danger, the child is determined to be unsafe. A clear understanding of family functioning informs case plan outcomes developed to change behavior by enhancing diminished caregiver protective capacities. Several assessment tools are used throughout the life of the case: *Present Danger Assessment; Family Functioning Assessment;* the SDM® *Risk Assessment Tool; Family Functioning Assessment - Ongoing; Ongoing Family Functioning Progress Update;* SDM® *Family Risk Re-Assessment* and SDM® *Family Risk Reunification Assessment.*

Plan for child safety: There are two times when safety planning is needed. When a child is found to be in present danger, a *Present Danger Plan* is put in place to control present danger threats and to allow time for sufficient and relevant information collection through the *Family Functioning Assessment* process. When an investigator concludes at the end of the *Family Functioning Assessment* a child is unsafe, an *Impending Danger Safety Plan* is developed. Developing a sufficient *Impending Danger Safety Plan* to control and manage impending danger that is the least intrusive is completed through an immediate intervention called *Safety Planning Analysis.* Safety plans are managed by the agency. When a case is transferred from investigations to ongoing case management, the management of the *Impending Danger Safety Plan* is transferred at the same time and continues to occur through the life of the case. In addition, the *Safety Planning Analysis* is used for children with an out-of-home Impending *Danger Safety Plan* to create *Conditions for Return* for these children to return home with an in-home *Impending Danger Safety Plan.*

Plan for family change: Information gathered through the *Family Functioning Assessment - Ongoing* results in the development of case plan outcomes related to what must change to demonstrate enhanced *Caregiver Protective Capacities* addressing impending danger threats and *Child Needs.* The *Case Plan* includes specific, measurable, attainable, reasonable and timely outcomes that are developed jointly with the family, and the services associated with the outcomes. It is the "roadmap" or method by which change will be addressed.

Monitor and adapt case plans: The *Ongoing Family Functioning Progress Update* is a formal and ongoing intervention that occurs on a regular basis following the development of the family's *Case Plan.* It is intended to provide a standardized approach to measuring progress for enhancement of diminished *Caregiver Protective Capacities* as they relate to the impending danger threats and *Child Needs,* safety plan sufficiency and motivational readiness to change. Case plans are adapted as progress is made to further promote change. Caregiver progress is reflected and documented in the updated *Six Information Domains,* which inform the *Ongoing Family Functioning Progress Update.*

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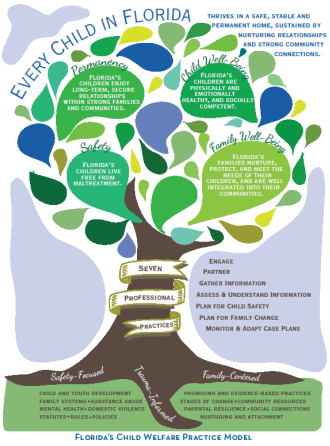
Chapter II. Executive Summary

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



FLORIDA'S CHILD WELFARE PRACTICE MODEL

Our vision is that every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections. This five-year Child and Family Services Plan (CFSP) is intended to achieve this vision and work toward the three primary outcome goals of safety, permanency, and well-being, as defined in the Administration for Children and Families' Child and Family Services Review (CFSR) process.

The measures of progress, objectives, interventions, and milestones laid out in the Plan for Improvement section of the CFSP, based in a high-level statewide performance assessment, include a comprehensive approach to these three primary goals:

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

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

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

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

Service delivery is coordinated through an administrative structure of 6 geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. Within

regions, Community-Based Care lead agencies (CBCs) deliver foster care and related services as defined in Florida statute[1]under contract with the Department. Child protective investigation duties are performed either by Department staff, or (in several counties) are performed under contract by county sheriffs' offices. Children's Legal Services continues to function as an internal "firm" for child-focused advocacy in all areas; in some areas, this includes coordination with attorneys under contract from the State Attorney's Office or the Office of the Attorney General. Finally, coordination with other program areas (particularly Substance Abuse, Mental Health, and Domestic Violence) within the Department is critical.

As required by the Administration for Children and Families' Program Instruction for the CFSP, this Plan includes four discrete "targeted" plans (Foster and Adoptive Parent Diligent Recruitment; Health Care Oversight and Coordination; Disaster; and Training). Extensive information is also included to address requirements on other topics:

- Collaboration
- Chafee Foster Care Independence, and Education and Training Voucher Programs
- Monthly Caseworker Visits
- Adoption Incentive Payments
- Child Welfare Title IV-E Waiver Demonstration
- Promoting Safe and Stable Families
- Child Abuse Prevention and Treatment Act (CAPTA)
- Financial

[1]Lead agency requirements originally contained in s. 409.1671, F.S.; this section was repealed and replaced during the 2014 Legislative Session by ss. 409.986 through 409.997, F.S., which upon signature will become effective July 1, 2014.

Chapter III. Florida's Child Welfare System: Overview and Service Array

A. Engagement, Collaboration, and Coordination

The Department supervises the administration of programs that are federally funded, state directed, and locally operated. The Department of Children and Families is responsible for the supervision and coordination of programs in Florida funded under federal Titles IV-B, IV-E and XX of the Act (45 CFR 1357.15(e)(1) and (2)).

TheDepartment of Children and Families' Office of Child Welfare plays a vital role in the development of policies and programs that implement and support the Department's mission. Policy development, program implementation,and monitoring of the child welfare system are the responsibility of the Office of Child Welfare. The child welfare system is administered and coordinated through highly collaborative relationships with other state and local agencies, Tribal representatives, foster/kinship caregivers, foster youth, community-based lead agencies, the judiciary, researchers, child advocates, Guardians ad Litem, the Legislature, and private foundations to maximize child safety, permanency, well-being, and families' opportunities for success.

Service delivery is coordinated through an administrative structure of 6 geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. Within regions, Community-Based Care lead agencies (CBCs) deliver foster care and related services as defined in Florida statute[1]under contract with the Department (See Figure 2). Child protective investigation requirements are also defined in statute (Chapter 39, F.S.).In several geographic areas, the duties of child protective investigation are performed under contract by county sheriffs' offices[2]. Children's Legal Services continues to function as an internal "firm" for child-focused advocacy in all areas; in some areas, this includes coordination with attorneys under contract from the State Attorney's Office or the Office of the Attorney General. The Department and its many partners provide other aspects of the continuum of services as described in the next section. This delivery structure has been stable for several years.

CBC 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. Most CBCs contract with subcontractors for case management and direct care services to children and their families. This innovative system allows local agencies to engage community

[1]Lead agency requirements originally contained in s. 409.1671, F.S.; this section was repealed and replaced during the 2014 Legislative Session by ss. 409.986 through 409.997, F.S., which upon signature will become effective July 1, 2014.
[2] As per s.39.3065, Florida Statutes, the county sheriff offices in Pinellas, Broward, Manatee, and Pasco Counties perform child protective investigations. County sheriff offices in Hillsborough and Seminole Counties are also under contract to perform child protective investigations.

partners in designing their local system of care that maximizes resources to meet local needs. The Department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings.

Lead agencies' responsibilities are codified in law. The 2014 Legislature either modified duties and responsibilities (409.988, F.S.) which include, but are not limited to:

Serve all children referred as a result of a report of abuse, neglect, or abandonment to the Department's central abuse hotline including children 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

- May also 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 Department as established in the child welfare results-oriented accountability system

Serve dependent children through services that are research based or best child welfare practice; may provide innovative services, including family-centered, cognitive-behavioral, trauma-informed interventions designed to mitigate out-of-home placements. Please refer to S. 409.988, F.S., for lead agency duties.

The CBC providers have successfully created, designed, and implemented innovative intervention strategies that can become models for others in the state. The freedom to develop unique plans and share them with others is the hallmark of this system. For specific information on the various Community-Based Care lead agencies, please visit: http://www.myflfamilies.com/service-programs/community-based-care/lead-agency-websites

The financial resources used by the Department for child welfare purposes are many and complex. Maintaining the integrity of fund source requirements while balancing changing needs within the structure described above is an ongoing challenge. Some of the major funding mechanisms, in brief, are:

Sheriff Offices: Pursuant to s. 39.3065, Florida Statutes, funds for sheriffs to provide child protective investigations must be identified in the annual appropriation made to the Department of Children and Family Services, which shall award grants for the full amount identified to the respective sheriffs' offices. The 2014 Legislative Appropriation Act has proviso that includes an allocation methodology; funds shall be proportionately allocated to counties based on the department's projected initial and additional investigations for each county, with multiple risk cases being weighted at 2.0 relative to other cases at 1.0. The fund sources for these grant awards are the General Revenue Fund (state), Social Services Block Grant (SSBG) Trust Fund (federal), Tobacco Settlement Trust Fund (state), and the Welfare Transition Trust Fund (TANF - state).

Other Child Protective Investigation: Funds from relevant state and federal sources, similar to those for Sheriff Offices, are allocated to regions to support salary, benefits,

expenses, contracted services, and other usual resources for agency functions. Certain specific funds, such as the federal Children's Justice Act grant, are used for statewide purposes and thus retained in the budget for the Office of Child Welfare to manage.

Community-Based Care Lead Agencies: In alignment with the intent of substantive legislation that child welfare services be delivered by community-based agencies, the annual appropriation of funds for "child protection and child welfare services" (which includes but is not limited to prevention, diversion, family preservation, foster care, independent living, residential treatment, and case management) is used for contracting with the Community-Based Care lead agencies. The sources of these funds includes major federal grants such as Title IV-E Foster Care (currently under Demonstration Waiver – see Chapter XI), Title IV-E Adoption Subsidy, Title IV-B Promoting Safe and Stable Families and Child Abuse Prevention and Treatment Act, Education and Training Voucher Program and Chafee Foster Care Independence Program (see Chapter XV), and the Social Services Block Grant. A statutorily-prescribed allocation methodology applies to certain portions of the funding for purposes described as "core services."

Ongoing Collaboration

The Department has a long tradition of collaboration throughout all aspects of child welfare. Some collaborative efforts are formal, even required by law; others are continual, occurring on a daily basis as field staff work to find the best means to help children and families. Below is a description of some (though by no means an exhaustive list) of these collaborations, which occur at both state and local levels.

State level

One significant partnership is with the Executive Office of the Governor's Office of Adoption and Child Protection (OACP), established in s. 39.001, F.S. 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 Department's Office of Child Welfare provides ongoing technical assistance and supports during OACP's many activities, particularly development and implementation of the five-year plan for Child Abuse Prevention and Permanency required in statute. Several other agencies, including Education, Health, Juvenile Justice, Law Enforcement, and Agency for Persons with Disabilities are also partners in this comprehensive approach. Department staff from the regions also participate on the Local Planning Teams that work in specific geographical areas under the guidance of OACP.

Another significant collaboration across state agencies is the Florida Children and Youth Cabinet, created in 2007 and codified in s. 402.56, F.S. Its mission is:

> *To ensure that the public policy of Florida relating to children and youth promotes interdepartmental collaboration and program implementation in order for services designed for children and youth to be planned, managed and delivered in a holistic and integrated manner to improve the self-sufficiency, safety, economic*

stability, health and quality of life of all children and youth in Florida. (http://www.flgov.com/childrens-cabinet/)

The Secretary of the Department of Children and Families is a member of this Cabinet, along with the agency heads of the Department of Juvenile Justice, Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Education, and Department of Health; along with executive leadership of Guardian ad Litem, Governor's Office of Adoption and Child Protection, the Office of Early Learning; and other appointed representatives from various advocacy and specialized groups. The Cabinet's vision, and its approach to high-level collaboration, information sharing, and improved service delivery informs or guides much of the direction for the child welfare system at the highest level.

Other collaborative efforts at the state level include those with various individual or combinations of state agencies and other governmental organizations:

- With the Agency for Health Care Administration, such as for Medicaid payments and managed care for children and for psychotropic medication prescription data.
- With the Agency for Persons with Disabilities and the Department of Juvenile Justice, regarding services for children served by more than one agency.
- With the Department of Health, regarding services and various health issues for children involved with child welfare.
- With the Department of Education, working on educational issues for children and youth, such as data exchanges to assess outcomes and preparation for independent living.
- With the court system, particularly partnering with the Office of Court Improvement (OCI) on various training activities such as the annual Dependency Summit. Representatives from the Department, OCI, Department of Education, and Guardians ad Litem meet on a monthly basis to discuss and address topics of mutual interest.
- And finally, with the other program areas within the Department with a mutual responsibility for children, families, and caregivers involved in child welfare, particularly Domestic Violence, Substance Abuse, and Mental Health for child and adult issues, as well as Economic Self-Sufficiency for various financial and eligibility topics and Children's Legal Services for all child welfare legal matters.

Other efforts involve state-level advocacy or special population groups:

- The Ounce of Prevention Fund of Florida, heavily involved with the Department's various prevention activities and programs such as Healthy Families Florida.

- Florida Guardian ad LitemProgram (GAL) has a close working relationship at the state and local level with the Office of Child Welfare and Children's Legal Services for collaborative training and other topics; for instance, a conference focused on children with disabilities is being co-hosted by GAL and the Department in May 2014.
- Interstate Compact for the Placement of Children (see page 45 in this chapter).
- Tribal organizations (described in Chapter VI).
- Former foster youth, such as the Florida Youth SHINE organization and the Independent Living Services Advisory Council (see also Chapter XV).
- The Child Welfare Advisory Council, formed by the new Sunshine Care Health Maintenance Organization for managed care of the child welfare population. (See Chapter VIII).
- Florida State Foster/Adoptive Parent Association, for training and other events for foster/ adoptive families, and non-relative caregivers. (see also Chapter VII).
- The Florida Coalition for Children, long-term advocates for abused, neglected, or abandoned children; significant membership includes many Community-Based Care lead agencies and others providing related services.
- Florida's Office of Early Learning/Early Learning Coalitions, which coordinate provision of early education to at-risk children.
- The Health and Human Services Deaf and Hard-of-Hearing Advisory Committee, formed by a settlement agreement between HHS/ACF and the Department.
- Florida Coalition Against Domestic Violence, engaged in development and incorporation of policy and practice specific to families and children experiencing family violence.
- Children's Medical Services, which has partnered with the Department to develop collaborative and aligned policies within DCF and DOH for children in out-of-home care.

Local level

A key intent behind the formation of Community-Based Care lead agencies, as defined in s. 409.1671, F.S., was "to encourage communities and other stakeholders in the well-being of children to participate in assuring that children are safe and well-nurtured." In accord with this intent, the Department's regions and their CBC agencies have developed strong and extensive networks of collaboration at the local level. Many of the relationships are common to all areas; for example, local law enforcement agencies are connected to child protective investigation activities, local school boards partner to

ensure educational access and success, and local circuit and other courts work with Department, CBC, and CLS staff. A few other specific examples from the regions and their CBCs include:

Northwest Region:

- A Medical Home Model, in partnership with the local Pediatric Foundation, providing a Nurse Care Coordinator to work with child protective investigators and case managers.
- Child Welfare, Substance Abuse, and Mental Health service integration pilot programs for infant mental health and children ages 0-5, as well as data sharing.

Northeast Region:

- With the Department of Juvenile Justice, implementing the Crossover Youth Model with a multidisciplinary team staffing. The State Attorney's Office, local law enforcement, and local school board also participate.
- Children's Partnership Councils, including traditional and nontraditional partners, increasing outreach in rural areas.

Central Region:

- Together IN Partnership committee with Brevard County Government and many other local organizations, for information sharing and problem-solving around topics such as child substance abuse and family management.
- Participation on the local Children's Services Council, Healthy Start Coalition, and many other relevant workgroups.
- Casey Family Programs initiatives [also at state level and in other regions] on many education, assessment, and service delivery topics.

SunCoast Region:

- Pinellas County Sheriff's Office relationships for child protective investigations for appropriate and expeditious services to families.
- Family Strengthening Initiative with the faith-based community.
- Local Teen Advocacy Council for former foster youth empowerment.

Southeast Region:

- With the Early Learning Coalition, to maintain prioritization and access to quality childcare.

- Working with the Florida Department of Law Enforcement in the area of human trafficking, including a statewide conference.
- Partnering with the Children's Home Society on adoption services, such as the local Heart Gallery.

Southern Region:

- A Motivational Support Program with the behavioral health managing entity to enhance integration across behavioral health and child welfare.
- Collaborating with the local school system, Children's Legal Services, and the court to facilitate availability of Skype in the schools so children can participate in court hearings if they so choose.

Collaboration for Developing the Child and Family Services Plan 2015-2019

As indicated above, most of the planning and service delivery throughout Florida's child welfare system is continual and broad. The specific mechanisms through which this collaboration was brought to bear on the needs assessment, choice of goals, objectives, and interventions, and other components of the CFSP included:

A Statewide CFSP Committee was formed with representatives of the Department (state and region), CBCs, and Sheriffs reached out to other local partners, and provided input on local needs assessment including performance measurement gaps on outcomes and systemic factors, particular focus areas for services or specific population groups, strategies and initiatives, and during the development of statewide goals and objectives.

The Chief Child Advocate of the Office of Adoption and Child Protection was involved in discussion regarding coordination and how the Child and Family Services Plan complements and supports the Florida Child Abuse Prevention and Permanency Plan, and vice versa. The Child Abuse Prevention and Permanency Plan may be viewed at http://www.dcf.state.fl.us/programs/children/5yrPrevandPermPlan.shtml.

The Florida Youth SHINE organization discussed challenges and specified needs of the former foster youth, provided input on what is working, and recommendations for overall strategies as well as concrete services.

The Child Welfare, Substance Abuse, and Mental Health program staff discussed ongoing service integration efforts, as well as particular projects that were designed to meet identified needs (such as the preponderance of Substance Abuse as a contributing factor to a large portion of all child protective investigations and, sadly, child deaths) and that could be considered for objectives and interventions. This included the multi-program SAMHSA system of care grant and its Children's Mental Health System of Care (CMHSOC) Expansion Implementation Core Advisory Team, joint training and

awareness activities, and a SAMHSA grant for a pilot Project Launch structured around Prevention and Promotion strategies. (Additional detail in Chapter IV and V)

The Office of Court Improvement participated on the Statewide CFSP Committee, and provided input on joint projects and goals for Court initiatives to consider as part of the input for the CFSP goals, objectives, and interventions.

Children's Legal Services helped with overall legal concerns, specific CLS assessment in the form of CLS Quality Assurance results, information on CLS participation in child welfare education and youth workgroups and training activities, and general input as to content.

Various other collaborations occurred with respect to the embedded plans for specific topics.

- A representative from the Seminole Tribe provided input for the Training Plan (Chapter X).
- Input from the Agency for Health Care Administration and managed care organization, behavioral health experts, and region partners was used for the Health Plan (Chapter VIII).
- The Diligent Recruitment plan includes substantial input from the Fostering Florida's Future Workgroup (with foster parents and others), the Florida Association of Heart Galleries, the Florida State Foster/Adoptive Parent Association, the Quality Parenting Initiative, Wendy's Wonderful Kids, Casey Family Programs (Permanency Round Tables), and the Florida Coalition for Children (Chapter VII).

Florida's Child Welfare System: Overview and Service Array

Figure 1. Organization Chart

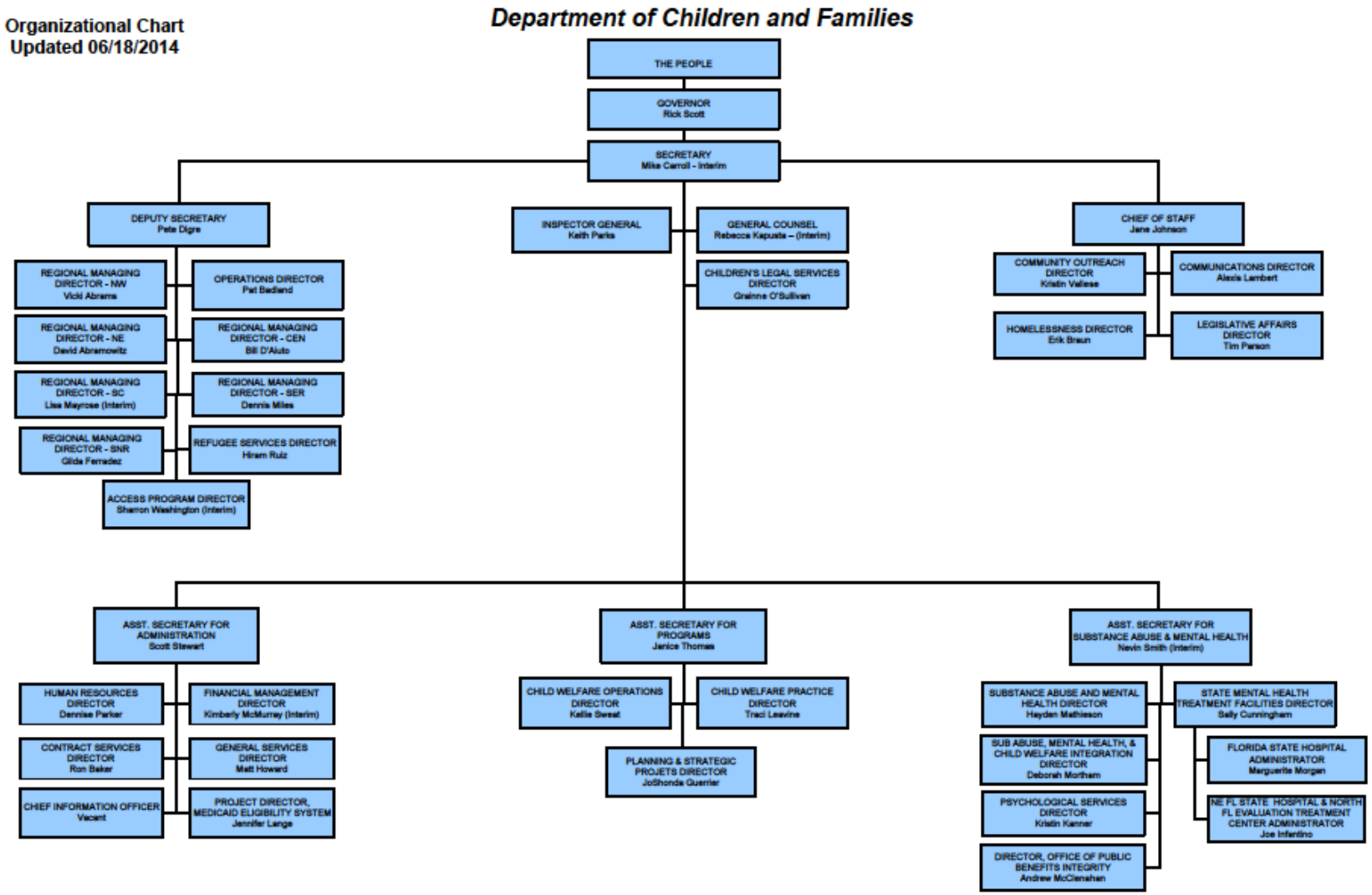
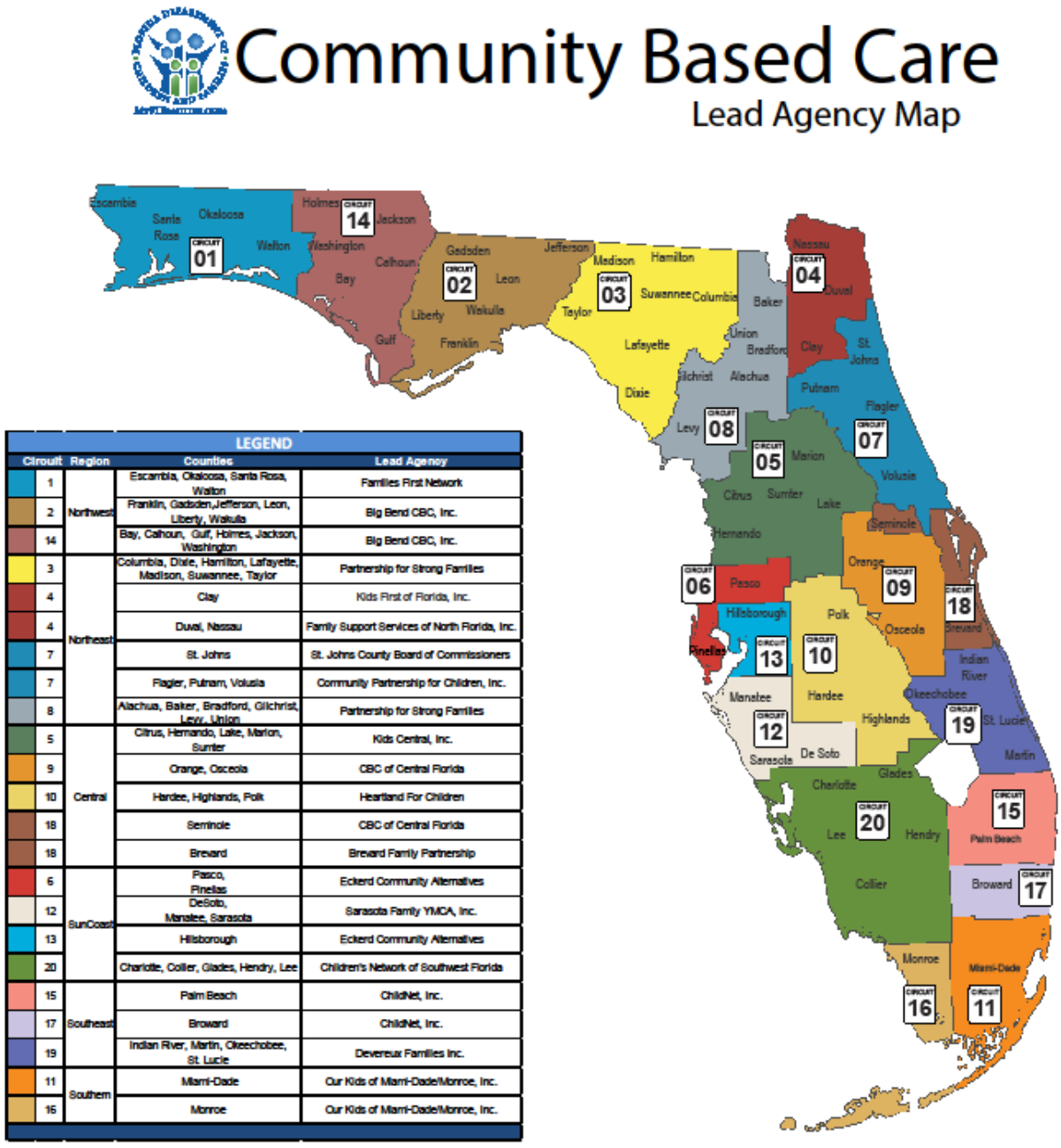


Figure 2. County Map with CBC Lead Agencies



LEGEND				
Circuit		Region	Counties	Lead Agency
1		Northwest	Escambia, Okaloosa, Santa Rosa, Walton	Families First Network
2			Franklin, Gadsden,Jefferson, Leon, Liberty, Wakulla	Big Bend CBC, Inc.
14			Bay, Calhoun, Gulf, Holmes, Jackson, Washington	Big Bend CBC, Inc.
3		Northeast	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor	Partnership for Strong Families
4			Clay	Kids First of Florida, Inc.
4			Duval, Nassau	Family Support Services of North Florida, Inc.
7			St. Johns	St. Johns County Board of Commissioners
7			Flagler, Putnam, Volusia	Community Partnership for Children, Inc.
8			Alachua, Baker, Bradford, Gilchrist, Levy, Union	Partnership for Strong Families
5		Central	Citrus, Hernando, Lake, Marion, Sumter	Kids Central, Inc.
9			Orange, Osceola	CBC of Central Florida
10			Hardee, Highlands, Polk	Heartland For Children
18			Seminole	CBC of Central Florida
18			Brevard	Brevard Family Partnership
6		SunCoast	Pasco, Pinellas	Eckerd Community Alternatives
12			DeSoto, Manatee, Sarasota	Sarasota Family YMCA, Inc.
13			Hillsborough	Eckerd Community Alternatives
20			Charlotte, Collier, Glades, Hendry, Lee	Children's Network of Southwest Florida
15		Southeast	Palm Beach	ChildNet, Inc.
17			Broward	ChildNet, Inc.
19			Indian River, Martin, Okeechobee, St. Lucie	Devereux Families Inc.
11		Southern	Miami-Dade	Our Kids of Miami-Dade/Monroe, Inc.
16			Monroe	Our Kids of Miami-Dade/Monroe, Inc.

B. Service Delivery Structure and Capacity

Services Continuum

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

(a) To provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; to promote the health and well-being of all children under the state's care; and to prevent the occurrence of child abuse, neglect, and abandonment.

(b)To recognize that most families desire to be competent caregivers and providers for their children and that children achieve their greatest potential when families are able to support and nurture the growth and development of their children. (section 39.001(1), F.S.)

In order to achieve this intent, and in alignment with the federal Principles of Practice (see Appendix A to this chapter), Florida's continuum of care includes the following general service components:

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

Prevention

The Department of Children and Families serves the most vulnerable people and families in Florida. As implied in the agency's mission statement of "Protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency," and as specified in the statutory purpose statement above, the Department takes its role seriously in ensuring Florida's continuum of prevention services and resources.

A primary endeavor of the Department is to streamline our processes and deliver services to customers quicker. We embrace a sense of urgency in all that we do. Not

only do our customers need services quicker, many of them require more than one service to address their needs. However, in the past, the Department frequently thought about and delivered services from a single-program perspective. We no longer work this way. Floridians need services provided in an integrated and complementary approach.

Florida is currently concentrating on the prevention of child abuse and neglect in response to several factors. While planning for prevention of child abuse and neglect is required both by state law (Sections 39.001(7) and (8), Florida Statutes) and by federal regulations (45CFR 1357.15), Florida's child abuse and re-abuse rates fluctuate. The target set forth in the Florida Child Abuse Prevention and Permanency plan: July 2010-June 2015 was a reduction of the verified findings of child abuse rate from the State Fiscal Year 2008-2009 statewide rate of 10.94 per 1,000 children. The current statewide rate is 12.22 (ratio of unduplicated victims per 1000 child population). Child welfare, domestic violence, substance abuse, mental health, homelessness, and other services provided by the Department are thoughtfully and strategically integrated with a prevention lens into both the development of policy and delivery of services.

The following plans and reports continue to address and incorporate Florida's child abuse prevention goals and objectives: (1) Department of Children and Families Child and Families Services (Five-Year Plan); (2) Department of Health's Long Range Program Plan; (3) Child Abuse Death Review Committee reports; (4) Child Abuse Prevention and Treatment Act (CAPTA) Five-Year Plan; (5) Florida Department of Children and Families Long Range Program Plan; and Executive Office of the Governor's Florida Child Abuse Prevention and Permanency Plan.

To this end, the Department has modified how it functions and supports its prevention efforts in this state's child welfare continuum of services within the outsourced environment. The Department (both centrally and locally) along with the Community-Based Care Lead Agencies has made huge strides in extending its partnership base. This factor has proven to be effective in adding service, fiscal, and advocacy resources to each local child welfare system of care.

Florida, in its efforts to strengthen the increasing numbers and types of collaborations with a wide array of stakeholders, advocates, funders, providers, faith-based communities, and most important the children and families it serves, enhanced the way it approaches the prevention of child maltreatment. Local communities moved cautiously at first, and now more confidently, to work in partnership with local community planning teams (facilitated by the Department) to develop an effective system of preventive care and supports.

While Florida has a myriad of programs that either directly or indirectly contributes to the prevention of child abuse and neglect, through various funding streams, the Department of Children and Families will continue to administer statewide prevention and family preservation programs to address child abuse and neglect. Child abuse prevention and family support programs administered by and through the Department focus on the provision of support and services to promote positive parenting and healthy family

functioning and family self-sufficiency. A variety of service models funded include family resource centers, school/community partnerships, intensive home visiting, and school-based prevention and services for children. Statewide and regional projects focus on public awareness and community education initiatives, training for professionals and support of statewide resources for family violence prevention. Florida funds community-based services targeting the prevention of child abuse and neglect statewide that address the needs of our multi-ethnic and multi-cultural state population. Families who have children with special needs are also provided with services.

The Department determines allocations of state and federal funds to geographical areas for delivery of local, community-based services. Allocations to Community-Based Care lead agencies fund initiatives for improvement, expansion, development, planning, evaluation, implementation, annual assessment of needs, and direct consumer services to meet the requirements of the various federal grant programs. Statewide providers work to enhance and support local community-based service delivery systems. The allocated funds support continuation of prevention programs through direct services, training, collaboration, network administration, and educational materials.

One of Florida's strategies is to focus on prevention in all parts of the Department as a means to strengthen support to families. By creating new partnerships, assessing parent education programs, increasing parent participation on local advisory councils and by surveying participants and partnering agencies for their ideas and suggestions, prevention related strategies are working. The Department of Children and Families seeks core programs for services to complement the existing network of primary, secondary, and tertiary prevention programs that build upon the protective factors framework.

The Department lets contracts to achieve its desire for a set of core programs for services that complement the existing network of primary and secondary prevention programs statewide. For example, services include enhancing the Healthy Families Florida program model to include high-risk specialist trained to assist families combating domestic violence, substance abuse and mental health issues. A child abuse prevention awareness campaign and a respite care faith-based initiative are supported through specifically earmarked monies for prevention.

Additional primary and secondary prevention and early intervention services remain implemented at the local level in many communities throughout the state to address the unique unmet needs. The Department, Sheriff's offices and Community-Based Care provider agencies, through sub-contracts, have an array of services to choose from when working with the child and family to identify services and supports needed to address their unique needs. These include, but are not limited to homemaker care, day care, protective supervision, intensive family preservation services, a variety of services and natural supports via Title IV-E, services provided by programs implemented under the Title IV-B Promoting Safe and Stable Families (PSSF) funding, and an extensive array of behavioral health services. All contracted services include performance measures.

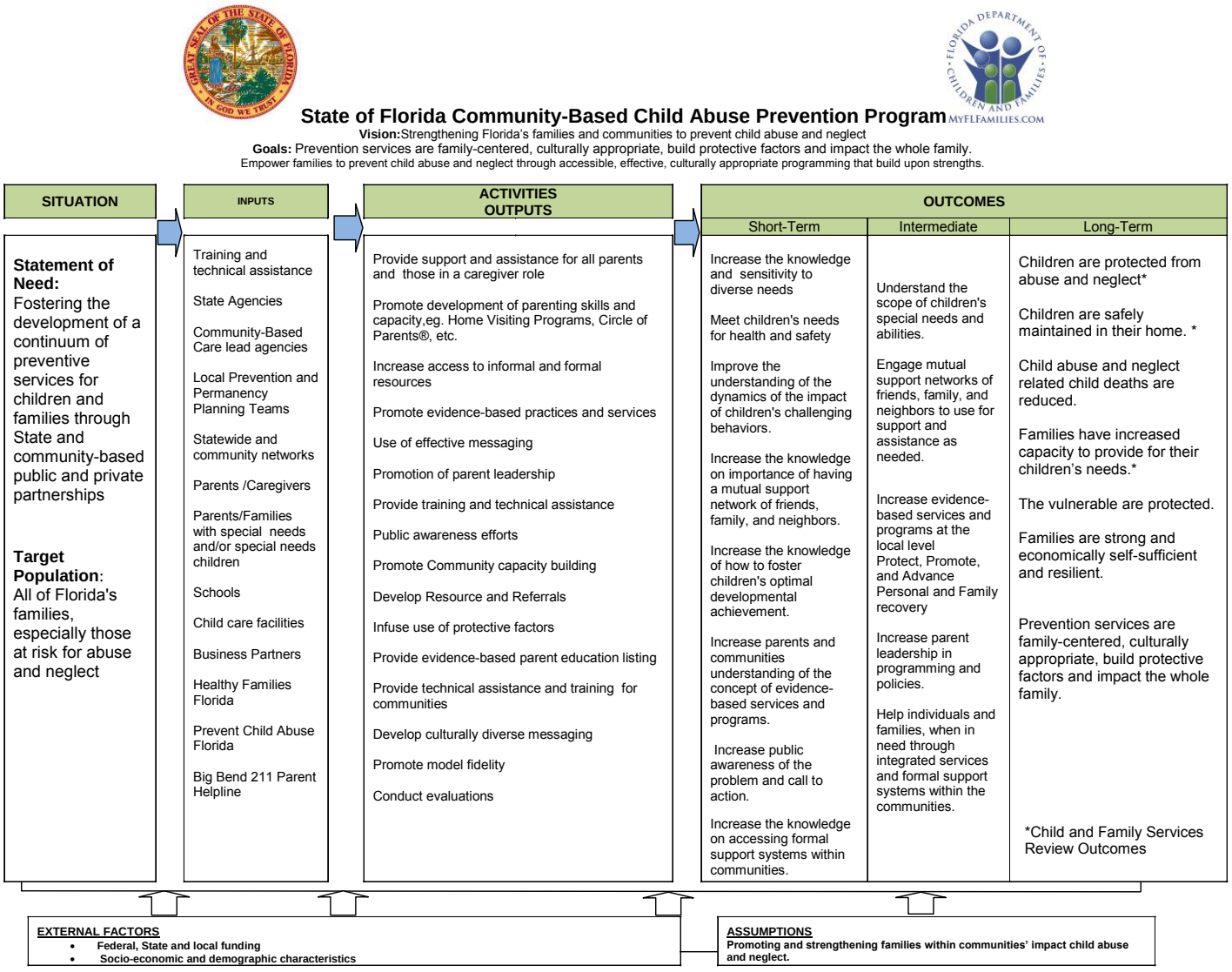
At the local level, Community-Based Care has increased local community ownership and active involvement in developing an effective and responsive service delivery system and array of services. There are a variety of community based groups developed in response to specific needs of or issues within the community that meet on-going to assess gaps in services and service delivery and take action to address them. Examples of these community-based groups are the Community Alliances and task forces and work groups that address a variety of issues. Issues include the availability of adequate housing, daycare access for families, domestic violence, child abuse prevention, independent living for youth in foster care, adoption related issues, substance abuse and mental health, the local, recovery, stabilization and prevention of children going missing from supervision and care, and dependency court improvement.

Through a well-structured performance monitoring and management process that facilitates budget management activities for the statewide child welfare program, the Department determines allocations of state and federal funds to geographical areas for delivery of local, community-based services. Statewide allocations to Community-Based Care Lead Agencies fund initiatives for improvement, expansion, development, planning, evaluation, implementation, annual assessment of needs, and direct consumer services to meet the requirements of the various federal grant programs. Statewide providers work to enhance and support local community-based service delivery systems.

See Florida's Community-Based Child Abuse Prevention Program (CBCAP) logic model [Figure 3]. The logic model defines alignment with the Child and Family Services Review (CFSR) Outcomes of Safety, permanency and well-being. Florida's prevention services are family-centered, culturally appropriate, build protective factors and affect the whole family thereby empowering the family to prevent child abuse and neglect through accessible, effective, culturally appropriate programming that build upon the strengths that that exist.

Florida's Child Welfare System: Overview and Service Array

Figure 3. Prevention Logic Model



Intake

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

Florida Abuse Hotline counselors improve child protective investigation response time by quickly identifying where the child will actually be during the next 24 hours, and if there are any potential dangers to the child protective investigator. In addition, Hotline staff increases the quality of the initial contact with the child and family by giving child protective investigators important criminal history and law enforcement information prior to commencing an investigation and having more complete information on hand to make safety assessments and improve front-enddecision-making.

Upon receiving and accepting a report for an allegation of abuse, neglect, and/or abandonment, Hotline counselors generate a report in Florida Safe Family Network, which is then forwarded to Hotline 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, is anticipated to return to Florida.

Hotline Crime Intelligence staff completes criminal history checks for investigations to include subjects of the investigation for both child and adult abuse reports, and also other adult household members and children in the household 12 years or older. Staff also completes 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 for investigations or placements is determined and based on the program requesting the information as well as the purpose of the request (investigations or placements). The Florida Hotline Command Center has access to the following criminal justice, juvenile delinquency, and court data sources and information:

- Florida Crime Information Center (FCIC) – Florida criminal history records and dispositions;
- National Crime Information Center (NCIC) –National criminal history records and dispositions;
- Hotfiles (FCIC/NCIC) – Person and status files such as: wanted person, missing person, sexual predator/offender, protection orders;

- Department of Juvenile Justice (JJIS) – Juvenile arrest history;
- Comprehensive Case Information System (CCIS) – Florida court case information;
- Department of Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database current drivers history, license status, photos, signature;
- Department of Corrections (DOC) – current custody status, supervision, incarceration information;
- Justice Exchange Connection (Appriss) – Jail databases for current incarcerations, associated charges, and booking images.

Following review of criminal history record information, the Florida Abuse Hotline Command Center provides Community-Based Care (CBC) case managers with recommendations for potential caregivers who may provide an emergency placement for a child requiring removal from his or her current placement.

Fingerprint submissions must be obtained 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 for the purpose of a placement initially requested by an investigator or case manager.

By adding statutory language on investigation and placement criminal background screening to Chapter 39, Florida's dependency statute, the federal requirements are more clearly defined as it relates to criminal background screening for adoptive parents, relative and non-relative placements.

Florida Administrative Code, 65C-16.007 requires that the preliminary home study for adoptive parents must include a records check of the Department's central abuse registry and criminal correspondence checks on the prospective adoptive parents. Foster parents must have an initial federal criminal records check, a local criminal records check annually, and a state criminal check every five years, according to 65C-13.023, F.A.C. Other statutory requirements regarding foster parents still remain part of Section 435.045, F.S.

Florida and National criminal history information for the purpose of adoption and/or foster care licensing is obtained via the submission of fingerprints.

When completing and approving home studies for foster care parents and adoptive parents, the background screening process includes an abuse and neglect registry check from other states when the prospective parents have lived in any other states within the five year period preceding the application to foster or adopt. The Department continues to have a designated Specialist to receive and process all requests for abuse registry checks from other states for foster care placements and adoptive parents.

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

Florida Abuse Hotline intake staff includes Hotline Abuse Counselors, Crime Intelligence staff, supervisors, and call floor managers. They are supported by an in-house professional team of quality assurance staff, trainers, data analytic staff and professional development staff. In addition, the Hotline is supported by Department Information Technology Shared Services, Human Resources Shared Services, Budget Shared Services staff, as well as Department General Services staff.

Hotline staff who perform quality assurance (QA) duties include real-time quality monitoring with staff physically next to a Hotline counselor during an assessment or listening electronically. Staff also review intakes that have been "screened" as not meeting statutory criteria for acceptance, as well as reports that have been accepted. Performance data such as average handling time are looked at as well as the skill sets of the counselor utilized during an interview, assessment, and construction of a report. Staff who perform QA duties also host call review sessions with counselors and supervisors to reinforce best practices or identifies opportunities for improvement. Staff provide formal QA feedback documentation to Hotline leadership and correlate data to identify trends.

Hotline staff who perform training are responsible for providing pre-service and annual in-service training, as well as specialized topics such as customer service. Training occurs in a dedicated training room that includes electronic media and real-time access into databases and web-based systems. Hotline staff also provide training to external customers such as professional mandated reporters, which requires travel statewide on a quarterly basis.

Hotline staff who perform data analytic functions are responsible for forecasting call trends and appropriate staffing levels. Staff create schedules for the Hotline's 24/7 operation and are responsible for leave and overtime approval based on workload need. Staff who serve in this capacity are responsible for identifying patterns and trends related to external trends and internal performance and productivity. Staff create and run reports, correlate data, and provide reports as requested internally and externally.

Hotline staff who perform professional development tasks are responsible for posting of new hire positions and preparation and execution of new hire interviews. Staff are responsible for assisting supervisors and management in unplanned and unauthorized leave management. Staff are also responsible for identifying training and professional development needs for Hotline staff.

Protective Investigation

Child protective Investigation is designed to provide in-person response, 24 hours a day, to reports of abuse and neglect for the purpose of investigation and to determine the necessity for providing initial intake services and crisis intervention to maintain the child safely in his/her own home, or to protect the safety of the child through emergency removal and foster care placement. Child protective investigations and related legal actions are subject to extensive restrictive and prescriptive statutory requirements in Chapter 39, Florida Statutes.

As mentioned previously, the Department is responsible for conducting child protective investigation in most counties, while contracting with sheriffs' offices in the remaining areas. All child protective investigators (CPI) are responsible for two types of child protective investigations: in-home investigations for a child residing with his/her parent or caregiver, and out-of-home investigations when allegations of abuse/neglect occur while a child is at a Department-licensed facility, child care program, foster home or institution, or when a child is being cared for by an adult caregiver such as an adult sitter or relative care provider.

During the course of an investigation, the primary role of the CPI is to gather sufficient information to assess the safety of children in the household and, if a child is unsafe, establish a safety plan and transfer the case to ongoing services for safety plan management and development of a case plan.

Child protective investigations are designed identify danger threats, determine if and how the children in the home are vulnerable to such threats and whether the person(s) responsible for the care of the child have the specific caregiver protective capacities necessary to keep the child safe from any threats. When a child is determined by the investigator to be unsafe, the investigator establishes an agency-managed safety plan and transfers the case so that a case plan to strengthen caregiver protective capacities can be established. Statewide criteria for determining when an in-home safety plan is appropriate drive the investigator's safety planning. Federal and state law requires that reasonable efforts be designed to safely maintain a child in his or her own home when possible through a trauma-informed, family-centered approach. The CPI will work with the family to identify responsible adult relatives or others who can serve as a safety resource as part of an in-home safety plan when possible, or with whom the Department may place the child. The CPI may release the child to another parent, legally remove the child and formally place the child out of the home with a relative, close friend, an agency-licensed shelter or foster care and must have the removal sanctioned by the court within 24 hours. The CPI is required to explore placing a child in the home of another parent or relative before seeking licensed foster care placement.

The CPI will also determine a finding for each of the maltreatments, alleged or determined during the course of an investigation as follows:

- No Indicators - there is no credible evidence to support the allegations of abuse, abandonment or neglect by a parent or caregiver.
- Not Substantiated - there is credible evidence, which does not meet the standard of being a preponderance, to support that the specific harm was the result of abuse, abandonment or neglect by a parent or caregiver.
- Verified - a preponderance of the credible evidence (above 50%) results in a determination that the specific harm was the result of abuse, abandonment or neglect by a parent or caregiver.

Prior to investigation completion, the CPI must determine whether the family needs ongoing services and supports. If a child is determined to be "unsafe," a robust safety plan is developed and the CPI transfers the case to the local Community-Based Care lead agency (CBC) for full safety management and case management services. If a child is determined "safe" but an actuarial risk assessment determines the family household is "high" or "very high" risk for future maltreatment when compared to other families with similar family dynamics and history, those cases will be reviewed. Review is conducted to determine sufficiency of information and to determine recommendations for voluntary prevention, family support and family preservation services. The case is referred to the local CBC to determine and oversee these prevention services as described in more detail below.

Risk assessment is completed on all in-home investigations where a Family Functioning Assessment is completed, by the CPI assigned to the investigation. The risk assessment should be completed only after the CPI has gathered sufficient information to support safety determination and inform the use of the risk assessment tool.

Different actions will be taken depending on the safety and family risk level.

- Unsafe children, regardless of the family risk level will be transferred to on-going services for case management.
- Safe children with a family risk level of high or very high will be offered intervention services that will include an assessment of needs, home visitation, and prevention plan development. This category of prevention services will be further developed in conjunction with the Florida Coalition for Children.
- Safe children with a family risk level of moderate or low will be offered community referrals when appropriate.

The risk assessment is built around two indexes, one for abuse and one for neglect; but only the total risk level matters. The instrument does not assess whether the family is at higher risk for abuse or neglect. The family risk level is based on the highest score of the two indexes and has policy overrides built in as well. In essence, this risk assessment result means, based on the family's characteristics (not risk factors), how

likely are they to abuse or neglect their children in the next 12 to 24 months? The notion of risk lets the Department better allocate resources to families who have characteristics that more regularly present with difficulties.

In-Home Protective Services

When child protective investigation indicates that parents or guardians can't, don't or won't protect their children (the child is "unsafe"), the Departmentprovides a full spectrum of services aligned with a safety plan. In-home safety plan services are emphasized in order to keep children safe in their own families whenever possible to do so. Florida's new practice model emphasizes the least intrusive approach with the family while keeping the safety of the child as the paramount concern. More detail on the practice model as operationalized through the Safety Methodology is included in Chapters I (Vision and Mission), and Chapter V (Plan for Improvement).

For the most part, in-home services are intended to support families with strengthening caregiver protective capacities while at the same time implementing in-home, agency directed and managed safety plans. A significant portion of the Department's service array for in-home services is linked to the Promoting Safe and Stable Families program, as described in the Promoting Safe and Stable Families section below (page 37). Below is a descriptionof in-home protective service that may be offered, and a list of examples of each. Availability of each type of servicedepends on thelocal CBC service structure and system of care to address community needs and population differences. This summary is arranged by the structure used in the Safety Methodology approach, discussed in Chapter Vas on ongoing intervention related to child outcomes.

Safety Plan Services

Behavioral management is concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness or poor self-control, anger, motives, perceptions and attitudes, the purpose of the services are only to control the behavior that poses a danger threat to a child. Services are concerned with managing any aggressive behavior, passive behavior or absence of behavior that threatens a child's safety.

Safety Plan Service: Supervision and Monitoring

Supervision and monitoring is the most common safety service in safety intervention. It is concerned with caregiver behavior, children's conditions, the home setting, and the implementation of the in-home safety plan. Child welfare professionals oversee people and the plan to manage safety. Supervision and monitoring is usually usedwhen other safety services are employed.

Examples: Case Manager visits, professional monitoring (e.g., testing for compliance with substance abuse treatment), Domestic Violence Specialist visits.

Safety Plan Service: Stress Reduction

Stress reduction is concerned with identifying and alleviating stressors occurring in the caregiver's daily experience and family life that can influence or prompt behavior that the in-home safety plan is designed to manage.

Stress reduction as a safety management service is not the same as stress management treatment or counseling, which has more behavior change through treatment implications. The child welfare professional's responsibility primarily has to do with discussing with the caregiver things that can be done to reduce the stress the caregiver is experiencing.

Examples: Changing work schedule/amount of hours, re-aligning household responsibilities.

Safety Plan Service: Behavior Modification

Safety management services or activities are not concerned with changing behavior; they are focused on immediately controlling threats. Safety intervention uses the terms behavior modification differently than its use in a treatment modality. Behavior modification as a safety management service is concerned with monitoring and seeking to influence behavior that is associated with present danger or impending danger and is the focus of an in-home safety plan. Safety management service is an attempt to limit and regulate caregiver behavior in relationship to what is required in the in-home safety plan. Modification is concerned with influencing caregiver behavior: a) to encourage acceptance and participation in the in-home safety plan and b) to assure effective implementation of the in-home safety plan.

Examples: Parent calls an informal safety support (family member, friend); or, under certain circumstances, parent lives temporarily away from the home.

Safety Plan Service: Crisis Management

Crisis is a perception or experience of an event or situation as horrible, threatening, or disorganizing. The event or situation overwhelms the caregiver's and family member's emotions, abilities, resources and problem solving. A crisis for families child welfare professionals serve is not necessarily a traumatic situation or event in actuality. A crisis is the caregiver's or family member's perception and reaction to whatever is happening at a particular time. With respect to safety management, a crisis is an acute matter to be dealt with so that present or impending danger is controlled and the requirements of the in-home safety plan continue to be carried out. The purposes of crisis management are crisis resolution and prompt problem-solving in order to control present danger or impending danger.

Safety Plan Service: Social Connection

Social connection is concerned with present danger or impending danger that exists in association with or influenced by caregivers feeling or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all manner of debilitating emotions: low self-esteem and self-doubt, loss, anxiety, loneliness, anger, and marginality (e.g., unworthiness, unaccepted by others).

Florida will use this safety category alone or in combination with other safety categories, such as Supervision and Monitoring, in order to reinforce and support caregiver efforts,andto evaluate how the caregiver is doingwith behavior management is a secondary value of social connection. (See Behavior Management – Supervision and Monitoring.)

Safety Plan Service: Friendly Visiting

Friendly visiting is an intervention that was among the first used in social work history. The original intent of friendly visiting was essentially to provide casework services to the poor. In safety intervention, friendly visiting is directed purposefully at reducing isolation and connecting caregivers to social support.

Friendly visiting can include professional and non-professional safety management service providers, and other resources or support networks. When informal providersarrange for friendly visiting, it is necessary for child welfare professionals to direct and coach them in terms of the purpose of the safety management service and how to proceed, set expectations, seek their accountability.

Examples: Healthy Families, Early Head Start, family members or friends, children's school teachers, clergy members.

Safety Plan Service: Basic Parenting Assistance

Safety intervention is concerned with parenting behavior that is threatening to a child's safety. Basic parenting assistance is concerned with developing specific, essential parenting that affects a child's safety. This safety management service is focused on essential knowledge and skills a caregiver is missing or failing to perform. Typically, these are skills related to caring for children with special needs (e.g., infant, disabled child). Building support persons into the in-home safety plan can become a significant social connection to help parents/caregivers with challenges they have in basic parenting behavior, which is fundamental to the children remaining in the home.

Examples: Child-specific medical training, breastfeeding support (e.g., La Leche League), parenting mentors.

Safety Plan Service: Supervision and Monitoring as Social Connection

Some in-home safety plans will require social connection and behavior management, specifically supervision and monitoring. Supervision and monitoring occurs through conversations during routine safety management service visits, along with information from other sources. Within these routine in-home contacts, the social conversations can also provide social connection for the caregiver. The point here is to promote achievement of objectives of different safety categories and safety management services when the opportunity is available. (See Supervision and Monitoring.)

Safety Plan Service: Social Networking

In this safety management service, child welfare professionals are facilitators or arrangers. Social networking as a safety management service refers to organizing, creating, and developing a social network for the caregiver. The term "network" is used liberally since it could include one or several people. It may include people the caregiver is acquainted with already, such as friends, neighbors, or family members. The network could include new people that child welfare professional introduces into the caregiver's life. The idea is to use various forms of social contact, formal and informal; contact with individuals and groups; and use of contact that is focused and purposeful.

Safety Plan Service: Resource Support

Resource support refers to safety category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety.

Services/Examples:

Activities and safety management services that constitute resource support used to manage threats to child safety or that are related to supporting continuing safety management include:

- Resource acquisition related specifically to a lack of something that affects child safety.
- Transportation services particularly in reference to an issue associated with a safety threat.
- Financial/Income/Employment assistance as an assistance aimed at increasing monetary resources related to child safety issues.
- Housing assistance that seeks a home that replaces one that is directly associated with present danger or impending danger to a child's safety.
- General health care as an assistance or resource support that is directly associated with present danger or impending danger to a child's safety.

- Food and clothing as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety
- Home furnishings as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety.

Safety Plan Service: Separation

Separation is a safety category concerned with danger threats related to stress, caregiver reactions, child-care responsibility, and caregiver-child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand, and daily pressure. Additionally, separation can include a supervision and monitoring function concerning the climate of the home and what is happening. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action, which can occur frequently during a week or for short periods of time. Separation may involve any period of time from one hour to a weekend to several days in a row. Separation may involve professional and non-professional options. Separation may involve anything from babysitting to temporary out-of-the-home family-made arrangements to care for the child or combinations.

Examples of actions that could be taken in this category include:

- Planned absence of caregivers from the home.
- Respite care.
- Day care that occurs periodically or daily for short periods or all day long.
- After school care.
- Planned activities for the children that take them out of the home for designated periods.
- Family-made arrangements to care for the child out of the home; short-term, weekends, several days, few weeks.

Case Plan (Treatment) Services: Case Management and Treatment Services

Protective investigators assess child safety and other factors and, in consultation with other experts, make recommendations on whether children:

- Can be safely maintained in their homes with a safety plan while working with parents to achieve strengthening of caregiver protective capacities through development of a case plan, or
- Must be relocated or removed and placed in an out-of-home care safety plan.

Case management and case plan treatment services for unsafe children are designed to 1) assess parent motivation for change; assess caregiver protective capacities and any associated underlying needs that must be addressed; assess child strengths and well-being needs; assess family resources and proposed solutions 2) identify and coordinate the treatment and/or other intervention services that are both a match to family needs and are necessary to help the parent achieve strengthened protective capacities (e.g. substance abuse treatment, domestic violence shelter services, mental health treatment); 3) support families preparing to reunify or adopt; and 4) assist families in obtaining services and other supports necessary to address multiple needs.

Case management and treatment services may be provided to children with in-home or out-of-home safety plans. When a child must be removed from his or her home and a fit parent or legal custodian to whom the child may be released is not available, in accordance with subsection 39.401(2), Florida Statutes, the first option is to locate a responsible adult relative with whom the child may be safely placed. Placement processes are an important component of the service array.

Placement

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

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

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

With the implementation of Safety Methodology (see discussion of this approach to practice in Chapter V), case managers now will have responsibility for assessing when a safety plan in an in-home case is no longer sufficient to maintain the child's safety. At this juncture, the case manager and supervisors would determine the next least restrictive placement for the child, and would work with the birth family to establish

conditions for return and the behavior changes needed. Out-of-home caregivers would receive this information as part of a coordinated effort by the birth family, the CBC case manager, and the out-of-home caregiver to work toward meeting the conditions for returning the child home.

Except in emergency situations or when ordered by the court, licensed out-of-home caregivers must give at least two weeks' notice prior to moving a child from one out-of-home placement to another.

During these two weeks a transition must be accomplished according to a plan that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures the child has all of his or her belongings, allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.

Placement options

There are permanency options in Florida law to preserve family connections by giving children an opportunity to be raised within the context of the family's culture, values and history, thereby enhancing children's sense of purpose and belonging. For a number of children, guardianship or placement with relatives may be an appropriate permanency option, in accordance with federal and state provisions. An ongoing commitment is to support this option for children and de-emphasize the use of licensed out of home placement.

Licensed out-of-home placements (foster homes and residential group facilities) comprise less than half of the placement settings for children in out-of-home care. The number of children in shift care settings continues to drop, and there is a new focus on establishing quality guidelines for group care for dependent children. There are continuing challenges in Florida, as well as nationally. These include the recruitment and retention of appropriate foster homes; ensuring that the balance among safety, permanency, and well-being is maintained; providing placements that match children's characteristics and needs, particularly for special populations such as teens and children with disabilities; and declining resources.

Out-of-Home Care offers case management services to children in out-of-homecare when the child cannot remain safely at home and needs temporary out of home care while services are provided to reunite the family or achieve some other permanency option. As directed by the Florida Legislature, the state has outsourced all foster care [out-of-home care] and related services in an effort to better encourage the engagement of communities and local stakeholders to become partners in promoting issues associated with child safety, permanency and well-being. Florida's contracted non-for-profit Community-Based Care lead agencies (CBCs) provide and oversee out-of-home service activities, as well as related services such as in-home care, placement, and permanency, for their particular area of the state. CBCs also work closely with subcontracted service providers and provide training and technical assistance related to

funding criteria and rules in support of collaborative and successful use of resources. (See additional discussion in the earlier section of this chapter, A. Engagement, Collaboration, and Coordination.)

Kinship Care

Along with licensed foster homes and group homes, relative and non-relative placements are an additional option offered under out-of-home services and placements.

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

Relatives or non-relatives who become out-of -home placements are not required to meet foster care licensing requirements but must have an approved home study prior to obtaining placement of a child who has been deemed by the court's as abused, abandoned or neglected.

The Department of Children and Families Family and its Community Base Care providers offer the same type of services and supports to relative and non-relative placements as they do to licensed foster placements. These service and supports include monthly financial assistance, Medicaid coverage, family support and preservation services, school readiness, supervision, and other available services in order to support the child's safety, growth, and healthy development.

The Department provides financial assistance to relative and non- relative placements through the Relative Caregiver Program. The Relative Caregiver Program is an option service offered to relatives and non-relatives and is not required in order to become an out-of-home relative or non-relative placement. The Relative Caregiver Program provides financial assistance to:

1. Relatives who are within the fifth degree by blood or marriage to full-time for that dependent child in the role of substitute parent as a result of a court's determination of child abuse, neglect, or abandonment and subsequent placement with the relative.

2. Relatives who are within the fifth degree by blood or marriage to the parent or stepparent of a child and who are caring full-time for that dependent child, and a dependent half-brother or half-sister of that dependent child, in the role of substitute parent as a result of a court's determination of child abuse, neglect, or abandonment and subsequent placement with the relative.

3. Non-relatives who are willing to assume custody and care of a dependent child in the role of substitute parent as a result of a court's determination of child abuse, neglect, or abandonment and subsequent placement with the non-relative caregiver.

Another Planned Permanent Living Arrangement (APPLA)

If all other permanency options (reunifications, adoption, permanent guardianship, or placement with a fit and willing relative) are not in the best interest of the child then Another Planned Permanent Living Arrangement is used.

A compelling reason must also been shown as to why placement in another planned permanent living arrangement is the most appropriate permanency goal. Compelling reasons for such placement may include, but are not limited to:

1.The case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability, and the child's foster parents have committed to raising him or her to the age of majority and to facilitate visitation with the disabled parent;

2. The case of a child for whom an Indian tribe has identified another planned permanent living arrangement for the child; or

3. The case of a foster child who is 16 years of age or older who chooses to remain in foster care, and the child's foster parents are willing to care for the child until the child reaches 18 years of age.

Another Planned Permanent Living Arrangement is usually utilized as a concurrent permanency option/goal. Therefore, cases with APPLA as a permanency option/goal receive the services attached to the primary permanency option/goal. Some of these services include: independent living services; medical, dental, educational, or psychological referrals; and various services to meet other needs, as recommended by the caregiver.

Case Management supervision and treatment services that children may needarealso continued until another permanency option is reached or the child reaches the age of majority, 18.

Services to Those Most At Risk

Every age and stage of child development has different challenges and vulnerabilities, and child welfare is concerned about all of them. Two particular focus areas, very young children and children who are victims of domestic human trafficking, are highlighted. Further discussion regarding these two populations are found in the Final Report, Chapter 1.

Children ages 0-5

The proportion of the youngest children in need of permanency, and their length of stay in out of home care, is fairly constant. The Department of Children and Families, in collaboration with its community based care partners, is continuing with efforts to reduce the number of children ages 5 and under in shift care placements, and increase

developmentally-appropriate treatment. These efforts improve well-being and normalcy for children, also enhancing permanency.

- On-going efforts to place children ages 5 and under in a more family-like setting have been underway since February 2009. The Department monitors the status of these children through weekly key indicators reports..

- Children entering out-of-home care ages 0 to 18, who are Medicaid eligible, receive Comprehensive Behavioral Mental Health Assessments (CBHA) by a licensed mental health professional almost immediately after being removed. This assessment encompasses developmental needs of the child, which is particularly important for the very youngest children.

- A part of the new child welfare practice model in Florida, focus is being expanded to include the assessment of child functioning and vulnerability. Case managers are responsible for ensuring that any impending danger safety plan is working dependably to keep the child safe. The case manager will continuously assess and confirm that the ongoing safety plan is controlling for danger threats and is the least intrusive and least restrictive intervention available.

- Developmental services such as speech and language therapy, occupational therapy, and physical therapy are included in the State Plan for children, which are provided through Medicaid. The services specifically designed for children under the age of three with developmental delays are the responsibility of the Early Steps program of Children's Medical Services and the Department of Health (DOH). Children three and older with a developmental disability may be eligible for specialized developmental services through the Agency for Persons with Disabilities (APD). As with mental health services, children in the child welfare system have a high level of need for health care services and coordination of care.

- A checklist has been developed that identifies condition(s) or specific area of concern(s) that may make an infant or toddler, birth to 36 months of age, eligible for early intervention services. If a child has any condition or concern that has a *high probability of being associated with a developmental delay or poor behavioral outcome*, the child should be referred for early intervention services.

- The state uses a standardized developmental tool to identify children age five and under that may be in need of developmental services. The tool is completed during the initial assessment and assesses for motor skills, cognition, receptive and expressive language, and social and emotional development.

- Early Steps Program is administered by Children's Medical Services (CMS) in accord with IDEA, Part C. Early Steps offers early intervention services for families with infants and toddlers (birth to 36 months) who have developmental delays or an established condition likely to result in a developmental delay.

Examples of developmental services are physical therapy, occupational therapy, speech therapy, etc. Sixteen contracted Early Steps across the state coordinate with community agencies and other contracted providers for the delivery of needed supports and services.

- Substance-exposed infants present a particular challenge. Births of substance-exposed infants are called into the Hotline for investigation, and subsequent intervention in confirmed cases is crucial. Collaboration with the Substance Abuse and Mental Health community is a key factor in addressing this issue.

Human Trafficking and Sexually Exploited Children

One specialized area of out-of-home care services that has received additional focus in recent years is that of human trafficking, where such involves children (particularly those who are sexually exploited.) In the 2012 session of the Florida Legislature, the Florida Safe Harbor Act was passed and created requirements for assessment, placement and services (including "safe houses") for dependent children identified as victims of sexual exploitation. During the 2014 legislative session, there was an expansion of the Safe Harbor Law. Section 409.1754, F.S., was created to:

1) develop or adopt screening and assessment instruments for the identification, service planning, and placement of victims of sexually exploited children that may be validated if possible;

2) require specialized intensive training of child protective investigators and case managers who handle cases involving a sexually exploited child and requiring the Department, with the Lead Agency and other community stakeholders, assess service needs and system gaps, drafting local protocols and procedures that allow for a response that is specific to the needs of the sexually exploited child; and

3) require the Department and the Lead Agency to participate in local task forces, committees, councils, advisory groups, coalitions or other entities in their service area that are involved in coordinating response to addressing human trafficking in children.

These services and activities continue to be expanded and refined in response to the growing need. Further discussion of this topic is included in Chapter V, Goal 1: Children involved in child welfare will have increased safety and expanded protection.

Quality Parenting Initiative

In 2013, Florida Legislature enacted the Quality Parenting Initiative (QPI) in an effort to improve child safety, permanency and well-being for children who are placed in Florida's out-of-home care system. QPI is designed ensure that children are residing in an out-of-home care setting with a caregiver who:

- has the ability to care for the child,

- is willing to accept responsibility for providing care, and
- is willing and able to learn about and be respectful of the child's culture, religion and ethnicity, special physical or psychological needs, any circumstances unique to the child, and family relationships.

The Community-Based Care lead agency and other agencies are responsible for providing prospectivecaregivers with all available information necessary to assist the caregiver in determining whether he or she is able to care appropriately for a particular child.

In addition, QPI is designed to promote the participation and engagement of foster care parents in the planning, case management, court proceedings, and delivery of services for those children who are residing in Florida's out-of-home care system. More detail on QPI is included in Chapter V, Goals and Objectives, as on ongoing intervention related to child outcomes.

Promoting Safe and Stable Families

A significant portion of the Department's service array for out-of-home services is linked to the Promoting Safe and Stable Families program, particularly with respect to family reunification and adoption services, as described in the Promoting Safe and Stable Families section below (page 37).

Independent Living

Background

In 1999, the federal government enacted the Chafee Foster Care Independence Act. This legislation gave states increased funding to provide foster teens and young adults that have "aged out" of the foster care system with better access to programs that are designed to promote the development of adult self-sufficiency. Available Independent Living training opportunities, programmatic supports, and direct services covered by the Chafee Foster Care Independence Program(CFCIP) include: educational training and supports (among them, Education and Training Vouchers); preparation for post-secondary education; daily life skills training; employment training; substance abuse services; pregnancy prevention and preventive health activities; and programs that are designed to connect foster teens and young adults that have aged out of the foster care system with positive and permanent adult mentors.

In 2002, Florida passed the Road-to-Independence Act. This state based program established a system of independent living transition services to enable older children in foster care and young adults who exit foster care at age 18 to make the transition to self-sufficiency as adults. The Road-to-Independence (RTI) Program is also designed to provide direct stipend payments to young adults that have aged out of the foster care system while they pursue fulltime educational opportunities in the areas of continuing

adult education (GED), vocational training/certification, or post-secondary associate/bachelor degrees.

In 2013, Florida passed the Nancy C. Detert Common Sense and Compassion Independent Living Act, which allows for young adults in or formerly in foster care to voluntarily extend their time in foster care up to the age of 21. The young adults must be attending school on a full time basis, working a minimum of 80 hours per month, or have a recognized disability that would prevent full-time participation in educational or employment opportunities. The act limits the use of Road-to-Independence payments to post-secondary educational opportunities and shifts life skills training responsibilities to foster parent and group home providers. The act also eliminates the categories of Subsidized Independent Living and Transitional Support Services. The effective date for this act was January 1, 2014.[3]

Services for Foster Care Youth

The extensive and complex array of services intended to support children and youth in achieving success in adult life are further described in Chapter XV, John H. Chafee Foster Care Independence Program (CHCIP) and Education and Training Vouchers (ETV). In general, these include services for children ages 13 - 17, and services for youth and former foster youth after they turn 18.

For ages 13-17, services are directed toward ensuring children receive necessary life skills and other training that they need for educational success and independent living, specifically through the Quality Parenting Initiative. For current or former foster youth after age 18, services include:

- Extended foster care, for young adults ages 18-21 (up to age 22 for those with disabilities), which includes ongoing case planning, case manager visitation, and judicial oversight while the youth are in a supervised placement and are still considered dependents.
- Road to Independence Program, for former foster youth, which includes various post-secondary education services and supports, specifically a stipend for housing, utilities, and other expenses; and aftercare services, such as mentoring, mental health services or substance abuse counseling, life skills, or job skills.

For additional details see Chapter XV, John H. Chafee Foster Care Independence Program (CHCIP) and Education and Training Vouchers (ETV).

[3] Certain former foster youth receiving services under the former Road to Independence program were "grandfathered" into the existing services.

Adoption

Community-Based Care lead agencies (CBCs) are responsible for identifying and reporting to the court the permanency options available to each child who has been removed from a parent or legal guardian. Their scope of case management services includes reunification of children with parents or arranging for adoption or guardianship when reunification is determined by the court to not be in the best interest of a child. CBCs are responsible for pre- and post-adoption services including the provision of maintenance adoption subsidies.

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 in order 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.

Recruitment of Adoptive Families

The majority of children adopted from the child welfare system are adopted by the families known to the children and where they were already living—their foster parents or relative caregivers. For the rest, new families must be identified and recruited.

One of the major initiatives Florida uses to recruit adoptive families is the Explore Adoption campaign and associated website. Explore Adoption is a statewide adoption initiative aimed at promoting the benefits of public adoption. Explore Adoption urges families to consider creating or expanding their families by adopting a child who is older, has special needs, or is a 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 many stories of families who have enriched their lives by adopting Florida's children.

A significant portion of the Department's service array for adoption as well as out-of-home care services is linked to the Interstate Compact for Child Placement, as described below (page 45).

Adoption Subsidy

The Title IV-E Adoption Assistance program was created through the Adoption Assistance and Child Welfare Act of 1980. The purpose of this initiative is to promote the adoption of special needs children and youth. Subsidy programs nationwide have proven to be a critical tool in the adoption of children from foster care. Subsidies enable a population of caring and experienced families to consider special needs adoption, especially foster parents and relatives. As a result, thousands of children have grown up

in permanent and loving homes, not in foster care. In subsection 409.166, Florida Statutes, the Legislature recognized "the need for financial assistance for families that are adopting children who, because of their special needs, require additional supports that adoptive families need." Florida's adoption subsidy program includes fund sources in addition to Title IV-E.

Federal requirements in sections 473(a)(1)(B)(ii) and 473(a)(3) of the Social Security Act provide that, "although a state may experience difficulties in its ability to fund subsidies due to state budget shortfalls, such difficulties cannot relieve or alter the state's obligation under Title IV-E to honor the adoption assistance agreements signed and approved by the Department by providing a monthly subsidy until a child is 18 years old." Once an adoption is finalized, the need for support does not end. For the past several years, the Adoption Subsidy budget has been supplemented by the federal Adoption Incentive Award for success in achieving adoptions. See Chapter XIII, Adoption Incentive Payments.

Post-adoption Services

The Department has placed an increasing emphasis on the provision of post-adoption supports to families in order to sustain successes for forever families. Services include support groups, adoption competency specialists and training, and post-adoption services counselors.

Support Groups

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, generally meet once a month and are appropriate for the languages, cultures and needs of the participants in each community; receive support from umbrella organizations and qualified facilitators when appropriate (e.g., teen support groups); etc. In the 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 some adoptive families to communicate with each other.

Over 20,000 children have been adopted from Florida's child welfare system in the last seven years. Research has shown that essential to family resilience are social connections, knowledge of parenting and of child and youth development, parental resilience, and concrete support in times of need. All of these can be made available to families through adoptive parent support groups. All of 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.

Adoption Competency

Adoption competent mental health professionals are mental health professionals who have completed the Rutgers Adoption Competency or an equivalent curriculum and 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.

The Department of Children and Families has been able to provide, at no cost to the trainees, Certified Educational Units (CEUs) for each mental health professional who is licensed and needs the training hours for continued licensure. This has been an incentive for mental health professionals to attend the Adoption Competency training.

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 finalizations have occurred. The response to requests and service needs should include, at a minimum, information and referrals with local resources, assistance to child protective investigators 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 assisted child protective investigators when an investigation involved an adoptive family. The post adoption services counselor assisted by conducting an assessment of the needs and potential services for the adopted child and adoptive family.

With over 20,000 children adopted from foster care during the last seven years, one or more full time designated post adoption services counselors in each circuit are critical for responding timely to the service needs of adoptive families. The State of Florida and its partners are committed to providing a sufficient and accessible array of post adoption services in each circuit including 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.

Inter-country Adoptions

There are approximately 25 private adoption agencies in the state of Florida that complete inter-country adoptions. At this time, the Department of Children and Families does not monitor the number of inter-country adoptions completed. If the child of an international adoption is determined to have special needs according to Florida's definition of special needs, the adoptive family would be eligible for post-adoption services provided by the staff of the Community-Based Care (CBC) lead agencies.

When a child from an international adoption is removed due to abuse, abandonment or neglect, the child and family are provided the services in order to help the child and family remain safe, and if the child is removed, services are provided to assist with reunification efforts. The CBCs self-report these numbers to the Department. 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 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.

Promoting Safe and Stable Families

The "Promoting Safe and Stable Families" program affects several components of the general service array described above. It is a primary driver for the focus on family-centered practice, including evidence-based, best or emerging practices about child development and family functioning. A top priority for Florida is to increase parents' confidence and competence in their parenting abilities and to ensure children a safe, stable and supportive family environment. The "Promoting Safe and Stable Families" program allows the Department to develop, expand, and operate coordinated programs of community-based services toward these outcomes.

The impact of maltreatment on children and society is staggering and disheartening. Maltreatment can have devastating immediate and long-term physical, psychological, and behavioral effects on children. Abuse and neglect of children occurs in families from all walks of life, and across all socioeconomic, religious and ethnic groups. Florida believes that expanded and improved prevention efforts and early intervention services contribute to a safe reduction in the number of children in the local dependency system while facilitating a more efficient and timely movement of children to permanency and preventing the reoccurrence of child abuse and neglect.

Through family preservation, family support, time-limited family reunification, and adoption services, Florida's system of care strives to:

- Avert child maltreatment among families at risk through the provision of supportive family services;
- Assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively;
- Address the issues of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997; and
- Strengthen adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

Florida's lead agencies work intently and diligently with subcontracted providers to administer training and technical assistance related to funding criteria and rules, which results in collaborative and notable use of resources.

Given the importance of preventing child abuse and neglect and the wide range of programs and strategies available, the Department continues to invest in a continuum of prevention services. The Department strives to prevent child abuse and neglect in various geographical communities state wide through its Community-Based Care approach, contracts and partnerships with notable experts in the fields of primary, secondary and tertiary prevention programs and strategies. The Department continues its unswerving interest in ensuring the success in new and existing child abuse prevention programs.

Embraced strategies continue to be:

- Assessing the current strengths in the public child welfare system and in communities for preventing child abuse and neglect;
- Building effective partnerships with important partners in prevention, including community-based child abuse prevention programs, the faith community, early childhood programs, schools, health care providers and other relevant entities;
- Engaging parent leaders who have experience using services to strengthen their families as key partners in planning, implementing and evaluating prevention activities;
- Reviewing national models of prevention programs and incorporating those that best fit the state's needs and interests; and
- Utilizing training and technical assistance opportunities to support these activities as needed.

Core strategies in serving all families have strived to reflect Family Centered Practice, a strength-based approach, providing services that are accessible and expanding the array of available services.

Family Preservation Services (28.20% of the FFY 2013 Grant)

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

- Information and referral to include substance abuse and domestic violence related services;
- Targeting services geographically in zip codes where there is an immense volume of calls to the Hotline;

- Use of Diversion Court;
- Use of the Family Team Conferencing Model;
- Creation of the Clinical Response Teams;
- Creation of Family Preservation specialist positions; and
- Use of Wraparound services.

Family Support Services (24.05% of FFY 2013 Grant)

Florida is striving to increase the effects that provide parents or caregivers with accessible support in the community. This support is to encourage and assure the complete safety and well-being of children and families. There are countless examples of extended family members or non-relative persons stepping in, often at some personal sacrifice, providing shelter, transportation, and mentoring. At these crucial times, it was evident that the parents would be incapable of fulfilling the requirements of their case plan without the support of extended family.

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 abuse on children;
- health and nutrition education training sessions;
- home visiting activities and services;
- comprehensive family assessments;
- early developmental screening of children to assess needs, and assistance to families in securing specific services to meet those needs;
- in-home parent training;
- in-home substance abuse counseling;
- the principle of Family Consultants;
- Family Team Conferencing;

- Early developmental screening of children to assess needs, and assistance to families in securing specific services to meet those needs; and
- Information and referral to community resources, such as job employment services and ACCESS Florida (for online benefits applications).

The Title IV-E Demonstration Waiver has enabled Florida to invest in services and initiatives that generate alternatives to a child's removal from his/her family. One example is Florida's use of Family Support Teams that provide round the clock wraparound and in-home services. These services improve the well-being and stability of the family by assisting caregivers in areas of basic housekeeping, budgeting, parenting, understanding child development, and awareness of what services exist in their communities.

Another service available to families is therapy by a Licensed Clinical Social Worker (LCSW). LCSWs are available as needed for children and their family members. Family Support plans are created when families have goals that they would like to obtain in order to become self-sufficient, thus no longer being in need of assistance from government or local agencies, as well as some that may be court ordered. Working in conjunction with an Outreach Coordinator who supports and encourages families to work toward attaining the goals they have selected, families may realize possibilities of positively changing their futures. They now have a step by step process to obtain their goals such as obtaining housing aids, gaining stable employment, and furthering education to a better paying job, etc.

Service Decision-Making Process for Family Support Services

The Department embraces a regional structure for its field operations and locates regional headquarters in Tallahassee, Jacksonville, Orlando, Tampa, Ft. Lauderdale and Miami. Services organized in areas consistent with the geographic boundaries of judicial circuits are due to the Department's on-going and regular interaction with the State's court system.

The 1998 Florida Legislature mandated the outsourcing of child welfare services to Community-Based Care (CBC) lead agencies. The intent was to strengthen and focus the support and commitment of local communities toward the "reunification of families and care of children and their families." Under this system, lead agencies are responsible for providing foster care and related services, including family preservation and support, prevention and diversion, dependency case work, out-of-home care, emergency shelter, independent living services and adoption. Most CBCs contract with subcontractors for case management and direct care services to children and their families. This innovative system allows local agencies to engage community partners in designing their local system of care that maximizes resources to meet local needs. The Department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings.

Florida's Child Welfare System: Overview and Service Array

With the outsourcing of child welfare, the Department allocates federal and state funds directly to the various community-based providers. The Department determines allocations of state and federal funds to geographical areas for delivery of local, community-based services. Allocations to CBCs fund initiatives for improvement, expansion, development, planning, evaluation, implementation, annual assessment of needs, and direct consumer services to meet the requirements of the various federal grant programs. Statewide providers work to enhance and support local community-based service delivery systems. The Department also contracts with other statewide agencies and programs for additional service and program development, evaluation, implementation, and direct consumer services. This effort compliments and supports the local community-based service delivery systems.

The CBC providers have successfully created, designed, and implemented Innovative intervention strategies for the various components of the service array within their areas of responsibility. The freedom to develop unique plans and share them with others is the hallmark of this system. Florida emphasizes the involvement and participation of family members in all aspects of safety and case planning so services are tailored to best address the family's needs and strengths. It includes the family members' recommendations regarding the types of services that will be most helpful to them, timelines for achieving the plan, and expected outcomes for the child and family. Case planning requires frequent updates based on the caseworker's and family's assessment of progress toward needed sustainable behavior change and goals.

See page 10 for the map of the CBCs.

Time Limited Family Reunification Services (23.98% of the FFY 2013 Grant)

Time-Limited Reunification services are set in place for children that have once been removed from his/her home and for the parents or primary caregivers. Florida passionately embraces these services, because of our desire to maintain intact families. These services are designed to support the reunification of a child safely and appropriately within a 12-15 month period.

Time Limited Family Reunification Services in Florida include:

- Supervised visitation programs and parental coaching ;
- Flexible Support Services ;
- Family team Conferencing with all families prior to reunification, and just before post-placement supervision services are successfully terminated;
- Follow-up care to families ;
- Mentoring/Tutoring services ;
- Therapeutic child care services;

- Behavior Cares;
- Transition centers;
- Parent (adoptive, biological, caretaker, foster) education and training relationship skill building activities; and
- Quarterly permanency staffing on all children who are in out-of-home care placements.

Adoption Promotion and Support Services (23.77% of the FFY 2013 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 it is in the best interest of the child. Pre and Post adoptive services and activities have quickened the process and closely supported adoptive families to forefend disruptions. The adoption of foster children continues to be a state, as well as a local effort, and have received federal bonuses for its adoption performances.

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 ;
- Child Recruitment Biographies ;
- Child-specific or targeted population recruitment efforts;
- Use of Social Media;
- Media blitzes targeting severely medically fragile available children; and
- Town hall meetings and "Lunch and Learn" activities.

Examples of Adoption 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 specialists;
- Individual and family counseling for adopted children and/or family members (must be of 12month duration or less);
- Adoption workshops/seminars for adopted children and their families and professionals on topics relevant to ongoing issues facing adoptive families;
- Ongoing parent education and training opportunities for adoptive families; and
- Follow-up support services and liaison to adoptive families.

Community Facilitation and Innovative Practices

Child maltreatment prevention services usually fall under a banner that includes; public awareness activities, skill based curricula for children, parent education programs and vigorous support.

Recognizing that when the Department, Community-Based Care lead agencies and many partners such as faith based organizations, civic groups and business partners collaborate and provide Family Centered Practices, we can make a difference in efforts preserving Florida's children by protecting children. Several innovative practices are listed below to illustrate the state's commitment. Examples of innovations include:

- Public Awareness and Education Activities occur frequently throughout the state centered around topics such as child abuse prevention and domestic violence.
- Quality Life Center is a locally owned unique center founded in 1990, providing at-risk youth with structured developmental programs that focus on arts, character and education in order to cultivate confidence, discipline and self-sufficiency.
- Brevard (County) C.A.R.E.S. (Coordination, Advocacy, Resources, Education, and Support) Program provides support to families and helps divert families from the child welfare system by providing services to families that are experiencing stress, and are in need of support and resources. The CARES program provides families with Wraparound Services and Family Team Conferencing and provides families referrals and funding for counseling, mentoring, financial assistance, and links to natural community supports. Referrals are accepted by anyone in the community who knows of a family needing extra support and assistance and by Child Protective Investigators. This program affects the system fiscally by saving dollars in unnecessary out-of-home care and case management.
- Help Now of Osceola County is a domestic violence and sexual assault center that provides shelter for individuals that are survivors of domestic and sexual assault trying to establish a violence free life. According to research, Help Now advocates can provide quality advocacy to shelter clients and their children, as

well as for those that call the crisis hotline to children residing at the Help Now shelter.

- Trauma Informed Care – On a monthly basis, Child and Family Connections Clinical Department convenes the mental health providers in the community to discuss trauma-informed care practices and changes/occurrences in the Agency and with community providers, and to identify strengths and challenges with providing services to our families. During this reporting period, discussion included insurance issues, authorizations, new referral process, and the addition of Targeted Case Management for children on psychotropic medication. Child and Family Connections Clinical Specialists meet with providers at their agencies to encourage a personal relationship with staff and to offer assistance when necessary.

- Strengthening Ties and Empowering Parents (STEPS) helps healthy families in Duval and Nassau Counties avoid abuse and neglect. This program was partly underwritten by the Monique Burr Foundation for Children, Inc. STEPS offers activities through its service center network and community providers. One such provider is Cassat House, an outreach center giving families tools to build healthy homes, such as financial assistance, food stamps and parenting classes. In 2007, the outreach center opened with the goal of keeping kids out of foster care by empowering families. Officials chose the Cassat Avenue location because a high number of out-of-home placement referrals come from that area.

- Keeping Families Together is a diversion project supporting the work of local Child Protective Investigators (CPI's) by providing information, support and services to families in Pinellas and Pasco counties. The goal is to provide community resources and support to families so that children may remain safely at home with their families. Eckerd Community Alternatives (ECA)'s Keeping Families Together features Community Resource Specialists who work directly with Child Protective Investigators to serve as navigators by providing linkages to community resources in an effort to prevent dependency and mitigate risk of potential removal of children from their families. These specialists utilize resource information gathered from asset mapping projects; they also have access to the ECA Utilization Management Specialist; ECA Volunteers; 2-1-1; and other community resources. On a case-by-case basis, the specialists may request funds to meet the needs of families as approved by the ECA Utilization Management Specialist. In Pinellas County, the ECA Prevention staff is on site once a week at the Sheriff's Department. In the future, ECA and Pinellas Sheriff's Office, Child Protective Investigations will be co-located in a new location. This program design enhances communication and the community resources staffing process.

Administration (0% of the FFY 2013 Grant)

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

The table below displays the specific details regarding the differences between the estimated and actual grant award.

Table 1. Title IV-B (PSSSF) Grant

FY 2013 Title IV-B Part II	Estimated Award	% of Est. Award	Actual Expend as of 9/30/13	% of Actual Expenditures	Difference
Family Preservation	$4,976,796	27.64%	$2,711,560.36	28.20%	0.56%
Family Support	$4,519,852	25.10%	$2,312,563.44	24.05%	-1.05%
Time Limited Family Reunification	$3,988,356	22.15%	$2,306,378.70	23.98%	1.83%
Adoption Promotion & Support	$4,522,499	25.11%	$2,286,082.12	23.77%	-1.34%
Administration	$0	0%	$59.75	0%	0%
Actual Total Award	$18,007,503	100%	$9,616,644.37	100%	100%

Interstate Compact for the Placement of Children (ICPC)

The Interstate Compact on the Placement of Children (ICPC) is the best means we have to ensure protection and services to children who are placed across state lines. The need for a compact to regulate the interstate movement of children was recognized over 40 years ago. Since then the Department has worked with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) to address identified areas of concern within the Interstate Compact such as the time it takes for children in the dependency system to be placed in safe homes across interstate lines.

Modernization of the ICPC processes is an ongoing technology effort. Since Florida's population is highly mobile, and many families have origins or connections in other states, the Interstate Compact process is an important part of Florida's efforts to identify and take advantage of opportunities for children's lifelong connections and stability. The ICPC processing system within the State of Florida began a conversion to electronic transmittal and web based data transmission in the spring of 2008. The goal

of the modernization project was to eliminate transmittal of paper ICPC files through the mail, reduce the number of persons who handle a file, and shorten the time spent in the approval process. The assignment of cases by state resulted in personal relationships being developed between Florida ICPC specialists and their counterparts in other states. Staff has also gained additional knowledge of the laws and regulations of their assigned states.

ICPC modernization converted the existing tracking system to a paperless file system. The process now scans all incoming and outgoing documents and creates various data entry screens to capture and store information on each case. One of the best features of the system is the generation of automatic e-mail reminders and notices for critical dates in the ICPC process. Additionally, the system includes a feature that allows a case specialist who is in receipt of a new case to determine if the child's records are present in FSFN and, if so, to extract the child's demographic information and import it into ICS.

The system database can be accessed by the courts, Community-Based Care lead agencies, Guardians Ad Litem, and department attorneys. These stakeholders can view the master ICPC file and determine 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.

Currently, Florida is involved in conjunction with the American Public Human Services Association (APHSA) in the development and implementation of the National Electronic Interstate Compact Exchange (NEICE) project. The purpose of the NEICE Project is to demonstrate and evaluate the electronic exchange ICPC case files in real time between states resulting in a streamlining of the ICPC administrative process. Florida serves as a pilot state along with the District of Columbia, Indiana, Nevada, South Carolina, and Wisconsin in the NEICE Project. In addition, the Compact Administrator, a case specialist, and IT partners serve as the technical team on the project, providing technical assistance during the development of the national electronic system.

The ICPC office collaborates in other ways with our partners, other states, and stakeholders. The use of lead ICPC liaisons within individual CBCs allows a single point of contact for both the CBC and the ICPC office, which streamlines communication and increases the efficiency of the ICPC process. The office collaborates with the regions through monthly conference calls, through the ICS system, and through daily emails. Additionally, the Compact Administrator attends the annual national conference of compact administrators allowing establishment and maintenance of relationships with ICPC central office staff as well as local staff from other states.

The Compact Administrator works with CLS, caseworkers, and representatives from other states on difficult cases, and often facilitates conference calls between Florida workers and other states to ensure positive outcomes for children. Further, the Florida ICPC office provides presentations as needed to the Children's Legal Services attorneys, judiciary, Guardians Ad Litem, Attorneys Ad Litem, case managers,

supervisors, licensed social workers, investigators and ICPC liaisons at Community-Based Care Lead Agencies.

Service Array Gap Analysis

Florida is a large, diverse state with wide variation in demographic and geographic characteristics. In order to assess the strengths and gaps in available services, the Department initiated a Gap Analysis produced by the University of South Florida and Casey Family Programs.[4] The analysis included an extensive survey covering respondent perception about need, availability and accessibility of 115 services. Overall, a wide range of services were rated as occasionally or usually available and accessible. However, the analysis identified several services and areas with critical unmet needs. These included subcomponents of the general service areas discussed above (for example, in-home supervision and monitoring, in-home crisis intervention) as well as concrete needs such as helping families with transportation and housing. The Department at the state and local levels will continue to work with its partners and contracted agencies to address overall and specific gaps in the service array. (See further discussion in Chapter VI, Title IV-E Foster Care Waiver Demonstration Project, and Chapter IV, Statewide Assessment.)

C. Administration

Oversight

External Oversight

The Department's oversight structure is dictated by Florida Statute to a certain extent. Section 20.19, F. S. directs that the Department form, in consultation with local communities, an alliance or similar group of stakeholders and others in each county to provide a focal point for community participation and governance of community-based services. The duties of such alliances include joint planning and community priorities. The Department's regional managing directors and Community-Based Care (CBC) lead agencies, as described in Section A of this chapter, coordinate with these community alliances.

Oversight activities of the Department are also guided by other sections in Florida Statute. For example, requirements for licensure of foster homes are contained in s. 409.175, F.S., and requirements for child abuse reporting intake, including quality assurance of reports through the Hotline, are listed in s. 39.201, F.S.

The intent and requirements of legislation may change during any year, as the state laws governing the Department's responsibilities and activities are revised through legislative action. As needed, state legislative change is sought to address modifications

[4] Florida Child Welfare Services Gap Analysis Report (April 8, 2014). Casey Family Programs and University of South Florida College of Behavioral and Community Sciences.http://centerforchildwelfare.fmhi.usf.edu/Publications/GAP_Report040814.pdf

to Federal law as well. For example, during the 2014 Legislative Session, s. 20.19, F.S. was amended to require the appointment of an Assistant Secretary for Child Welfare, with leadership responsibilities over the Department's child protection and child welfare activities. Revisions to other sections of statute during this session also included 1) creation of critical incident rapid response teams for multiagency investigation of certain child deaths or other serious incidents, and an advisory committee for independent review of these teams; 2) extensive requirements for a safety planning process within child protective investigation and community-based care services; 3) coordination and a family-centered approach for child protective investigators and child protective teams in reports of medical neglect; 4) financial assistance for non-relative caregivers; 5) detailed requirements for services to medically complex children; 6) professional requirements for child protective investigators and supervisors, and 7) re-wording of the Community-Based Care Lead Agency authorization and requirement section, among many other changes. (See CS/SB 1666, 2014 Legislative Session; most changes to become effective July 1, 2014.) Statutory changes will be implemented according to the effective date of legislation, and influence to some degree the direction contemplated in this Plan's objectives and interventions. Effects will be discussed and addressed as necessary, including revisions to objectives or interventions, in future reporting through the Annual Progress and Services Reports and discussion with the Administration for Children and Families.

The Executive Office of the Governor (EOG) also provides direction for the Department, through policy initiatives and other mechanisms such as development of budget requests and executive orders.

Department Oversight

Accountability and responsibility for child welfare activities within the Department are shared by many different organizational units. This includes a distinction between operational functions under the Deputy Secretary, organized through the Regions under Regional Managing Directors with regional programmatic staff (including Program Administrators and contract managers for CBC lead agency contracts); operational support, specifically the Abuse Hotline; policy and program development functions, in the Office of Child Welfare; administrative functions such as Information Systems, Human Resources, and Financial Management under the Administration division; and other executive functions such as the Inspector General, General Counsel, and Children's Legal Services directly under the authority of the Secretary of the Department as appointed by the Governor within the defining structure of Florida Statute.

Information Systems

The Florida Safe Families Network (FSFN) is the state's automated official case management record for all children and families receiving child welfare services, from screening for child abuse and neglect at the Florida Abuse Hotline through adoption.

At the direct service level, FSFN provides child welfare workers in Florida with a fully integrated case management system, designed to support local service delivery improvements and report outcomes for children and families. The system enables investigators, case managers, and others to work collaboratively so that children in their care have safety and stability. This single automated case record is available for each child as he or she moves from one place or provider to another. It increases the effectiveness of service provision by making the most recent case information readily available.

At the case management level, supervisors are able to examine all aspects of their workers' cases to validate completeness and quality, as well as mentor their staff. On a program management level, FSFN has exceptional data reporting capabilities that allow the department, sheriffs' offices, and community-based care (CBC) organizations to track and analyze outcomes against goals in order to improve operations.

The application allows integration of related child welfare business processes that span department, circuits/regions, sheriffs' offices, and outsourced provider lines. A fully automated and managed case record provides valuable information for quality improvement reviews that advance performance monitoring and management. Full lifecycle case assignment and management functions support best practices for service delivery, case plan-based actions, and oversight. Completely deploying a certifiable Statewide Automated Child Welfare Information system (SACWIS) solution further bolsters an integrated statewide framework for child welfare practice that spans department and outsourced partner responsibilities, includes best practices for uniform operation, and sets consistent standards of care for children statewide.

Florida has improved its services to children via its SACWIS implementation, and the benefits to those children strengthen the state's commitment to an integrated child welfare system. Because of its unique public-private partnership for child welfare, Florida continues to explore innovative enhancements for its business processes and the system that supports them. In partnership with key stakeholders (including representatives from the community-based care agencies, local sheriff's offices, the judiciary system, children legal services, Guardians ad Litem) Florida continues to make progress in completing the pending action plans approved by the Division of State Systems, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, as reflected in their final report for the SACWIS Assessment Review (SARR) of FSFN, dated 02/28/2014. (See also the assessment of Systemic Factor: Information System in Chapter IV for more details on FSFN and the status of the SARR.)

The Florida Safe Families Network (FSFN) 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. Additionally, it is the official record for all expenditures related to service provision for children, youth, and/or families receiving in-home, out of home, adoption services, adoption subsidies, and

post-foster care supports such as Road to Independence payments. This financial information supports the determination of cost of care for each individual child, as well as claiming of expenditures to the appropriate funding sources. All pertinent information about every investigative and case management function must be entered into FSFN, including the Child's Resource Record. Staff may have duplicate paper copies of the case file, along with supporting paper documentation, but the FSFN electronic case file is the primary record for each investigation, case and placement provider, including all related financial expenditures and activities.

The Florida Safe Families Network (FSFN) facilitates child welfare best practice and service provision under federal and statutory requirements. This fully automated system eliminates communication gaps that can jeopardize child safety, permanency and well-being. If staff statewide follow FSFN reporting and documentation requirements, they and key stakeholders are provided the information necessary to make the best possible decisions on behalf of children and their families. Immediate electronic access to any and all information known about a case supports rapid and effective response to the needs of families and children.

FSFN consolidates critical data and increases data reporting capacities. It contains:

- all intakes/reports, including geographic location and other demographic information
- all required documentation
- special conditions referrals
- child-on-child sexual abuse reports
- child safety assessments and safety actions or plans
- information regarding all investigative activities and case management functions, including the Child Resource Record, geographic location, legal status, and other demographic information.
- records, files and data related to the licensing and maintaining of homes and facilities licensed for placement of children, or approved for relative, non-relative or adoption placement of children.
- service related expenditures.

Key Functions and Features in FSFN that support effective casework:

- Child Safety Assessment
- Safety Planning
- Family Assessment
- Case Planning process
- Judicial Review process
- TANF and Eligibility

- Financial Management
- Unified Home Study and the licensing and approval of homes for placement of children[5]

[5] Florida Department of Children and Families (9/23/2011). Desktop Guidebook for the Florida Safe Families Network (FSFN) Electronic Child Welfare Case File: Linking Policy and Practice to Technology.

Appendix A. Federal Principles of Practice

45 CFR 1355.25

The following principles, most often identified by practitioners and others as helping to assure effective services for children, youth, and families, should guide the States and Indian Tribes in developing, operating, and improving the continuum of child and family services.

(a) The safety and well-being of children and of all family members is paramount. When safety can be assured, strengthening and preserving families is seen as the best way to promote the healthy development of children. One important way to keep children safe is to stop violence in the family including violence against their mothers.

(b) Services are focused on the family as a whole; service providers work with families as partners in identifying and meeting individual and family needs; family strengths are identified, enhanced, respected, and mobilized to help families solve the problems that compromise their functioning and wellbeing.

(c) Services promote the healthy development of children and youth, promote permanency for all children and help prepare youth emancipating from the foster care system for self-sufficiency and independent living.

(d) Services may focus on prevention, protection, or other short or long-term interventions to meet the needs of the family and the best interests and need of the individual(s) who may be placed in out-of-home care.

(e) Services are timely, flexible, coordinated, and accessible to families and individuals, principally delivered in the home or the community, and are delivered in a manner that is respectful of and builds on the strengths of the community and cultural groups.

(f) Services are organized as a continuum, designed to achieve measurable outcomes, and are linked to a wide variety of supports and services which can be crucial to meeting families' and children's needs, for example, housing, substance abuse treatment, mental health, health, education, job training, child care, and informal support networks.

(g) Most child and family services are community-based, involve community organizations, parents and residents in their design and delivery, and are accountable to the community and the client's needs.

(h) Services are intensive enough and of sufficient duration to keep children safe and meet family needs. The actual level of intensity and length of time needed to ensure safety and assist the family may vary greatly between preventive (family support) and crisis intervention services (family preservation), based on the changing needs of children and families at various times in their lives. A family or an individual does not need to be in crisis in order to receive services.

Chapter IV. Florida's Statewide Performance Assessment

A. Background

Florida has a complex and robust approach to measuring and monitoring child welfare performance. This includes information useful for periodic longer-term overviews, such as the national data profile measures. It also includes shorter-term management decision support and quality improvement information, such as the weekly key indicators reports used by the Deputy Secretary, quarterly Quality Assurance case reviews, and monthly "scorecards" for performance oversight of Community-Based Care (CBC) lead agencies and Child Protective Investigations units. These are the primary data sources used in the state's initial assessment of performance conducted to identify strengths and concerns related to the Child and Family Services Review (CFSR) outcomes, and to guide selection of goals and objectives for the Child and Family Services Plan, as described below. Additional sources of information related to systemic factors were also reviewed to guide the planning process.

One Quality Assurance case review process provides information focused on the legal aspects of child welfare, which is a critical though often overlooked component of success in the outcomes of safety, permanency, and well-being. The Department's Children's Legal Services (CLS) office has its own QA process. To measure progress, CLS conducts ongoing stringent and comprehensive reviews. The reviews drive performance by providing feedback to both management and litigation staff. Using a set of defined metrics, a statewide panel in collaboration with regional staff reviews and scores a sample of cases on-site twice a year. During FY 2012-2013, attorneys and managers prepared samples for the statewide panel with each circuit providing 27 samples for a total of between 81 and 108 samples per region per semi-annual review period. Observation of legal activity was also part of the review process. In addition, throughout the year supervisors select samples of legal work and discuss scores around the metrics.

The Child Welfare program in Florida is committed to the concepts of Continuous Quality Improvement, using performance data to assess and inform potential for change in service delivery and supports. Senior Department leaders regularly review performance with field staff, such as during field visits of the Deputy Secretary with region staff. Formal and informal CQI processes at the local level drive performance improvement and contribute to statewide understanding and action, in important systemic areas such as changing policy, updating the practice model, and providing targeted training. More information on CQI is provided in Chapter XIV.Florida is currently working in close partnership with nationally-renowned Casey Family Programs to improve performance measures and the scorecard used for monitoring CBC success. Casey is the nation's largest foundation focused entirely on foster care and improving the child welfare system. Casey Family Programs is also providing technical assistance

around the state to assist with implementation of Florida's new Child Welfare Practice Model, which is a safe/unsafe and risk assessment approach to working with families who may need assistance from the Department.

The following sections provide performance assessment using multiple sources. Within the context of this data, the Department selected goals and objectives that address concerns within the context of ongoing initiatives and future direction to meet the identified gaps or sustain performance in areas of strength. The most important ongoing initiative is implementing the new practice model, which is rooted in a sound knowledge base and a practice approach that is safety-focused, family-centered, and trauma-informed. Florida's Title IV-E Waiver demonstration allows the Department and its partner lead agencies to create a more responsive array of community-based services and supports for children and families. Flexible use of IV-E funding supports child welfare practice, program, and system improvements that will continue to promote child safety, prevent out-of-home placement, expedite permanency and improve child and family well-being.

This strategic use of the funds will allow community-based lead agencies to implement individualized approaches that emphasize both family engagement and child-centered interventions. The Waiver demonstration project has and will continue to serve as a catalyst for systemic improvement efforts.

The linkage among assessment, planning and practice change will be achieved by focusing on seven general professional practices that are operationalized by using methods, tools, and concepts that make up the Department's Safety Methodology. These practices are directed toward the major outcomes of safety, permanency, and child and family well-being.

B. Assessment From Standard Performance Reports

The first step in the statewide assessment for the Child and Family Services Plan 2015-2019 (CFSP) was to develop a high-level overview matrix of performance over a recent timeframe, aligned with the CFSR outcomes and items (including systemic factors, where related), from the major sources of summary performance data and standards used by the Department's leadership. This overview was reviewed by program content experts and used in conjunction with collaborative review at the local (region and CBC) level to identify where the state appears to be meeting or exceeding established standards (strengths) and potential focus areas for improvement (concerns).

Sources, Measures, Data, and Timeframes

The following major sources of performance-related information were included in the summary matrix:

- Florida Child and Family Services Review Data Profile: March 12, 2014 and April 18, 2014. NCANDS and AFCARS data summary from the Administration for Children and Families, Federal Fiscal Year 2011ab, 2012ab, and 2013ab.
- Community Based Care Scorecard[1] monthly report 2/2014, 12/2013, 6/2013
- Child Protective Investigation Scorecard[2] monthly report 1/2014, 12/2013, 6/2013
- Deputy Secretary's Key Indicators weekly report 3/31/2014, 12/23/2013, 10/7/2013
- QA Portal Quality Service Reviews (QSR) for 6 Month Period Ending Q2 2012-2013[3]
- QA Portal Child Protective Investigation (CPI) Case Reviews for SFY2012-2013
- QA Portal Case Management Case Reviews for SFY2012-2013

Data validity and reliability in the above reports are generally accepted, since the sources have either formal verification processes (NCANDS/AFCARS), systematic supervision and quality checking as part of Florida Safe Families Network (FSFN) information system management (scorecards and key indicators), or inter-rater reliability and quality manager oversight (case review QA). Time frames identified for this overview represent most recent available performance level and short-term trends using selected point-in-time measurements, where available. Certain points in time were selected in order to show consistency in measures included. Performance over longer timeframes is included in the Final Report, which was used to confirm or provide additional detail during development of the CFSP.

In addition to these sources of statewide quantitative performance data, other sources are included as referenced in later sections of this chapter. These included regional assessments of local performance trends, as reported during April 2014; the Children's Legal Services Quality Assurance Performance Report for Quarters 1 and 2 of SFY 2013/2014; Regional summary assessments; and Office of Adoption and Child Protection Annual Report 2013.

C. Analysis Notes from Selected Performance Report Sources

Each performance measure from the selected sources (specifically those with established targets, but also those useful for descriptive or interpretive purposes) was

[1] http://www.myflfamilies.com/about-us/planning-performance-measures/cbc-scorecard
[2] http://ap003.dcf.state.fl.us/profiles/scorecards.asp?path=Child Investigation Scorecards [intranet archive only; not generally available]
[3] All QA Portal data from Office of Child Welfare CQI unit. QA standards and guidelines, including sampling process, are found at Florida's Center For Child Welfare.

aligned with the Child and Family Services Review (CFSR) structure of outcomes and systemic factors consistent with the content of 45 CFR 1355.34, as referenced in ACYF-CB-PI-14-03. Under each outcome, measures were aligned with the CFSR Items for more detailed analysis, where feasible.

For some of the performance measures included, "targets" or "standards" are designated. In order to facilitate decision-making, color-coding (green = at or above standard, yellow = not meeting standard, therefore a concern, red = critically below standard) was applied in the summary matrix through a visual inspection of the status or general trending indicated by the data points for each measure. Other measures, notably Continuous Quality Improvement (CQI) information from the QA Portal, have no designated target (that is, measures from Case Management case reviews, Child Protective Investigation case reviews, and Quality Service Reviews). During discussions with program management for review and analysis, CQI data points below 80% were considered to indicate a potential area of concern as a "rule of thumb."

By triangulating information from the various sources described in Section B above, an initial statewide "judgment" as to whether overall performance is a strength or concern was determined for the various outcomes and factors as described below. For some outcomes/items the assessment shows **mixed** results at a state level. That is, there may be several measures that relate to a particular outcome or item, but performance on the individual measures may not show the same pattern of results when compared to each other. For example, item 1 (timeliness of initiating investigation) has six measures discussed below. Of the six, four are strengths and two are concerns. Therefore, the picture is "mixed," though the tendency is more toward strength than concern. When the multiple measures for the various items comprising each outcome are considered as a whole, i.e., triangulated, the overall assessment for each outcome is as shown in Table 1.

Table 1. Summary: Outcomes and Rating

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

The following analysis notes are a summary of the review and discussion around the overview matrix. (See Appendix A to this chapter.)

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

CONCERN. National standards for both measures have not been met. QSR measures relating to safety and vulnerability are close to the "rule of thumb" level of 80%. CPI Case Review is a concern for handoff to case management and visiting the child in shelter, though there is strength in background checks/home inspection for relative placement).

	National Standard	Florida FY2011ab	Florida FY2012ab	Florida FY2013ab
Absence of Maltreatment Recurrence	94.60%	92.80%	92.80%	94.10%
Absence of Child Abuse and/or Neglect in Foster Care (12 months)	99.68%	99.34%	99.39%	99.02%

Quality Service Review Annual Report FY 2012-2013	Score
1 SAFETY FROM EXPOSURE TO THREATS OF HARM: Degree to which: The child is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings. The child's parents and/or caregivers provide the attention, actions, and supports necessary to protect the child from known threats of harm in the home and in other settings.	82.6%
2 CHILD VULNERABILITY: Degree to which the child: • Lacks capacity for self protection. • Is able to avoid self-endangerment. • Is able to refrain from behaviors that may put others at risk of harm.	79.1%

CPI Quality Assurance Review Annual Report FY 2012-2013	Score
28 When the investigation was being closed, the case file documents the CPI or CPI Supervisor ensured the receiving case management agency was notified of the closure, and the transfer of responsibilities from CPI to case management was clearly communicated.	69%
32 When the CPI placed the child with relatives or non-relatives, the case file contained evidence required background checks and a physical inspection of the home were completed prior to the child's placement.	91%
37 The CPI visited the child in shelter care on a weekly basis until the case was transferred to and accepted by the CBC provider who subsequently agreed to conduct the required visits.	67%

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

Strength.Strength in commencing investigation cases and seeing alleged victims in 24 hours.However, process measures indicate concerns in timely submitting investigation cases for review and timely completing or closing investigations. CPI QA data shows diligent attempts as a strength.

CPI Scorecard Measure	State Standard	6/2013	12/2013	1/2014
% ImmediateCommenced<=4 Hours	98.0%	98.6%	97.9%	98.0%
% 24 HourCommenced<=24 Hours	99.5%	99.9%	99.8%	99.8%
% Seen<=24 Hours	85.0%	90.9%	90.0%	91.2%

CPI Quality Assurance Review Annual Report FY 2012-2013	Score
2 Diligent attempts to see the child victim were made at least daily if the child victim was not seen immediately or within 24 hours of report receipt from the Florida Abuse Hotline. If the initial attempt to contact the child victim was unsuccessful, regular attempts (daily and at varying locations and times of the day) are required until all child victims are seen.	89%

Item 2 Repeat Maltreatment

MIXED.Strength is shown in no maltreatment during out-of-home care, and after termination of out of home care and in-home services combined. There is concerning performance on verified maltreatment within 6 months of termination of family support services and 6 months of the received date of an investigation resulting in verified maltreatment. However, there are some methodological issues with the measurement of maltreatment after family support services and interpretation is not definitive. A description of the measures is located at http://www.dcf.state.fl.us/performance/cbc/CBC_Scorecard_Methodology.pdf

CPI Scorecard Measure	State Standard	6/2013	12/2013	1/2014
6. No Recurrence of Maltreatment in 6 Months [of received investigation].	94.6%	93.8%	94.0%	94.1%

CBC Scorecard Measure	State Standard	6/2013	12/2013	2/2014
1. No Verified Maltreatment within 6 Months of Termination of Family Support Services	99.5%	94.8%	94.4%	94.4%
3. No Verified Maltreatment within 6 Months Termination of In-Home & Out-of-Home Services	95.0%	94.4%	96.4%	96.1%

Key Indicator Report Measure	State Standard	10/7/2013	12/23/2013	3/31/2014
No Verified Maltreatment within 6 Months of Termination of Services (Out of Home Care)	99.0%	99.3%	99.4%	99.0%
No Verified Maltreatment in Out of Home Care (Substitute Caregiver Perpetrator)	99.68%	99.67%	99.64%	99.7%
No Verified Maltreatment in Out-of-Home Care (Any Perpetrator)	99.0%	99.2%	99.0%	99.2%

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

MIXED, but more concern than strength. Maltreatment during in-home services is not meeting statestandard, and is a concern. CPI QA shows strength for safety assessment, and concerted efforts to provide appropriate services. Case Management QA indicators show concern forinitial family assessment and even stronger concern for the six-month family assessment. Addressing safety concerns is slightly below the 80% rule of thumb, and pre-reunification assessment just meets this level. While changes in and an expansion of the community-based service array have occurred due to the flexibility afforded through the Title IV-E Waiver demonstration, adequate capacity and accessibility does not exist across the entire state specifically related to in-home services for families diverted from out-of-home care and adult and child specific community services and supports that help to promote the safety and well-being of families. However, strength is seen in concerted efforts for in-home services.

CBC Scorecard Measure	State Standard	6/2013	12/2013	2/2014
2. No Verified Maltreatment During In-Home Services	97.0%	96.6%	95.8%	96.5%

CPI Quality Assurance Review Annual Report FY 2012-2013	Score
7 The safety assessment process was completed with sufficient thoroughness to identify risks and develop a safety plan if needed.	86%
29 Prior to the removal, the CPI made concerted efforts to provide appropriate services that would allow the child to remain safely in his/her own home.	100%

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
4. Concerted efforts were made to provide or arrange for appropriate services for the family to protect the child and prevent the child's entry into out-of-home care. (applicable to in-home cases)	93%
5. A thorough initial family assessment was conducted following the investigative safety assessment that sufficiently addressed child safety factors and emerging risks.	66%
7. The six-month family assessment was focused on the immediate and prospective safety of the child, as well as any changes and implications in the family's situation related to emerging danger and services needs. (applicable to all cases)	46%
8. All immediate and emerging safety concerns were addressed and additional needed interventions were provided to protect the child. (applicable to all cases)	76%
9. A thorough safety assessment of the home was completed prior to reunification or placement of the child in an unlicensed out-of-home care setting. (Applies to cases involving post placement supervision, and where a child will be placed in an unlicensed [relative/non-relative] placement)	80%

Item 3 Services to family to protect children in the home and prevent removal or re-entry into foster care.

See under Safety Outcome 2.

Item 4 Risk assessment and safety management.

See under Safety Outcome 2.

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

MIXED but more strength than concern. The national standard has been exceeded for Composite 2 (adoption) and 3 (permanency after long period of time). There is concern

regarding Composite 1 (timeliness and permanency of reunification) – the state is below the national median and/or there has been declining performance over time for the three timeliness measures in that composite, though showing recent improvement on the one permanency measure. There is concern regarding Composite 4 (placement stability); though improvement over time is shown for all three measures – that is, thenumber of placement settings for children in care for<12, 12-24, and >24 months - the state is below the national median for the children in care for the longest time.

	National Standard	Florida FY2011ab	Florida FY2012ab	Florida FY2013ab
Composite 1. Timeliness and Permanency of Reunification	122.60	114.30	110.60	110.4 (n=33,227)
Measure C1 - 1:Exits to reunification in less than 12 months	median = 69.9%, 75th percentile = 75.2%	73.90%	73.00%	70.30%
Measure C1 - 2:Exits to reunification, median stay:	median = 6.5 months, 25th percentile = 5.4 months NOTE: ↓ is preferred	med = 7.9 months	med = 8.0 months	med = 8.6 months
Measure C1 - 3: Entry cohort reunification in < 12 months	median = 39.4%, 75th Percentile = 48.4%	35.7%	34.8%	37.0%
Measure C1 - 4: Re-entries to foster care in less than 12 months	median = 15.0%, 25th Percentile = 9.9% NOTE: ↓ is preferred	15.4%	15.9%	14.9%

	National Standard	Florida FY2011ab	Florida FY2012ab	Florida FY2013ab
Composite 2: Timeliness of Adoptions	106.4	153.9	161.0	169.9 (n=33,227)
Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time	121.70	127.00	139.80	144.2 (n=33,227)

	National Standard	Florida FY2011ab	Florida FY2012ab	Florida FY2013ab
Composite 4: Placement Stability	101.5	94.3	95.2	98.6 (n=33,227)
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months	national median = 83.3%, 75th Percentile = 86.0%]	85.7%	85.8%	87.4%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months.	national median = 59.9%, 75th Percentile = 65.4%]	64.9%	64.7%	65.8%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months.	national median = 33.9%, 75th Percentile = 41.8%	26.6%	28.9%	33.0%

Item 5 Foster Care Re-entries

CONCERN.The CBC Scorecard measure for no re-entries after permanency is below standard.

CBC Scorecard Measure	State Standard	6/2013	12/2013	2/2014
7. Children Not Re-entering Out-of-Home Care within 12 Months of Achieving Permanency	92%	90.7%	91.9%	90.5%

Item 6 Stability of foster care placements

MIXED.Strength (exceeding standard) for the number of placements on the CBC scorecard measure. QSR measure for stability indicates a concern. Case management QA data shows strength for stable placement and concerted placement efforts, butconcern in team formation and exit interviews. The additional resources available from the Diligent Recruitment Grant will assist with improving this permanency measure. It is expected that the focus on targeted populations will improve recruitment and retention of foster families. See also Composite 4 in Permanency Outcome 1.

CBC Scorecard Measure	State Standard	6/2013	12/2013	2/2014
4. Children in Care8 Days-12 Months with No More than Two Placements	86.0%	86.9%	87.8%	87.7%

Quality Service Review Annual Report FY 2012-2013	Score
3 STABILITY: Degree to which the child's daily living, learning, and work arrangements are stable and free from disruptions as evidenced by: Stability in living arrangement (past 12 months & next 6 months); Stability in the school (other than natural changes); Stability in service provider; Stability in case manager; Low risk of disruption (future – near or next year); Common concern for case participants interviewed; and Number of moves.	75.2%

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
12. All of the people who provide support and services for this child and family were identified and collaborated in problem solving to inform an effective working team.	63%
13. The child's current placement is stable and appropriate to meet the child's needs with no apparent or significant risks or projections of disruption. (applicable to out-of-home care cases)	94%
14. If No was entered for #13, concerted efforts were made to identify, locate and evaluate other potential placements for the child. (applicable to out-of-home care cases)	85%
17. In cases involving a child in more than one licensed placement setting: (applicable to licensed out-of-home care cases) An exit interview was conducted with the child when moved from one placement to another to discuss the previous placement experience; Appropriate action was taken if the exit interview documented a concern.	73%

Item 7 Permanency goal for child.

STRENGTH. Case Management QA measure for appropriate case plan goal is above 80%. Although, setting the appropriate permanency goal is a strength, there is a data gap as to whether the goals are set timely.

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
22. The current case plan goal was appropriate based on the child's, and family's circumstances.	85%

Item 8 Reunification, guardianship, or permanent placement with relatives

No separate measure.

Item 9 Adoption

STRENGTH. Florida has a historic pattern of exceeding goals for adoption; see data for Permanency Composite 2 above, and the discussion of adoption incentive success in Chapter XIII).

Item 10 Other planned permanent living arrangement

CONCERN. QA case review measure for adequate preparation for transition and permanent attachment for children in OPPLA (aka APPLA) is below 80%. Counts of children with the goal of APPLA are monitored through the weekly Key Indicators report. The count is generally below 600 (out of more than 18,000 in out of home care).

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
71. For children with the goal of "Another Planned Permanent Living Arrangement (APPLA), the agency made concerted efforts to ensure the child is adequately prepared to transition into independent living and is living in a "permanent arrangement until he/she reaches the age of majority.	77%

For this specific item, a separate trend report is also monitored[4]. The Department's strong emphasis on permanency for this population, particularly through initiatives such as the Permanency Roundtables described in Chapters V and VII, has resulted in an overall decrease in the percentage of the out of home population with the primary goal of APPLA. In June 2012, 3.01% (594) children had this as their primary goal, and in May 2014 this was down to 2.55% (497). Ongoing efforts as part of the Permanency goal in Chapter V promise to continue this positive trend.

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

MIXED. QSR measures for permanent and quality connections are below 80%. CPI and Case Management QA items show strength in aspects of continuity and connection.

[4] APPLA Trend Report, http://centerforchildwelfare.fmhi.usf.edu/Datareports/TrendReports.shtml

Quality Service Review Annual Report FY 2012-2013	Score
5 PERMANENCY: Degree to which: Those involved (child, parents, caregivers, others) have confidence that the child is living with caregivers who will remain in this role until the child reaches adulthood and will continue onward to provide enduring family connections and supports in adulthood.	76.2%
27 MAINTAINING QUALITY CONNECTIONS: When a child is placed out of the home, the degree to which the child's family connections and other important people are maintained through appropriate and good quality visits and other means -- unless compelling reasons exist for keeping certain family members apart.	76.8%

CPI Quality Assurance Review Annual Report FY 2012-2013	Score
30 Upon removing the child from his/her home, the CPI made the appropriate inquiries to determine if the child was of American Indian or Native Alaskan descent so that the appropriate tribe could be contacted regarding the need for an alternative placement.	91%
31 Once the decision was made to remove the child, placement priority was given to responsible relatives/non-relatives rather than licensed care.	97%

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
23. The case plan specifically addressed visitation and other contact plans with all case participants. (applicable to out-of-home care cases)	81%

Item 11 Proximity of foster care placement

STRENGTH. Case management QA data is above 80% for close proximity to parents. Key indicators report allows management to monitor the level of children placed outside of removal area, though no "target" is set. For example, the percentage of children placed in a county other than the removal county is around 35%. The Diligent Recruitment Grant focus on targeted populations will improve recruitment and retention of foster families. Ultimately, the Grant should assist with improving the availability of placements for children in homes that are in close proximity to their parents.

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
26. The child's current placement was in close proximity to the parents to facilitate face-to-face contact between the child and parents while the child was in out-of-home care. (applicable to out-of-home care cases)	90%
27. If No was entered for #26, the location of the child's current placement was based on the child's needs and achieving the case plan goal. (applicable to out-of-home care cases)	93%

Item 12 Placement with siblings

CONCERN.Case Management QA data shows a low level of placement with siblings and lack of evidence to support the decision to separate.

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
28. The child was placed with siblings who were also in licensed and/or non-licensed out-of-home care. (applicable to out-of-home care cases)	64%
29. If No was entered for #28, there was clear evidence separation was necessary to meet the child's needs. (applicable to out-of-home care cases)	79%

Item 13 Visiting with parents and siblings in foster care

STRENGTH. Case Management QA data is above 80% (though the measure only addresses parents). [this is a potential data gap – especially considered with the concern indicated for Item 12]

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
30. Concerted efforts were made to ensure visitation (or other contact) between the child and parents were sufficient to maintain or promote the continuity of the relationship between them. (applicable to out-of-home care cases)	88%

Item 14 Preserving connections

STRENGTH. QA data shows concerted efforts to maintain child's connections above 80%.

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
32. Concerted efforts were made to maintain the child's important connections. (applicable to out-of-home care cases)	89%

Item 15 Relative placement

See CPI QA measure #31 under Permanency Outcome 2 above. There are extensive output and other contextual data in key indicator and other reports. For example, there are generally over 9,500 children in kinship care placements at any point in time, compared to less than 8,000 in licensed care.

Item 16 Relationship of child in care with parents

CONCERN. QA data shows low levels for both mother and father being encouraged to participate in decisions.

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
36. The mother was encouraged and supported to participate in making decisions about her child's needs and activities.	42%
37. The father was encouraged and supported to participate in making decisions about his child's needs and activities.	28%

The low levels of parent participation are a particular concern, since most of the other measures under Permanency 2 are relatively strong. In Chapter V, Goal 2 includes discussion of ongoing interventions that support child welfare staff in building family connections, particularly the Practice Model and pre-service training. This is also related to aspects of Well-Being Outcome 1, below.

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

- CONCERN. Case Management QA data shows concerns with frequency and quality of caseworker visits, though strength in assessment of service needs for caregivers. QSR data shows concerns in many indicators, particularly voice and choice, teaming, and transition planning for child and family needs in relation to change. The Waiver demonstration focuses on aspects of well-being that are crucial to child and family development. Florida will test the hypothesis that capacity building, system integration and leveraging the involvement of community resources and partners yield improvements in the lives of children and their families. Through implementation of Florida's new practice model, each component of the system will work as an integrated unit, equipped to gather better information, relay information faster, conduct more quality investigations, gather a more complete picture of the child and family, and offer a more effective engagement strategy to ensure the child and family's safety and independence. The Safety Methodology is a statewide integrated approach to ongoing safety management and service provision to enhance parental protective capacities (emotional, cognitive and behavioral), address and enhance child well-being needs (emotional, behavioral, developmental, academic, relationships, physical health, cultural identity, substance abuse awareness, and adult living skills). (See Chapter X)

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
54. An ongoing assessment of the out-of-home care providers or pre-adoptive parent's service needs was conducted in order to ensure appropriate care for the child. (applicable to out-of-home care cases)	92%
56. The frequency of the services worker's visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child.	57%
57. The quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being.	69%

Quality Service Review Annual Report FY 2012-2013	Score
11 PARENT & CAREGIVER FUNCTIONING: Degree to which the parent or caregiver, with whom the child is currently residing and/or has a permanency plan, is able to provide the child with the assistance, protection, supervision, and support necessary for healing from trauma and/or achieving emotional well-being. If added supports are required in the home to meet the needs of the child and assist the parent or caregiver, the added supports are meeting the child's needs.	78.6%
20 ENGAGEMENT: Degree to which those working with the child and family (parents or other caregivers) and support systems are: Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child and family. Focusing on the child and family's strengths and needs. • Sensitive and responsive to traumas experienced by the child and family. Engaging children in a developmentally appropriate manner. Being receptive and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning. Offering transportation and child care supports, where necessary, to increase family participation in planning and support efforts.	73.6%
21 VOICE & CHOICE: Degree to which the child, parents, family members, and caregivers are active ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions pertaining to child and family strengths and needs, goals, supports, and services.	70.4%
22 TEAMING: Degree to which appropriate family members and providers have been identified and formed into a working team that shares a common "big picture" understanding and long-term view of the child and family. Team members have sufficient knowledge, skills, and cultural awareness to work effectively with this child and family. Members of the family and involved professionals have a pattern of working effectively together to share information, plan, provide, and evaluate services for the child and family.	66.0%

Quality Service Review Annual Report FY 2012-2013	Score
23 ASSESSMENT & UNDERSTANDING: Degree to which those involved with the child and family understand: The "big picture" situation and dynamic factors impacting the child and family sufficiently to guide intervention. Their strengths, needs, preferences, and underlying issues. What must change for the child to function effectively in daily settings and activities and for the family to support and protect the child effectively. What must change in order for the child and family to achieve timely permanence and improve the child/family's well-being and functioning. The outcomes desired by the child and family from their involvement with the system. The path and pace by which permanency will be achieved for a child who is not living with nor returning to the family of origin.	71.8%
24 PLANNING PROCESS: Degree to which the planning process: Is individualized and matched to the child and family's present situation, preferences, and long-term view for safe case closure. Provides a combination and sequence of strategies, interventions, and supports that are organized into a coherent service process providing a mix of services that fits the child and family's evolving situation.	70.7%
25 TRANSITION PLANNING: Degree to which: • The current or next life change transition for the child and family is being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child and family after the change occurs. • Plans and arrangements are being made to assure a successful transition and life adjustment in daily settings. • There are well-planned follow-along supports provided during the adjustment period occurring after a major change is made in a child's life to ensure success in the home or school situation. Unpredicted/emergency changes are assessed and follow-up supports are engaged to ensure child's adjustment.	66.9%

Item 17 Needs and services of child, parents, and foster parents

MIXED. Though Case Management QA measures are at or above 80% with respect to the mother, there is concern related to assessment of father's needs and engagement. See also measures under Well-Being Outcome 1 above.

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
50. An ongoing assessment of the mother's needs was conducted to provide updated information for case planning purposes.	80%
51. Concerted efforts were made to support the mother's engagement with services.	81%
52. An ongoing assessment of the father's needs was conducted to provide updated information for case planning purposes.	60%
53. Concerted efforts were made to support the father's engagement in services.	63%

Item 18 Child and family involvement in case planning

CONCERN. Case Management QA measure related toactively involving all case participants is below 80%.See also measures under Well-Being Outcome 1 above.

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
55. Concerted efforts were made to actively involve all case participants in the case planning process.	71%

Item 19 Caseworker visits with child

CONCERN. Key indicator report shows the percentage of children seen timely is slightly below target (this measure is also related to Safety). See also QA measures for visits under Well-Being Outcome 1 above.

Key Indicator Report Measure	State Standard	10/7/2013	12/23/2013	3/31/2014
Percent of In-State Children Seen Timely	99.5%	99.1%	99.3%	99.3%

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
56.3The frequency of the services worker's visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child.	Child: 72%
57.3 The quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being.	Child¨70%

Item 20 Caseworker visits with parents

MIXED. Key indicator report shows that performance is generally meeting targets for visits with mother but not father. Case Management QA data is below 80% except for quality of visits with caregiver.See also measures for visits under Well-Being Outcome 1 above.

Key Indicator Report Measure	State Standard	10/7/2013	12/23/2013	3/31/2014
Percent of Required Contacts with Mother, OHC, Goal Reunification	70%	70.8%	67.9%	70.3%

Percent of Required Contacts with Father, OHC, Goal Reunification	60%	49.9%	44.3%	47.8%

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
56.1, 56.2, 56.4 The frequency of the services worker's visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child.	Mother: 54% Father: 36% Caregiver: 79%
57.3 The quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being.	Mother: 71% Father: 61% Caregiver: 83%

As with Permanency Outcome 2, performance indicating concerns around engaging and visits with parents is an ongoing focus. More discussion related to this topic is included in Chapter XII, Monthly Caseworker Visits. The aspects of professional practice related to engaging, partnering, and planning for family change embedded in the Practice Model (Chapter I) will be critical components of the progress for Goal 3 in the Plan for Improvement (Chapter V).

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

MIXED. CBC scorecard and Key Indicators show that the state is meeting targets for education report cards or diploma/GED as recorded in FSFN. (Note that the Key Indicators measures may relate to data quality under Systemic Factor: Information System. However, this is also a concern for the outcome, as there is decreased ability to measure and monitor success.) QSR data shows strength in early learning status for children under 6 and academic status for school age children, but concerns in pathway to independence for older children. QA case management data shows concerns in educational path and reducing barriers to education, but strength in assessment of educational needs and stability of educational placement.

CBC Scorecard Measure	State Standard	6/2013	12/2013	2/2014
9. Overall Score on Education Report Card	65.0%	51.0%	72.6%	72.2%
10. Former FosterYouth Ages 19-22with Diploma orGED	65.0%	63.8%	64.7%	66.1%

Key Indicator Report Measure	State Standard	10/7/2013	12/23/2013	3/31/2014
Percent Children 5-17 in OHC with At Least One K-12 Report Card (Sept-May)	95.0%	99.4%	99.4%	99.4%
Percent Children 5-17 in OHC with K-12 Report Card Entered in Month (Sept-May)	90.0%	95.1%	93.9%	94.4%
Percent Former Foster Youth Ages 19-22 with Diploma or GED in FSFN	60.0%	64.6%	64.7%	66.1%

Quality Service Review Annual Report FY 2012-2013	Score
8 EARLY LEARNING STATUS: Degree to which: The child is achieving developmental milestones based on age and developmental capacities. The child's developmental status in key domains is consistent with age- and ability-appropriate expectations. This Indicator Applies to a Child Under the Age of 6 Years. Because mandatory school attendance begins at age 6, Status Indicator 8 is applied to a child who is under age 6 and who is not yet attending a formal school program.	86.4%
9 ACADEMIC STATUS: Degree to which the child [according to age and ability] is: 1) regularly attending school and placed in a grade level consistent with age or developmental level, 2) actively engaged in instructional activities, 3) reading at grade level or Individual Education Program (IEP) expectation level, and 4) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent, or vocational program. This Indicator Applies to a Child 6 Years or Older	83.3%

10 PATHWAY TO INDEPENDENCE: Degree to which the child [according to age and ability] is: Gaining skills, education, work experience, connections, relationships, income, housing, and necessary capacities for living safely and functioning successfully independent of agency services, as appropriate to age and ability. Developing long-term connections and informal supports that will support him/her into adulthood. Experiencing involvement in extracurricular activities as age and developmentally appropriate, as desired. This Indicator Applies to a Child 13 Years or Older and in Foster Care	70.5%

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
45. If the child is 13 years of age or older and in licensed foster care, the case management agency provided guidance and assistance in developing an educational and career path that is based on the child's individual abilities and interests. (applicable to licensed out-of-home care cases)	77%
58. The child's educational needs are assessed on an on-going basis during out-of-home placement. (applicable to all cases)	82%
59. Services effectively reduced or resolved the issues that interfered with the child's education. (applicable to out-of-home care cases and in-home cases, if relevant)	66%
60. The stability of the child's educational placement is addressed with each change of placement. (applicable to all cases)	87%

Item 21 Educational needs of the child

See under Well-Being Outcome 2.

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

MIXED. Key indicators show concerns (below standard) in provision of medical services, immunizations, dental, and consent for psychotropic medication. Also according to the key indicators, there is strength in health recordkeeping in FSFN. (Again, note that the Key Indicators measures may relate to data quality under Systemic Factor: Information System. However, this is also a concern for the outcome, as there is decreased ability to measure and monitor success.) As previously stated, the extension of the IV-E Waiver demonstration focuses on aspects of well-being, especially an integrated and collaborative approach with multiple partners such as substance abuse and mental health. The waiver demonstration allows for the integration of a Trauma Focused and Trauma Informed Care model of service delivery at the local level. Family engagement and family-centered planning using promising and evidence-based practices is improving the quality of caseworker visits with families and children and fostering connections between families. The implementation of promising and evidence-based practices is anticipated to improve well-being outcomes.

QSR data shows strength in overall physical health, but concern in emotional well-being and psychotropic medication management.

CPI case review QA is strong for Child Health Check-ups, obtaining medical information, and psychotropic medication authorization. Case management QA shows strengths in assessing physical and behavioral health care needs and providing services, but concerns about dental health assessment/services and psychotropic medication monitoring.

There is also contextual data relating to health, such as the Key Indicator percentage of children in out of home care with psychotropic medication (around 13%), or count of those needing a waiver for disability services to achieve permanency (about 200-300).

Key Indicator Report Measure	State Standard	10/7/2013	12/23/2013	3/31/2014
Percent of Children with Medical/Mental Health Record in FSFN	99.5%	99.8%	99.7%	99.9%
Percent of Children with Medical Service in the Last 12 Months	98.0%	96.3%	96.5%	97.2%
Percent of Children with Immunizations Up to Date	99.0%	98.0%	97.8%	98.2%
Percent of Children with Dental Service in the Last 7 Months	94.0%	87.1%	91.6%	92.2%
Percent Children in OHC with Psychotropic Medication - No Consent	0.30%	0.33%	0.45%	1.01%

Quality Service Review Annual Report FY 2012-2013	Score
6 OVERALL PHYSICAL HEALTH: Degree to which the child is achieving and maintaining positive health status to include, dental, audio and visual assessments and services; if the child has a serious or chronic health condition, the child is achieving his/her best attainable health status given the diagnosis and prognosis.	86.7%
7 EMOTIONAL WELL-BEING: Degree to which, consistent with age, ability, and developmental level, the child is displaying an adequate pattern of: Attachment and positive social relationships, Coping and adapting skills, Appropriate self-management of emotions and behaviors.	79.8%
29 PSYCHOTROPIC MEDICATION MANAGEMENT: Degree to which: Any use of psychotropic medications for this child is necessary, safe, and effective. The child and parents/caregivers understand the benefits and risks of each medication. The child and parents and/or caregivers have a voice in medication decisions and management. The child is routinely screened for medication side effects and treated when side effects are detected. The use of medication is being coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, obesity, addiction, HIV).	75.4%

CPI Quality Assurance Review Annual Report FY 2012-2013	Score
34 If the child was removed and placed in a licensed home or with a relative or non-relative caregiver, a Child Health Check-Up was completed within 72 hours of removal.	84%
35 The CPI obtained medical information, including prescribed medicines, and/or other needs of the child as known by the parent, guardian or legal custodian and shared the necessary information with the substitute caregiver.	87%
36 If the removed child was prescribed psychotropic medications prior removal or prior to case responsibility being transferred to the case management agency, the CPI obtained written authorization from the parents to continue administration where appropriate and properly initiated the process to obtain written express and informed consent by the parents, or where necessary, a court order.	100%

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
67. Children prescribed a psychotropic medication are closely monitored by the case manager to ensure his/her safety and well-being. (applicable to out-of-home cases-life of case)	57%
61. The child's health care needs are assessed initially and on an ongoing basis through periodic health screening services conducted during the period under review. (Applies to all out-of-home case) (Applies to in-home cases when relevant to why the child and family are involved with the dependency system.)	83%
62. Concerted efforts were made to provide appropriate services to address the child's identified physical health needs. (applicable to out-of-home care cases and in-home cases, if relevant)	81%
63. Concerted efforts were made to assess the child's dental health care needs. (applicable to out-of-home care cases and in-home cases if relevant)	73%
64. Appropriate services were provided to address the child's identified dental health needs.	71%
65. An assessment(s) of the child's mental/behavioral health needs was conducted. (applicable to out-of-home care cases and in-home cases, if relevant)	88%
66. Appropriate services were provided to address the child's mental/behavioral health needs. (applicable to out-of-home care cases and in-home cases if relevant)	81%

Item 22 Physical health of the child

See under Well-Being Outcome 2.

Item 23 Mental health of the child

See under Well-Being Outcome 2.

Contextual Information

A large number of data points showing workload, caseload, demographics, and other descriptive data were considered in relation to the scope and focus of objectives and interventions. For example, the key indicator report shows the percentage of children in residential group care as opposed to licensed foster care (indicating they are in a less home-like setting) was reduced from 4.7% in October 2013 to 4.5% in December 2013 and down again to 4.2% in March 2014. This indicates positive direction in keeping children out of residential setting, as desirable for child well-being according to child developmental theory. Therefore, a specific statewide intervention for this factor was not considered. Another example: the key indicator report also showed that the percentage of children placed outside of their removal county (which has implications for well-being in family connections and possibly school stability) is fairly consistent but high at around 35%, which could be a related or contributing factor to concerns around Permanency Outcome 2, "The continuity of family relationships and connections is preserved for children."Additional detail using contextual data has been mentioned under certain

outcome areas above, andis provided in the "rationale" discussion of the goals and interventions.

D. Analysis Notes from Additional Sources: Region Assessments

As part of the collaborative approach to developing the CFSP, the regional planning partners within the Statewide CFSP Committee (See Chapter III) provided a summary of their local assessment regarding concerns and strengths.

As expected, there was local variation in the performance strengths and challenges noted by the region partners. There were no indications that the statewide analysis of the standard performance reports were leading to the wrong assumptions for goal selection. Additionally, some potential contributing factors for further exploration of performance concerns were identified. This information also supported the need for maintaining local ability to select and apply interventions in addition to the overarching direction for the state. In some instances, the region broke out its assessment to a more discrete level than region-wide (e.g., by CBC agency, sheriff, or circuit). A summary of the region submissions is below:

Northwest Region

Successes/progressing:

- Timeliness of Adoption - Meeting targets for number of children, timely finalizing
- Permanence for children in long periods: progressing or meeting targets
- Placement stability: Meeting target on 2 or fewer for children 12 months or less

Concerns:

- Timeliness and permanence of reunification – reentry into OOH, length of stay for children reunified
- Timeliness of adoption: Children waiting available for adoption not adopted during FY
- Placement stability: 2 or fewer placement for children in care 12-24 months

Northeast Region

(CBCs indicated: PSF – Partners for Strong Families; KFF – Kids First of Florida; FIP – Family Integrity Program, St. Johns County; FSSNF – Family Support Services of North Florida; CPC – Community Partnership for Children)

Successes/progressing:

- Commencing investigations/seeing victims in 24 hours (region)

- Adoption (PSF, KFF, FIP)
- Placement stability (CPC)
- Visit children in 30 days (KFF)
- No verified maltreatment (KFF)
- Placement stability (KFF)
- Education report card and diploma (KFF, FIP)
- Number of children in care (FIP)

Concerns:

- Children reunified who re-enter care in 12 months (FSSNF)
- Permanency in 12 months (PSF)
- Abuse during services (PSF)
- Timely permanency (CPC)
- Reunification timeliness (KFF, FIP)
- Visiting biological parents in 30 days (KFF)
- Placement stability (FIP)

Central Region

Successes/progressing:

- Maltreatment recurrence and absence of maltreatment in foster care
- Timeliness of initiating investigation, seen in 24 hours
- No verified maltreatment in out of home care or in-home care
- No reabuse or reneglect in Out of Home Care, safety in the home
- Placement stability
- Placement outside of removal county
- Required contacts with mother
- Medical/mental health records in FSFN

- Dental services in last 7 months

Concerns:

- Verified recurrence within six months of termination of family support
- Return to OOH after 12 months reunification – substance abuse link
- Family assessments occur but quality needs improvement
- Achieving permanency in 12 months
- Children re-entering OOH in 12 months after reunification
- Seeing children timely
- Required contacts with father
- Education information in FSFN
- GED or diploma for youth
- Consent for psychotropic medication

SunCoast Region

Successes/progressing:

- Maltreatment following service
- Timeliness of investigation
- Reentry after permanency
- Report cards/diploma

Concerns:

- Absence of recurrence in 6 months (mixed – 2 sheriffs above target)
- No verified maltreatment in services (mixed – 2 circuits meeting or above target)
- Achieving permanency I n12 months or after 12 months
- Placement stability (Eckerd Circuit 13 meeting target, others below)

Southeast Region

Successes/progressing:

- Top performer on scorecard measures (ChildNet)

Concerns:

- Maintain children in home after reunification, prevent re-entry (ChildNet Circuits15&17)
- Placement instability, time to permanency (Devereux)
- High number of children in out of home care (Devereux)
- Time to permanency (Devereux)

Southern Region

Successes/progressing:

- Visits with mothers

Concerns:

- Employee retention (Miami/Dade and Monroe)
- Recruitment of foster parents (Monroe)
- Limited service accessibility (Monroe)
- Time to permanency within 12 months (OurKids)
- Re-entry after reunification (OurKids)

Summary

Region analysis tends to support the statewide performance assessment, as would be expected, and adds important items that are indicative of other factors that could be addressed in the plans for improvement statewide. In particular, all but one region mentioned re-entry after reunification as a concern. However, placement stability was noted as a success in some areas but a concern in others.

Local Assessment and Continuous Quality Improvement

Local (DCF Region and Community-Based Care lead agency) CQI efforts, including performance assessment, supplement and complement statewide processes as discussed generally in Chapter XIV. With respect to specific performance gaps identified through local assessment, the processes of identifying and implementing changes to practice, training, supervision, etc. are addressed variously at the local level. For example:

- In broad terms, one CBC lead agency analyzes QA data to look for trends to drive internal training needs. This agency has developed specific QA trainings in regards to what is monitored, so the case managers are aware of what is being looked at and what they should focus on. In addition, additional trainings are developed as needed based upon special reviews conducted internally- psych meds, safety planning, etc. Also, QA analysis is used to encourage and reward positive trends, and celebrate ongoing positive trends to ensure the case managers continue on the right path.

- Another CBC lead agency treats its four service areas as Case Management Organizations and reviews one service area per quarter. The agency schedules what is called a Next Steps Meeting with all levels of case management staff as well as the Department region program staff and contract managers, placement, and Foster Home Development staff. The day is spent analyzing data (strengths and areas needing improvement), completing a root cause analysis, and developing an action plan. This process allows service areas to be involved in determining what they need to work on and in developing their own plans for improvement.

- A CBC that uses several Case Management (CM) agencies has a multi-tiered CQI approach to ensure that data is driving improvements in practice:

    - Quarterly Data is presented to the CM agencies' Program Directors and Supervisors for review;

    - Unit meetings are held to make sure that supervisors are sharing the data information with the case managers;

    - CM reviews a percentage of their files, using the same tools as the CBC lead agency for inter-rater reliability of their data;

    - Quarterly, the CM agencies report what process improvements have been put in place based on the collective data;

    - Many systems in place continually collect data to assist in improving practice (Incident Reports, Exit interviews, Service Referrals etc.) and the CBC constantly monitors these system for improvement opportunities

- One specific service example: Timely provision of dental services for children in out of home care was identified as requiring improvement in the area served by one CBC lead agency. The agency formed a workgroup consisting of representatives from key areas: Quality Management, Utilization Management, Nurse Case Management, Child Protection Investigations and the Federally Qualified Health Centers, who developed a universal referral form, identified key contacts within the dental provider agencies, and established a protocol that assures service provision within a specified time range from the receipt of the

referral. This improves performance through streamlining access to identified service needs.

- A review of children on psychotropic medication in one CBC service area revealed that at the initial placement after removal, out of home caregivers were not provided a form to log administration of medication. Upon consultation with the child protective investigation team, it was ascertained that the Department does have a standardized form and staff were not aware of the requirement. The Lead Agency, Department and Children Legal Services collaborated to provide training to the entire child protection staff. Further, the child protection staff incorporated the lead agency's medication administration log its shelter packet.

- In another county, compliance with psychotropic medication requirements, both Florida law and CBC policy and procedure were found to be unsatisfactory based on QA reviews. A drill down of the data was completed and found several opportunities for improvement, including: changing psychotropic medication training from an on-line class to an in-person training; the need for a revised medication log for our relative / non-relative caregivers; greater oversight and assistance with the pre-consent process; and a change in how supervisory reviews are completed as it relates to children who are prescribed psychotropic medications.

- A third CBC also had a particular focus on psychotropic medication: In the fall of 2013, QM Specialists completed supplemental reviews of 100% of children prescribed psychotropic medications, using the Contract Oversight Unit (COU) tool. QM Specialists called case managers to discuss deficiencies that needed to be corrected and used administrative Requests For Action (RFA) to monitor corrections. The February 2014 COU monitoring documented that overall compliance with psychotropic medication requirements had significantly improved. The QM Specialists have continued ongoing reviews of compliance with psychotropic medication requirements to ensure the improvements are sustained.

- Another CBC's abuse rates began to fall below targets (i.e. verified maltreatments during services, verified maltreatments within 6 months of termination of services, and children who returned to out-of-home care after achieving permanency within 12 months). The region formed a workgroup to analyze all abuse data (both CPI and CBC data) and drilled down for trends. On the CBC side, the workgroup found several opportunities for improvement, including: ensuring services were in place for the entire family, not just the target child; following local protocols when a new abuse report is open on a dependent child (or previous dependent child); and a lack of in-home services for children ages 0 - 5.

- One region's QA staff facilitate a consultation with Child Protective Investigators (CPI's), CPI Supervisors, and Program Administrators on each Rapid Safety Review[5] conducted. The consultations are intended to support critical thinking skills and to improve investigative outcomes for the particular case reviewed, as well as other cases with similar or related conditions. QA review results and trends are shared with training and operational managers to identify areas where specific training needs exist. For example, there was a trend of insufficient safety plans so ACTION was contracted to train region CPI staff, which has been completed. If a deficient trend is identified for a particular CPI, information is shared with the supervisor and a job coach or mentor is assigned to the CPI to assist with practice improvements.

- Also in relation to the Rapid Safety Review process, a CBC lead agency has trainers sitting in the Rapid Safety Feedback consultations in order to provide input to supervisory staff on practice, identify training gaps for in-service trainings, and develop curriculum for future in-service trainings. For example, Safety Planning was a prevalent issue that needed improvement. To address this issue trainers worked with identified supervisors and case managers to develop case-specific safety plans and are in the process of delivering an in-service Safety Planning training for all staff.

E. Analysis Notes: Systemic Factors

In order to help focus the information relating to assessment of systemic factors, the text of the CFSR items for each factor[6]is provided.

During Round 2 of the national Child and Family Services Review, Florida was initially found to be in substantial conformity with the four systemic factors of State Information System, Quality Assurance System, Agency Responsiveness to the Community, and Foster and Adoptive Parent Recruitment and Retention. Upon completion of the Program Improvement Plan in 2011, the state had successfully completed all required actions steps related to the outcomes and remaining three systemic factors, Case Review System, Training, and Service Array. The following assessment builds upon this foundation of success.

The data sources analyzed for the outcome assessment (Section B)had limited information directly related to systemic factors. Those that were included are summarized below.

Statewide Information System

Item 24. 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

[5] See definition in Chapter XIV
[6] As current in CFSR documentation at the time of issuance of the CFSP program instruction, March 2014.

placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

As described in Chapter III, Florida's child welfare information system (Florida Safe Families Network or FSFN) includes an extensive set of data on clients and services, for case management, planning, service delivery, and oversight functions. The system is also driven by statute, such as in s. 39.00145, which directs among other things that case records must contain case plans, and "the full name and street address of all shelters, foster parents, group homes, treatment facilities, or locations where the child has been placed."

Training on FSFN data entry and the importance of documentation is extensive and ongoing. Modules on data entry are included in thepre-service curricula for child welfare case managers and child protective investigators, with general instruction and specific components such as entering case plans directed at the relevant types of workers. In addition, training on general and specific aspects of the system is offered on-demand through the Department's Child Welfare portal (http://centerforchildwelfare.fmhi.usf.edu/FSFN/FSFNTraining.shtml).

FSFN data entry is an ongoing focus (indeed, there are specific requirements in the CBC contracts in this area). The management Key Weekly Indicators report show that the percent of children with medical/mental health records in FSFN is above 99% (99.9% during March, 2014), the information in FSFN is most reliable. Children's Legal Services Quality Assurance (CLSQA) reviewed the timeliness and accuracy of entry of legal information into FSFN, and while most areas consistently met or exceeded expectations, one region did not meet expectations. CLS QA also noted that consistent entry of draft court orders into FSFN is an issue (CLS QA Report for Quarters 1 and 2, FY2012/13;sample size = 765).

The Administration for Children and Families (ACF) transmitted its final report from the SACWIS Assessment Review (SARR) of FSFN in February 2014. Most of the functional requirements were deemed met; but of the 88 requirements, there were 25 that had action plans in progress. Reports on the progress of these plans toward successful completion will be provided to ACF as part of the annual Advance Planning Document process. Open action plans are included for several SACWIS requirements critical to child welfare success for children and their families, including:

- Investigation; collecting and recording investigation information, generating documents as needed.
- Assessment; determining and recording risk assessment, collecting and recording special needs/problems, determining and recording needed services, client contacts, referrals to other agencies.
- Case management; preparing and documenting service/case plan, matching services to needs, generating documents, supervisory approval of plan.

- Court processes; preparing documents for court purposes.

Other action areas still in process include requirements under eligibility (Title IV-E, authorizations), resource management (licensing), foster/adoptive home support (current information, applications), resource directory (available services), financial management (accounts payable/receivable, claims), administrative support (system documentation), and interfaces (TANF and optional as chosen).

Data on the quality of information relating to the four specifically required components for the state information system (status, demographic characteristics, location, and goals for the placement of every child) is readily available. FSFN data is reliable and contains the required demographic information. Since FSFN is used for all case management activities, data completeness for expected elements is some indication of the level of compliance on other factors. Additional data quality and validity initiatives will be addressed as part of the Department's Continuous Quality Improvement efforts (see Chapters V and XIV).

Case management QA data shows concern in documenting case activities in FSFN, and the Key Indicators report shows concern regarding documenting education information. (These sources are described in Section B above)

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
72 Case work activities are accurately documented in the Florida Safe Families Network.	46%

Key Indicator Report Measure	State Standard	10/7/2013	12/23/2013	3/31/2014
Percent of Children Ages 5-17 in OHC with School Enrollment Name and Dates in FSFN	90.0%	99.7%	72.4%	74.4%

Summary: While the required and many additional data elements are captured in FSFN, additional refinement of the system with respect to gaps in the functional SACWIS requirements, and oversight and monitoring of data accuracy and timeliness, should be completed or addressed.

Case Review System

Item 25. 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 26. 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 27. 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 28. The State provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

Item 29. The State provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

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

All children under the supervision of Florida's child welfare system, (in-home and out-of-home care) are required to have a case plan or a voluntary services plan that specifies services to address the contributing factors and underlying conditions leading to maltreatment in order to ensure the safety, permanency and well-being of each child. The Case Plan must provide the most efficient path to quick reunification or permanent placement. Every child under Department or contracted service provider's supervision shall have a case plan that is developed as soon as possible, based on the ongoing assessments of the family. If concurrent case planning is used, both goals must be described. The case plan includes all available information that is relevant to the child's care including identified needs of the child while in care, and the permanency goal.

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

The case plan can be amended at any time in order to change the goal of the plan, employ the use of concurrent planning, add or remove tasks the parent must complete to substantially comply with the plan, provide appropriate services for the child, and update the child's health, mental health, and education records. Florida Statute 39.6013.

Florida Statute details the process for the periodic review of the status of each child, stating that the court has continuing jurisdiction and is required to review the status of the child at least every 6 months or more frequently if the court sees necessary or desirable. 39.701, F.S.

The Department recognizes that time is of the essence for permanency of children in the dependency system. Florida Statute provides a process that ensures that a permanency hearing must be held no later than 12 months after the date the child was removed from the home, or no later than 30 days after a court determines that reasonable efforts to return a child to either parent are not required, whichever occurs first. The permanency hearing determines when the child will achieve the permanency goal or whether modifying the current goal is in the best interest of the child. A permanency hearing must be held at least every 12 months for any child who continues to receive supervision from the department or awaits adoption. Permanency hearings must be continued to be held every 12 months for children who remain in the custody of the Department. 39.621, F.S.

Extensive collaboration between the Department, courts, Guardian ad Litem Program, and community agencies have led to many innovative court processes to facilitate timely permanency. The status of every child is evaluated at least every 6 months in court until the child reaches permanency status. A permanency hearing is held no later than 12 months after the date the child was removed from the home, or no later than 30 days after a court determines that reasonable efforts to return a child to either parent are not required, whichever occurs first. Early in the life of every out-of-home placement, the case is evaluated to determine if concurrent case planning is appropriate. A permanency hearing is held at least every 12 months for any child who continues to receive supervision from the Department or awaits adoption.

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

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

Case Management QA results for FY 2012/13 indicated that:

- 71% of the sampled cases (n=1,506) were successful in meeting the standard "Concerted efforts were made to actively involve all case participants in the case planning process." (standard 55)
- in 86% of the samples (n=1,484), Judicial Reviews were held in a timely manner and Judicial Review Social Study Report's (JRSSR's) provided a thorough investigation and social study concerning all pertinent details relating to the child. (standard 69)

Related metrics in the Children's Legal Services Quality Assurance (CLSQA) report for first half of state FY 2012/13 showed:

- Statewide expectations were met or exceeded in relation to legal activities related to permanency, such as timeliness of staffing and hearings, and no region failed to meet expectations;
- Statewide expectations were met or exceeded in relation to legal activity around transitions/placement changes, specifically notification for participation by caregivers in proceedings, case planning for transitions, and trauma-informed approach to transitions. No region failed to meet expectations;
- One region did not meet expectations for the metric related to legal writing of petitions for shelter, dependency, and termination of parental rights.

The CLS QA report provided a recommendation to continue the emphasis on ensuring notice and the opportunity to be heard by case participants including foster parents. It also recommended additional training and review in respect to writing of petitions to reflect the child's story and making a case for action in the child's best interest. (CLS QA Report for Quarters 1 and 2, FY2012/13; sample size = 765)

Data reports are also available from FSFN that help managers, supervisors, attorneys, and others monitor the status of case reviews and legal status. For example, the report "Children in Out-of-Home Care by Legal Status by Length of Stay" for 3/31/2014 shows by county the number of children who have been in care under 12 months and over 12 months with a Termination of Parental Rights (statewide, there were 2,722 children who had been in care over 12 months who at that point in time did have a TPR, and who by implication should be receiving scrutiny around causes for delayed permanency).

Case management QA data (source described in Section B above) shows strength in timely judicial reviews with thorough judicial review social study reports.

Case Management Quality Assurance Review Annual Report FY 2012-2013	Score
69. Judicial Reviews were held in a timely manner and Judicial Review Social Study Report's (JRSSR's) provided a thorough investigation and social study concerning all pertinent details relating to the child.	86%

Summary: The case review process is well institutionalized and systematically tracked and monitored. Additional emphasis could be placed on ensuring all participants, particularly the parents, are fully involved and informed about the child's case. More work is needed on notifying parents, foster parents, pre-adoptive parents and relative caregivers of hearings and the right to participate, though performance in this area tends to vary across the state. In some areas courts may not allow participation, which also indicates a need for ongoing education and collaboration. This topic is included in the Plan for Improvement, Chapter V, under Goal 2 (especially Objective A with the Quality Parenting Initiative and Objective B, collaboration with the court system and Children's Legal Services).

Quality Assurance System

Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.

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

Performance measurement and other CQI activities are guided by statute, policy, and contract requirements; supported by trained personnel throughout the system; using a set of uniform standards, review tools, and data collection methodologies; with formal and informal feedback mechanisms. Many stakeholder groups are involved in quality assurance and improvement, which, among other things, helps assure CQI is aligned with Department priorities and fidelity is achieved in ongoing practice changes and requirements.

Though Florida has a well-integrated, broad and intricate approach to quality, in the spirit of CQI there is always room for improvement. Gaps are noted in:

- the timeliness of update for grant agreements with Sheriffs around CQI;
- some inconsistencies in standards used, particularly between Sheriff and Department protective investigation;
- reporting may not summarize trends and practices at the state level based on local information;
- the ability of the CQI process regularly to identify certain process and descriptive or root cause data, such as service gaps and individualization, success of recruitment and retention plans, participation of stakeholders;
- lack of formal process for data integrity (also discussed in the Information System/FSFN section above, page 31); and
- insufficient coordination in the "feedback loop" – use of quantitative and qualitative data to inform improvement in the child welfare system, including formal program evaluation and research.

Quality Service Review data (source described in Section B above) shows concern regarding routine monitoring and adjustment of the child and family results and strategies.

Quality Service Review Annual Report FY 2012-2013	Score
28 MONITORING & ADJUSTMENT: Degree to which: The team routinely monitors the child and family's status and progress, interventions, and results and makes necessary adjustments. Strategies and services are evaluated and modified to respond to changing needs of the child and family. Constant efforts are made to gather and assess information and apply knowledge gained to update planned strategies to create a self-correcting service process that leads to finding what works for the child and family.	72%

For information about the alignment of the Department's CQI process with the Children's Bureau Continuous Quality Improvement status letter to the Department, see Chapter XIV, Section 6.

Summary: The state's Quality Improvement System is intrinsic to its child welfare practice and management. However, in order to ensure consistent, comprehensive analysis of performance and most effectively support systematic improvement, enhancements of the CQI system are needed. The five-year plan for action is included in Chapter XIV and referenced in Chapter V, under Goals and Objectives (Goal 3).

Staff and Provider Training

Item 32. The State is operating a staff development and training program that supports the goals and objectives in the Child and Family Services Plan, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the Child and Family Services Plan.

Item 34. The State provides training 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.

In accordance with Florida law, all staff who provide child welfare services (this includes all investigators and case managers) must earn a child welfare certification through a third-party entity. The requirements for the certification include: meeting formal education requirements, participating in the department-approved pre-service training program, passing the written pre-service exam, completing 1,040 hours of on-the-job experience, and receiving 46 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.

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

1.5.5. Licensing Tasks
The Lead Agency shall perform Licensing Tasks, including, but not limited to:
1.5.5.1. Compliance with licensing requirements as described in sections 409.175 and 409.145(2)(e), F.S., Chapters 65C-13, 65C-14 and 65C-15, F.A.C., and 42 U.S.C. §671(a)(20)(B)(i)-(ii).

Section 409.175, F.S., specifies what must be included in foster parent training, but does not specify one type of training that CBCs must deliver. CBCs currently use

MAPP, PRIDE, a combination of those two, or curriculum the agency developed that has been approved by the Regional licensing office.

Ongoing training as required by statute and rule is provided by the CBC lead agencies. In addition, Florida has a statewide coordinated training website hosted through the Center for Child Welfare. This is the Quality Parenting Initiative (QPI) "Just in Time Training" site, and offers training for in-service credit on topics requested or suggested by foster parents and child welfare staff. Licensing specialists record foster parent in-service training hours each year in order to have an accurate record of completed training by the time of relicensing.

The Department's approach to training is focused primarily on function, e.g., child protective investigation and case management, and responsibilities lie in both statewide and local levels of the organization; generally, pre-service at the state level and in-service at the local level (though not exclusively for either). Chapter X, Training Plan, delineates in Section 6 the strengths and weaknesses perceived in the "current state" of child welfare training. See that chapter for details related to this assessment. In general, gaps were noted in:

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

Summary: The Department is generally strong in its capacity to identify needs for training and provide ongoing training for staff, parents, and others based on local needs and in response to changing circumstances. However, as indicated in the training plan, the goals over the next five years include strengthening the training infrastructure for consistency and quality, including professionalization, career-long learning, and integration into Continuous Quality Improvement.

Service Array and Resource Development

Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's Child and Family Services Plan.

Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

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

However, as mentioned in the Quality Assurance Systemic Factor section above, the ability to systematically assess the level of service individualization and gaps could be improved; and where they are assessed, some performance levels should be improved. Specifically, in the Case Management QSR report for the first half of SFY 2012/13, the ratings related to Service Array showed:

- 72.9% on item 26: Degree to which: Planned and accessible intervention strategies, services, and supports being provided to the child and family have sufficient power (precision, intensity, duration, fidelity, and consistency) and beneficial effect to produce results necessary to meet needs and achieve outcomes that fulfill the long-term view for safe case closure. An adequate array of home, school, and community resources is available to implement planned strategies. (n=8)

- 81% on item 8.3: Supports for early learning and development (The child receives necessary screenings and assessments to include, well-child checkups, early intervention services , and other supports as necessary to meet early learning and development needs.) (n=3)

The SFY 2012/13 annual Case Management Quality Assurance Report found:

- 90% on standard 24: The case plan activities are individualized and matched to the child and family's present situation and preferences, and includes a realistic, long-term view toward safe case closure. (n=1,317)

In order to better understand the level of need in this factor, and provide a baseline for further action, the Department collaborated with the University of South Florida and Casey Family Programs on a services gap analysis[7]. The analysis included a survey of the perceptions from 1,128 respondents regarding need, availability, and accessibility of 115 unduplicated services in five categories. A few findings and recommendations are summarized below. The five-year approach to improving child welfare performance will address these recommendations as appropriate. (See Chapter V)

Florida's flexible funding Waiver demonstration has made possible changes in and an expansion of the community-based service array. (See Chapter X) However, adequate capacity and accessibility does not exist across the entire state specifically related to in-home services for families diverted from out-of-home care and adult and child specific community services and supports that help to promote the safety and well-being of families. See Florida's Child Welfare Services Gap Analysis Report. [8] With the extension of Florida's Waiver demonstration, it is expected that capacity building, system integration and leveraging the involvement of community resources and partners yield improvements in the lives of children and their families. Expanded services, supports, and programs may include, but are not limited to:

- Development and implementation of family-centered evidence-based programs and case management practices to assess child safety; support and facilitate parents and caregivers in taking responsibility for their children's safety and well-being; enhance parent and family protective factors and capacity; develop safety plans; and facilitate families' transition to formal and informal community-based support networks at the time of child welfare case closure.
- Early intervention services for families to prevent crises that jeopardize child safety and well-being.
- One-time payments for goods or services that reduce short-term family stressors and help divert children from out-of-home placement (e.g., payments for housing, child care).
- Evidence-based, interdisciplinary, and team-based in-home services to prevent out-of-home placement.
- Services that promote expedited permanency through reunification when feasible, or other permanency options as appropriate.
- Improved needs assessment practices that take into account the unique circumstances and characteristics of children and families.
- Long term supports for families to prevent placement recidivism.

[7] University of South Florida College of Behavioral and Community Sciences; Casey Family Programs (April 8, 2014). Florida Child Welfare Services Gap Analysis Report.
[8] April 2014. http://centerforchildwelfare.fmhi.usf.edu/Publications/GAP_Report040814.pdf.

- Strategies that increase children's access to consistent medical and dental care; improve adherence to immunization schedules and well-child check-ups; and holistically address the physical, social/emotional, and developmental needs of children.

Findings:

- A number of services were rated between occasionally or usually available and accessible.
- Statewide, one-third or more of the respondents identified 13 services as critical unmet needs; four of these are particularly critical since they are considered safety management services. Other critical unmet needs included Transportation Assistance, Mental Health Assessment of Adults/Children, Housing Availability/Assistance, and After School Care.

Recommendations:

- County-level data in this report can be used in planning and collaborative service delivery in local communities.
- Consider the data in resource allocation at the state level, and collaboration/coordination of funders at the local level (particularly for concrete needs such as housing and transportation).
- Further research on why services are perceived as inaccessible though rated higher on availability.
- Re-conduct this survey after interventions around service availability and accessibility have been implemented.

QSR data (source described in Section B above) shows concern regarding effectiveness and adequacy of services and supports.

Quality Service Review Annual Report FY 2012-2013	Score
26 IMPLEMENTATION: Degree to which: Planned and accessible intervention strategies, services, and supports being provided to the child and family have sufficient power (precision, intensity, duration, fidelity, and consistency) and beneficial effect to produce results necessary to meet needs and achieve outcomes that fulfill the long-term view for safe case closure. An adequate array of home, school, and community resources is available to implement planned strategies.	72.9%

Summary: Though there is a wide array of services available, and there is some success on individualizing services to meet family needs, improvements are needed in the availability and accessibility of some critical services. The five-year approach to

improving child welfare performance will address the recommendations in the Gap Analysis and include other action as appropriate. (See Chapter V.)

Agency Responsiveness to the Community

Item 38. In implementing the provisions of the Child and Family Services Plan, 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 and objectives of the Child and Family Services Plan.

Item 39. The agency develops, in consultation with these representatives, Annual Progress and Services Reports pursuant to the Child and Family Services Plan.

Item 40. The State's services under the Child and Family Services Plan are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

As described in Chapter III and elsewhere in this Plan, the Department's approach to management, planning, oversight, and service delivery has long been highly collaborative and based on many well-developed relationships with key stakeholders at the state and community level.

Formal relationships such as Memoranda of Understanding are in place or being developed with other organizations in key areas, particularly with respect to programs or agencies that share clients with child welfare, such as data sharing with the Department of Education and local school boards; shared client responsibilities with the Department of Health, Juvenile Justice, and others; and service responsibilities with the Seminole Tribe of Florida, However, some interagency agreements are outdated, and the level of implementation has not been systematically assessed.

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

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

Outreach to communities for input in specific planning and reporting activities is usually through formation of a workgroup or committee such as the most recent Statewide Committee for CFSP development, the Child Welfare, Substance Abuse and Mental Health Integration Team, the Executive Office of the Governor's Office of Adoption and Child Protection, and the ongoing Child Welfare/ Office of Court Improvement joint meetings that also include Children's Legal Services, Department of Education, and Guardian ad Litem representatives.

Details on collaboration around the Annual Progress and Services Report development are found in each annual APSR and the Final Report for FY 2010-2014.

Summary: Though Florida has a strong history of collaboration in the community, and has many means through which community input is sought and embedded in planning and service delivery, some aspects need to be updated and more systematically assessed. This factor will be included in the Goals and Objectives (Chapter V).

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 41. The State has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards.

Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

Item 43. 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 44. The State has in place a 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.

Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

Licensing and Background Clearances

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

Contract managers and the central Contract Oversight Unit test compliance with contract requirements, including licensing. Regional Licensing Units conduct annual management reviews to assure compliance with standards.

Background checks are a fundamental aspect of licensing, and of placement in non-licensed settings.

- The CPI Quality Assurance report for FY 2012/13 found 87% of sampled cases complied with Standard 1, Required background checks were completed timely and the information was appropriately used to assess immediate safety and short/long term risks to each child and the need for services.

Recruitment

Recruitment of a diverse, extensive array of foster and adoptive homes is a major focus of the Department. Responsibility for these tasks is included in the CBC contracts. A few indications as to the success of this effort are found in the ongoing weekly report on foster parent recruitment reviewed by executive leadership. For example, data in the report from April 15, 2014 showed that there were1148 new licensed foster homes (a net increase of 183 compared to the year prior), and the Department expected by the end of the year to have well over 1350 for the year (a solid increase over last year's 1200).

Recruiting is a very collaborative effort, exemplified by the Department's work with the Casey Family Programs and the Dave Thomas Foundation. Regular analysis at the state level of the demographic characteristics of children awaiting adoption also provides input to efforts for recruiting homes that fit specific child needs; for instance, in April 2014 the racial mix was approximately 50% African American, 58% were male, 71% were 13-17 years old, and about 3% had medical challenges.However, 43% had been in care more than 36 months. Perhaps the most telling indicator is that the Department has successfully finalized adoptions for over 3,000 children a year for the past five years, and received federal adoption incentive funding for this success.

See Chapter VII for the Diligent Recruitment Plan.

Cross-jurisdictional resources

The Department is an active participant in the Interstate Compact for the Placement of Children (ICPC). Chapter III includes a description of how ICPC operates in Florida.

Summary: The Department has substantial and successful processes in place for licensing, background checks, recruitment, and cross-jurisdictional activity. However, in order to increase child and family successful permanency, a broad mix of homes continues to be necessary, and efforts should continue to be focused around children awaiting adoption who have been in care for long periods of time. This factor will be addressed in Chapter V, Goals and Objectives, under Permanency.

Plan for Improvement: Summary Matrix

FLORIDA'S CHILD WELFARE SYSTEM FIVE YEARS FROM NOW

OUR VISION….Every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections.

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Measures of Progress:[1] CFSR VI. Absence of maltreatment recurrence. CFSR VII. Absence of CAN in foster care CPI 6 No recurrence of maltreatment in 6 months CBC 2 No Verified Maltreatment During In-Home Services CBC 3. No Verified Maltreatment within 6 Months Termination of In-Home & Out-of-Home Services	Actuals: CFSR VI. 94.10% (FY2013ab) CFSR VII. 99.02% (FY2013ab) CPI 6. 94.1% (1/2014) CBC 2. 96.5% (2/2014) CBC 3. 96.1% (2/2014) SUSTAIN	Targets (to be achieved by end of year five): CFSR VI. 94.60% (national standard) CFSR VII. 99.68% (national standard) CPI 6. 94.6% (state standard) CBC 2. 97.0% (state standard) CBC 3. 95.0% (state standard)

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	**Interventions**	**Benchmarks**
Objective A. Enhance identification of children at risk and improve safety decisions to ensure children are not re-abused or re-neglected.	1. Safety Methodology	• December, 2014: Initial Implementation Statewide[2] • December, 2016: Full Operation • December, 2017: Innovation • January, 2018: Plan for Sustainability

[1] CFSR: National profile measures. CPI and CBC numbered items: from monthly Scorecards. QACPI and QACM numbered items: from QA Windows into Practice Standards, FY 2012/13.

[2] See the Implementation Science Phases as described in the Safety Methodology intervention, Chapter V, for a definition of these benchmarks

Plan for Improvement: Summary Matrix

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	**Interventions**	**Benchmarks**
Objective A (cont.)	2. Rapid Safety Feedback	• Annual CQI Plan incorporating Rapid Safety Feedback Process: Year one and thereafter • Semi-Annual Summaries by Region: Each January and July
Objective A (cont.)	3. Legislative changes: Safe Harbor Act	TBD: Develop implementation plan (dates and action steps) for Safe Harbor Act implementation; including – By September, 2014, participate in the first meeting of the Statewide Council on Human Trafficking (Secretary or Designee is co-chair; s. 16.617, F.S.)
Objective B. Increase protective factors in focus families (in home, out-of-home, at risk) to reduce maltreatment.	1. Protective Factors Prevention Strategy	• By June 30, 2015: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including child safety and protective factors. • Annually: Analyze local and state progress toward prevention and protective factor goals in the CAPP in collaboration with the Office of Adoption and Child Protection, and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review.

Plan for Improvement: Summary Matrix

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	**Interventions**	**Benchmarks**
Objective C. Strengthen the connections between child welfare and other organizations involved in improving protective or risk factors related to child abuse (domestic violence, mental health, substance abuse, education) [systemic factor - agency responsiveness to the community]	1. Integration of Services for Child Welfare and Behavioral Health	• By June 30, 2015: ○ Five on-line courses relating to behavioral health for child welfare will be in use. ○ Child welfare program staff will participate on the state level CMHSOC Expansion Implementation Core Advisory Team and on the region SOC teams, to provide child welfare input for implementation of the SOC grant. ○ QA/CQI results and feedback: annually in October
Objective C. (cont.)	2. Domestic violence and Child Welfare Collaboration	• Quarterly meetings with the FCADV, child welfare, and other partners
Objective D. Staff and provider training will support skill development in areas of emphasis, particularly identification of safety and risk. [systemic factor]	1. Training Plan	Deploy new pre-service training curriculum by beginning of SFY 15/16 (July 2015)
Objective E. The state's child welfare information system, FSFN, will have accurate and timely data that supports child safety. [systemic factor]	1. Safety Methodology.	See Objective A

Plan for Improvement: Summary Matrix

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	**Interventions**	**Benchmarks**
Objective E. (cont.)	2. FSFN training and CQI	• Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015) • Develop data integrity approach during SFY 2015/16 • Analyze QA/CQI results and feedback

Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Measures of Progress:[3] CFSR Composite 1 (timeliness and permanency of reunification) CFSR Composite 2 (timeliness of adoption) CFSR Composite 3 (permanency for those in for long periods of time) CFSR Composite 4 (placement stability) CBC 5. Children Achieving Permanency within 12 Months of Entering Care (PO01) CBC 6. Children Achieving Permanency after 12 or More Months in Care CBC 7. Children Not Re-entering Out-of-Home Care within 12 Months of Achieving Permanency	Actuals: CFSR Composite 1. 110.40 FY2013ab CFSR Composite 2. 169.9 FY2013ab SUSTAIN CFSR Composite 3. 144.20 FY2013ab SUSTAIN CFSR Composite 4. 98.6 FY2013ab CBC 5.47.5% (2/2014) CBC 6. 52.4% (2/2014) CBC 7.90.5% (2/2014)	Targets (to be achieved by end of year five): CFSR Composite 1.122.60(national standard) CFSR Composite 2. 106.4 (national standard) CFSR Composite 3. 121.70 (national standard) CFSR Composite 4. 101.5 (national standard) CBC 5. 75% (state standard) CBC 6. 55% (state standard) CBC 7. 92% (state standard)

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Objectives	**Interventions**	**Benchmarks**

[3] CFSR: National profile measures. CPI and CBC numbered items: from monthly Scorecards. QACPI and QACM numbered items: from QA Windows into Practice Standards, FY 2012/13

Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Objectives	**Interventions**	**Benchmarks**
Objective A. Ensure timely and lasting permanency in the most appropriate manner for each child through quality family assessments, case planning and services.	1. Safety Methodology	• December, 2014: Initial Implementation Statewide[4] • December, 2016: Full Operation • December, 2017: Innovation • January, 2018: Plan for Sustainability • See Goal 1, Objective A: Annual CQI Plan incorporating Rapid Safety Feedback Process: Year one and thereafter Semi-Annual Summaries by Region: Each January and July
Objective A. (cont.)	2. Quality Parenting Initiative	Annually: as part of the Annual Progress and Services Report, summarize progress on the state and local actions.
Objective A. (cont.)	3. Local Permanency Initiatives	Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle.

[4] See the Implementation Science Phases as described in the Safety Methodology intervention, Chapter V, for a definition of these benchmarks.

Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Objectives	**Interventions**	**Benchmarks**
Objective A. (cont.)	4. Adoption Supports	• By June 30, 2015: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including adoption and permanency goals • Annually: Analyze local and state progress toward adoption and other permanency goals in the CAPP in collaboration with the Office of Adoption and Child Protection, and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review.
Objective B. The state's case review system will support timely permanency with appropriate participation and planning. [systemic factor]	1. Collaboration with the Court System and Children's Legal Services	• Annually: Convene the Dependency Summit • Monthly: Continue Monthly OCI/OCW/CLS/GAL/DOE meetings • Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle • Annually: Review CQI Plan and analyze results & feedback for improvements
Objective C. Staff and provider training will support skill development in practice areas of emphasis.	1. Implement the Practice Model and the Training plan.	Inclusion of timely establishment of permanency goals in pre-service training curriculum in year one.. Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015).

Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Objectives	**Interventions**	**Benchmarks**
Objective D. Foster and adoptive parent licensing, recruitment, and retention will support permanency	1. Implement the Foster and Adoptive Parent Diligent Recruitment Plan	Annually: report and summarize status of state and local initiatives for the Annual Progress and Services Report cycle.
Objective E. Service array will emphasize proven, effective approaches to avoiding disruption.	1. Expand quality and availability of supports through the Title IV-E Foster Care Demonstration Waiver	Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report

GOAL 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.		
Measures of Progress:[5] QACM 56.1 & 56.2. Monthly services worker's visits with parents. QACM 57.1 &57.2 .Quality of the services worker's visits. QACPI 34 Child health checkup within 72 hours. QACPI 35 CPI obtains health info and shares with caregiver. QACM 61-62 Physical health care assessment and services. QACM 63-64 Dental care assessment and services. QACM 65-66 Behavioral health assessment and services. QACM 58, 59Education assessment and services QACM 60 Stability of the child's educational placement. CBC 10. Former Foster Youth Ages 19-22with Diploma or GED.	**Actuals:** QACM 56.1. 74% mother 56.2. 57% father QACM 57.1 71% mother 57.2 61% father QACPI 34. 84% QACPI 35. 87% QACM 61. 83% QACM 62. 81% QACM 63. 73% QACM 64. 71% QACM 65. 88% QACM 66. 81% QACM 58. 82% QACM 59. 66% QACM 60. 87% CBC 10. 66.1% SUSTAIN	**Targets (to be achieved by end of year five):** QACM 56.1 80% mother 56.2 70% father QACM 57.1 80% Mother 57.2 70% Father QACPI 34. 87% QACPI 35. 90% QACM 61. 86% QACM 62. 84% QACM 63. 76% QACM 64. 74% QACM 65. 90% QACM 66. 84% QACM 58. 85% QACM 59. 70% QACM 60. 90% CBC 10. 65% (state standard)

[5] CPI and CBC numbered items: from monthly Scorecards. QACPI and QACM numbered items: from QA Windows into Practice Standards, FY 2012/13

Plan for Improvement: Summary Matrix

GOAL 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.		
Objectives	**Interventions**	**Benchmarks**
Objective A. Increase family ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address needs.	1. Safety Methodology	• December, 2014: Initial Implementation Statewide[6] • December, 2016: Full Operation • December, 2017: Innovation • January, 2018: Plan for Sustainability
Objective A. (cont.)	2. Local well-being initiatives	Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle.
Objective A. (cont.)	3. Expanded service array through the Title IV-E Foster Care Demonstration Waiver	Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report.
Objective B. Ensure physical and behavioral health for children through quality assessments and appropriate trauma-informed supports to address needs	1. Implement Health Plan.	Annually: as part of the Annual Progress and Services Report, summarize progress with respect to the Health Plan, including status of the Child Welfare Specialty Plan and psychotropic medication monitoring
Objective C. Ensure educational success for children through collaboration with parents, caregivers, local school systems, and other educational agencies. [systemic factor]	1. Education Information and Service Integration for Child Well-being	Annually: as part of the Annual Progress and Services Report, summarize progress on the state and local actions.

[6] See the Implementation Science Phases as described in the Safety Methodology intervention, Chapter V, for a definition of these benchmarks

Plan for Improvement: Summary Matrix

GOAL 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.		
Objectives	**Interventions**	**Benchmarks**
Objective D. Continuous quality improvement will demonstrate child welfare system ability to improve, implement, and sustain quality of services and achievement of outcomes. [systemic factor]	1. Implement CQI/QA plan	Annually: Develop and implement state and local CQI plans.
Objective E. The state's child welfare information system, FSFN, will have accurate and timely data that supports child wellbeing. [systemic factor]	1. Implement CQI/QA plan.	• During SFY 2015/16, develop data integrity approach.

Services:

Purchase of Therapeutic Services for Children

The Department has designated general revenue Purchase of Therapeutic Services (PTS) for Children funds for use by the Department's contracted Community Based Care (CBC) providers to purchase community mental health services and supports for children who are victims of abuse or neglect and who are in out-of-home care or are at high risk of placement in out-of-home care. These funds are used to purchase community based treatment services and non-traditional supports that are not available through other funding sources, including Medicaid to provide an array of services and supports tailored to individual needs, strengths and interests.

The goal of the funds is to promote social and emotional well-being and resilience among children with a mental, behavioral or emotional disorder or other condition that may require clinical attention who have been removed or are at risk of removal due to abuse or neglect.

Eligibility includes the following:

- Are birth to -18 years old;
- They are receiving services through a Community Based Care (CBC) organization, they are in out-of-home care or are at risk of placement in out-of-home care;
- They have an mental, emotional or behavioral disorder diagnosed within the previous twelve months sufficient to meet diagnostic criteria specified in the DC 0-3R, DSM-5 or ICD-10 equivalent (or the most recent editions) or a DSM –5 V code or ICD-10 Z code, given within the previous twelve months.
- Have a functional impairment which interferes with, or limits the child's role or functioning in family, school, or community or would have met the functional impairment criteria during the referenced year had they not had services or supports provided.

The PTS funds are intended to meet the following objectives:

1. Provide a comprehensive array of community based formal treatment services and informal supports tailored to the individual needs, strengths and developmental level of eligible children and adolescents;
2. Provide innovative and specialized treatment approaches and support services not funded by Medicaid or other funding sources; and
3. Provide opportunities to further develop self-regulation and positive relational skills through age appropriate enrichment activities.

Contacts

SAMH - Jennifer Evans

Child Welfare – Marisela Bravo

Projects:

Project: "Who's Watching Your Child Initiative"

Partners: Carrie Toy (CPI training unit), Niki Pocock (Communications), (outside experts on IMH, ECMHC, and Trauma)

Timeframe: Press conference was launched March 18, 2014.

Summary: More than 25 percent of child protective investigations last year involved a non-relative caregiver as the alleged perpetrator. The "Who's Really Watching Your Child?" campaign brings together child care providers, child welfare professionals, medical physicians and state agencies together to help provide safe environments for Florida's children ages 0 - 4. We encourage parents to know the backgrounds and parenting skills of anyone who is watching their child. As one small part of this great initiative CW and SAMH are working together to build training for CPI's regarding talking to families about finding appropriate child care and the considerations needed to identify appropriate child care. A facilitator guide will also be created to encourage use in CBC's with existing CPI professionals.

Project: New CPI Training

Partners: Sandy Neidert (CPI training unit), Gwen Cuavers (CW Contract Unit), Kelly Hickman (contracted provider/USF)

Timeframe: Uncertain

Summary: As part of the new curriculum development for incoming CPI's the curriculum overview was giving to the SAMH office to review for content on trauma informed care, secondary traumatization, substance abuse, and mental health topics. The office continues to collaborate as the deliverables progress, looking at video testimonies and scripts being created and will provide consultation during filming, as well as, reviewing course content as it presents.

Project: Drug Endangered Children National Conference

Partners: Jon Harper (Child Welfare), multiple partners at DOH, EOG, AG, and national DEC program office

Timeframe: Conference will be held in October 2014

Summary: The 11th annual National Alliance for Drug Endangered Children conference will provide training on the latest research and best practice strategies for drug endangered children efforts at the local, state, tribal, and federal levels. This conference will enable participants to enhance collaborative efforts to protect children from the harmful effects of their caregivers' substance abuse. DCF's CW and SAMH program is collaborating with DOH, AG, EOG, and national DEC program to present the conference in Orlando this year. Activities include search for key note speakers, proposal approval and review, contract management of conference partner, identify theme, organize activities, and provide content for e-updates.

Project: Human Trafficking

Partners: Debbie Mortham and Tracey Fannon (CW/SAMH Integration Office) State Human Trafficking Workgroup, Kim (DCF Human Trafficking Director)

Timeframe: 6 months to develop continuum of care and screening

Summary: The Human Trafficking Workgroup is focused on identifying ways in which Florida can put a stop to human trafficking. Human trafficking is a form of modern-day slavery which affects children, adults, citizens, residents and foreign nationals alike. A complex issue, human trafficking is generally categorized as either sex trafficking or labor trafficking. Initially, the workgroup chose to narrow its focus to the intricate issue of child sex trafficking in Florida. Workgroup members have begun researching best practices throughout the nation as well as monitoring proposed legislation addressing child sex trafficking to identify continuum of care and screening for identification of clients within defined continuum.

SAMH Contact – Jennifer Evans

Grants:

Florida Children's Mental Health System of Care Expansion Grant and Integration with Child Welfare

A System of Care (SOC) is an organizational philosophy and framework that involves collaboration across agencies, families and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families. The Substance Abuse and Mental Health Program Office (SAMH) applied for and received a System of Care Expansion Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The goals of the SAMHSA grant are to:

1. Improve the behavioral health outcomes of children and youth with serious emotional disturbances and their families

2. Support a broad-scale implementation of the SOC Expansion strategic plan
3. Expand and integrate systems of care through the creation of sustainable infrastructures and access to community based services and supports that enable children with behavioral health challenges to function better at home, in school, in the community, and throughout life.

Florida System of Care Expansion goals include:

1. Consistent Family and Youth Voice at All Levels
2. Collaboration/Integration among Community Partners
3. Link with Early Childhood Initiatives to Promote Screening, Prevention and Early Intervention for Behavioral Issues
4. Implement Local System of Care Sites
5. Implementation of Evidence-Based Practices

To ensure the integration of our child welfare partners into the state system of care expansion infrastructure building process, they are invited as equal partners with other child serving agencies, organizations, advocates and family members to form the CMHSOC Expansion Implementation Core Advisory Team. The role of this team is to shape the strategies that pave the way for implementation of the SOC approach. Specific points of integration include:

- Assessment, screening and early intervention for very young children and their parents through integration with primary care;
- Working with Medicaid to include services that support the SOC approach such as Wraparound, respite, mobile crisis, and family (peer) support; and
- Blend or braid funding streams for supports and services not funded through Medicaid and common trainings.

Following this integrated model of partners at the state level, each of the regional systems of care have their regional child welfare providers as a part of their regional SOC coordinating council, full partnership and a role in implementation work groups.

These regional SOC's include:

Northwest Region: Leon & Gadsden Counties

Northwest Region: Bay & Washington Counties

SunCoast Region: Pasco & Pinellas Counties

Northeast Region: Flager, Putnam St. Johns & Volusia County

Southeast Region: The Glades of Palm Beach

SAMH Contact: Bruce Strahl

Project LAUNCH: Linking Actions to Unmet Needs in Children's Health

In September 2012, Florida became the recipient of the Project LAUNCH grant. Project LAUNCH is beginning the second year of a five year grant funded by the Substance Abuse and Mental Health Administration (SAMHSA). SAMHSA works in partnership with the U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention, Administration for Children and Families, and Health Resources and Services Administration to model collaboration for grantees.

Project LAUNCH is grounded in the public health approach and works towards coordinated programs that take a comprehensive view of health by addressing the physical, emotional, social, cognitive and behavioral aspects of well-being. Project LAUNCH seeks to improve outcomes at the individual and community levels by addressing risk factors that can lead to negative outcomes.

The Project Launch grant structured around the following Five Prevention and Promotion Strategies:

1. Developmental assessments in a range of child-serving settings
2. Integration of behavioral health into primary care settings
3. Mental health consultation
4. Home visiting
5. Family strengthening and parent skills training

Project LAUNCH establishes one or more pilot communities in which to implement strategies of the grant. Most of the grant funding flows to the local pilot community to enhance and integrate services locally. Young Child Wellness Councils at the state and pilot community levels meet and coordinate to improve coordination, build infrastructure, and improve methods for providing services.

Florida selected Pinellas County as the pilot community, with a focus on five zip codes that constitute what is known as the Lealman Corridor. This area was chosen due to the high levels of substance use, newborn drug withdrawal, poverty, child abuse with substance abuse as a factor and gaps in school readiness. The existing infrastructure provides a foundation to address these issues.

Florida's Project LAUNCH goals are as follows:

- Expand integrated planning and system development to improve the state's prevention framework and coordinate the LAUNCH project initiative with other

federal early childhood initiatives to promote family-centered prevention and early intervention service delivery

- Expand local planning and service integration for prevention and early intervention services
- Identify and address local and state level health care disparities through changes in policy and in service planning, coordination, and delivery
- Develop and implement cross-system training programs in early childhood development and wellness
- Improve educational and wellness outcomes for children through universal and selected prevention programs and interventions in early care and education settings, prenatal, primary and pediatric care, home visiting, family strengthening and parent skills
- Establish policy, financing and practice mechanisms for sustainability, statewide replication and expansion

As a priority, Project LAUNCH is organizing the system of care to address adult barriers and promotion and prevention in young children, which will directly impact substance use issues with parents and provide parenting support. Project LAUNCH simultaneously promotes protective factors that support resilience and healthy development which can protect individuals from later social, emotional, cognitive, physical and behavioral problems; including early substance and alcohol use.

SAMH Contact – Phyllis Stolc

Training/ Staff Development:

FY 12-13

Florida Certification Board designed three (3) courses specifically to increase the competence of Florida's health and behavioral health workforce to effectively prevent prenatal substance exposure and to effectively intervene to mitigate the negative effects of such exposure on affected infants and children. Each course contained similar content but was tailored to three (3) different professional sectors (substance abuse and child welfare professionals, nurses and licensed clinicians). Course content concentrated on prenatal substance exposure including: prevalence of prenatal substance exposure, consequences of maternal substance use, effective prevention and early intervention strategies and motivational enhancement approaches. All courses offer continuing education units (CEUs), are available at no cost and can be accessed at any time.

FY 13-14

As a result of increased efforts regarding the integration of behavioral health and child welfare services, Florida Department of Children and Families contracted with the Florida Certification Board's Center for Prevention Workforce Development to develop six (6) online training courses. The courses will focus on behavioral health issues for child welfare professionals. All courses will offer continuing education units (CEUs), be available at no cost and once the course is made available, it can be accessed at any time. Currently there are two (2) courses available to the public and two others will soon be accessible.

The curriculum design was based on the recommendations of key stakeholder and subject matter experts regarding training needs and gaps in the current child welfare training. Two (2) staff members from Family Safety were among those participating. A meeting was held on September 18, 2013, over the web, in which participants were asked to respond to the following questions:

- What specific competencies do child welfare professionals need in order to effectively deal with families that have substance abuse and mental health disorders?
- What specific training topics should be included in order to help staff acquire these competencies?
- Which of these topics is sufficiently addressed in existing training (Pre-Service or other)? What are the biggest gaps in training?
- What is the most pressing training priority you see at this time? Do you see a sequence or order in which knowledge gaps should be addressed?

The responses generated a list of knowledge gaps to be included in the training courses and competencies to be addressed. The identified critical knowledge gaps fell into the following areas: detailed knowledge and understanding of behavioral health disorders; impact of behavioral health issues on parenting; practical application of motivational interviewing principles; and, recovery planning and support.

Based on the information gathered from the meeting, the following will make up the six (6) course series The Florida Certification Board is creating:

Course 1 – Understanding Substance Abuse and Mental Health Disorders

Course 2 – Assessment and Identification of Substance Abuse and Mental Health Disorders

Course 3 - Client Engagement: Applying Motivational Interviewing Techniques

Course 4 – The Impact of Parental Behavioral Health Issues on Children

Course 5 – Developing a Comprehensive Response to Behavioral Health Issues

Course 6 – Supporting and Sustaining Recovery

As of May 19, 2014, the first three (3) courses are available online (Understanding Behavioral Health Issues, Assessment and Identification of Substance Related and Mental Health Disorders and Using Motivational Interviewing in Everyday Practice). The content for the fourth course (The Impact of Parental Behavioral Health Disorders) has been approved but is not yet available online.

SAMH Contact – Christi Anderson

Chapter V. Florida's Plan for Improvement: Goals, Objectives, and Interventions

Overview

As discussed in Chapter III, extensive collaboration and coordination are involved in Florida's approach to child welfare. This ranges from very broad and ongoing activities such as those undertakenwith the Children and Youth Cabinet and the Office of Adoption and Child Protection, to more focused projects or groups; such as work with the Agency for Health Care Administration around the implementation of managed care, with the Office of Substance Abuse and Mental Health for service integration, and outreach activities with the Tribes. Many of these groups and their products, as referenced elsewhere in the Florida Child and Services Plan (CFSP), have contributed information and guidance reflected in the choice of statewide goals, objectives, and interventions. In particular, the members of the Statewide Committee provided invaluable input toward understanding the needs, challenges, and foundations for success over the next five years at the state and local levels around which the Goals and Objectives are built.

The Practice Model described in Chapter I forms the organizing structure within which Florida child welfare is approaching the complex task of pursuing improvements and moving toward a vision of all children living in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections. The four major goal areas of the Practice Model (safety, permanency, child well-being, and family well-being) are directly related to the national outcome domains for child welfare (safety, permanency, and well-being) as defined through the Child and Family Services Review (CFSR) process. The CFSP goals that will guide improvements over the next five years, as described in this chapter, are also fully aligned with the CFSR's outcome domains approach. Each goal has several objectives with milestones that provide a beginning "road map" for the five-year journey. A summary matrix of the goals with associated measures, objectives, milestones/benchmarks, and interventions is included as Chapter V Appendix A.

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

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

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

The national CFSR approach also defines seven systemic factors that are crucial causal elements for driving results. These are incorporated into objectives for each goal.

Though all activities in child welfare are affected to a greater or lesser extent by these systemic factors, the systemic factor objectives have been aligned with goals that particularly require progress on different factors for success. The systemic factors are:

- Statewide Information System
- Case Review System
- Quality Assurance System
- Staff and Provider Training
- Service Array and Resource Development
- Agency Responsiveness to the Community
- Foster and Adoptive Parent Licensing, Recruitment, and Retention

Though Florida has made significant progress and implemented sweeping changes since the prior CFSP, there are still key aspects of each of the three outcome domains that require improvement to reach the envisioned level of results for children and families. As discussed in this chapter, the rationale behind the particular focus within each goal has been developed through a wide-ranging assessment based on many sources.

Training, Technical Assistance and Evaluation

The most critical factor involved in providing quality services and supports for children and families is having enough dedicated staff with appropriate and current knowledge and skills. This is such an important factor it is addressed in several ways throughout the CFSP, specifically appearing as training plans for Department staff and parents/caregivers, as well as systemic factor objectives.

The staff development and training plan in Chapter X has been explicitly and deliberately based on the Practice Model with its foundation in the child and family outcomes, together with the core approach of safety-focused, family-centered, and trauma-informed use of seven key professional practices.

Technical assistance provided by Office of Child Welfare staff and program experts within the regions and Community-Based Care agencies and partners is an ongoing process. Sharing information for technical assistance and training is also greatly supported by the information portal, Florida's Center for Child Welfare.
The Department also plans to continue working with the National Resource Centers on various topics relating to the outcomes and systemic factors.

The Department participates in formal evaluations or research as relevant to its ongoing responsibilities as well as key components discussed in the CFSP. These include the required evaluation of the Title IV-E Waiver Demonstration Project (see Chapter XI), and an anticipated program of research under the Florida Institute for Child Welfare created as part of the 2014 legislation.

Chapter Organization

This chapter is arranged in three major sections.

Section A, Goals and Objectives, provides for each of the three goals:

- a rationale for its selection based on the assessment in Chapter IV and other relevant descriptive or contextual data;
- a set of measures of progress, which includes all of the national outcome measures in the CFSR as well as Florida-specific performance measures in general use for managing the child welfare system;
- objectives which will be undertaken in order to improve service delivery or system capacity and capability for achieving the goals;
- milestones or benchmarks for each objective, with a timeframe; and
- associated interventions, programs, or projects that are the concrete methods and actions through which objectives will be achieved.

This section also includes any implementation supports required for achieving each goal if such are identified in addition to those included in the specific objectives and interventions.

Under each objective, the relevant interventions are listed. Each intervention includes:

- a cross-reference to the relevant Goals and Objectives,
- a description,
- a rationale for its use, and,
- a project timeframe that includes key milestones or benchmarks.

Section B, Interventions, provides a more detailed narrative about some interventions that are particularly complex in order not to confuse the reader by including them in the Objectives section.

The CFSP Plan Summary Matrix, in Chapter Appendix A, summarizes the goals, measures, objectives, benchmarks, and interventions in a cohesive format that will

guide tracking and reporting during plan implementation. Specifically, it provides a core around which the Annual Progress and Services Reports (APSR) can be structured.

Section A. Goals and Objectives

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

Rationale:

As the results from the assessment in Chapter IV indicate, performance related to the safety of children is an ongoing concern. In the national CFSR "Safety Outcome 1, Children are first and foremost protected from abuse and neglect," Florida has been below the national standard for three consecutive years on the established performance measures.

Table 1. Safety Outcome 1 Three-Year Performance on National Standard Measures

Measure	National Standard	Florida FY2011ab	Florida FY2012ab	Florida FY2013ab
Absence of Maltreatment Recurrence	94.60%	92.80%	92.80%	94.10%
Absence of Child Abuse and/or Neglect in Foster Care (12 months)	99.68%	99.34%	99.39%	99.02%

There are also concerns about level of performance on Florida management indicators related to "Safety Outcome 2, Children are safely maintained in their homes whenever possible and appropriate." For example, on the weekly key indicators report used by Department management to assess safety, the measure "No Verified Maltreatment During In-Home Services" consistently remains below the established standard of 97%, even if only by a few tenths of a percent (96.4% on March 31, 2014). A quality assurance measure for case management on a standard related to maintaining children safely in their home, "A thorough initial family assessment was conducted following the investigative safety assessment that sufficiently addressed child safety factors and emerging risks," showed adequate performance in only 66% of the cases reviewed during SFY 2012-2013.

> *Since 2010 there has been a slight downward trend in both alleged and verified child fatalities due to maltreatment.*
> *North Highlands, Child Fatality Trend Analysis*

Measures of performance from other management information sources also indicate that there are concerns or mixed results for safety process and results measures that are drivers of overall performance related to the CFSR outcomes and associated items as described in Chapter IV. Input from the local level supports safety as an ongoing concern.

Perhaps the most telling indicator of the need for focused activity around safety is child deaths. Though it can be strongly debated that even one death is too many, and there is some evidence that deaths due to maltreatment have declined over the past few years[1], Florida remains committed to reducing the number of child deaths due to maltreatment, particularly when the victim has been involved with the child welfare system.

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

For example, during the first seven months of SFY 2013/2014, the count of initial plus additional investigations received ranged from about 13,000 to over 15,000 (seasonal variation; Child Protective Investigations Trend Report, through January 2014). Of these, 18-21% resulted in a most serious finding of "verified." During this same time frame, over 20% of the allegations each month involved "family violence threatens child" and 21-24% of allegations were "substance misuse." In contrast (though by no means to be minimized), about 3-4% were allegations of sexual abuse and about 13% were of environmental hazards.

Though the proportion of child victims who are involved in sexual exploitation, or human trafficking, is relatively low (between 40-100 allegations per month during July 2013 – January 2014), it is a special focus area receiving increased public and legislative attention.

The age of the child is also a factor; during FY 2012/2013, 44% of the children who were victims of verified abuse were ages 0-4 (or 21,478 children, as reported in the 2013 Annual Report of the Office of Adoption and Child Protection).

In addition to identifying and investigating instances where children are potential victims of child maltreatment, taking action to offset or prevent such harm is also critical. Preventing child maltreatment, particularly for the youngest and most vulnerable, is important for reducing harm to children in the short term (injury, fatality, removal from the family, etc.). It is also important for avoiding potential life-long damaging and costly issues, as evidenced in the various Adverse Childhood Events studies. The verified child maltreatment rate in Florida, as reported in the 2013 Annual Report of the Office of Adoption and Child Protection, has remained above the 2008 baseline for several years (between 11 and 13 per 1,000 children in the general population, with a rate of 12.27 per 1,000 in SFY 2012-2013).

[1] Florida Department of Children and Families Child Fatality Trend Analysis: January 1, 2007 through June 30, 2013. North Highland Worldwide Consulting, 2013.

Measures of Progress for Goal 1:[2]

CFSR VI. Absence of maltreatment recurrence. TARGET: 94.60% (national standard)
CFSR VII. Absence of CAN in foster care TARGET: 99.68% (national standard)
CPI 6. No recurrence of maltreatment in 6 months TARGET: 94.6% (state standard)
CBC 2. No Verified Maltreatment During In-Home Services TARGET 97.0% (state standard)
CBC 3. No Verified Maltreatment within 6 Months Termination of In-Home & Out-of-Home Services TARGET: 95.0% (state standard)

Objectives, Interventions, and Benchmarks/Milestones:

In order to address the concerns and performance gaps identified in relation to child safety, the Department is intending to work on a multi-pronged set of objectives. These include objectives to address process factors, causal factors, and systemic factors.

Objectives for Goal 1: Children involved in child welfare will have increased safety and expanded protection.
A. Enhance identification of children at risk and improve safety decisions to ensure children are not re-abused or re-neglected.
B. Increase protective factors in focus families (in home, out-of-home, at risk) to reduce maltreatment.
C. Strengthen the connections between child welfare and other organizations involved in improving protective or risk factors related to child abuse (domestic violence, mental health, substance abuse, education).
D. Staff and provider training will support skill development in areas of emphasis, particularly identification of safety and risk.
E. The state's child welfare information system, FSFN, will have accurate and timely data that supports child safety.

Objective A. Enhance identification of children at risk and improve safety decisions to ensure children are not re-abused or re-neglected.

In case after case, when something "falls through the cracks" and a child is seriously injured or dies due to maltreatment, the factors identified are often related to the ability of the front-line workers to correctly identify dangerous circumstances or to correctly

[2] CFSR: National profile measures. CPI and CBC numbered items: from monthly Scorecards. QACPI and QACM numbered items: from QA Windows into Practice Standards.

make decisions about what action to take in order to increase child safety. The Department's objective over the next five years is to increase the skills of child protective investigators and other child welfare staff with respect to these two critical aspects. To achieve this objective, three interventions are planned. First, is continuing to refine and expand implementation of the Safety Methodology; second, continuing the Rapid Safety Feedback process as part of the Continuous Quality Improvement loop for enhancing investigative skills, and third, implementing legislative action related to a special Florida focus area – child sexual exploitation.

Interventions for Goal 1, Objective A:

1. Safety Methodology

This intervention is a very broad, integrated approach that affects child safety through increased intake analyst (Hotline) and child protective investigator ability to identify, assess, and make decisions about potentially unsafe children. It also includes aspects of case management and services for permanency and well-being, which are discussed under the goals related to those outcomes. The Safety Methodology and the Practice Model are complementary, emphasizing the least intrusive approach with the family that will keep the child(ren) safe. More detail on the Practice Model as operationalized through the Safety Methodology is included in Chapter I (Vision and Mission). The benchmarks for this intervention are built around the project implementation phases as defined under Implementation Science. Specific activities for each year are described in the detailed explanation of the Safety Methodology. See Section B, page 29 for a detailed description.

2. Rapid Safety Feedback

Rapid Safety Feedback is a new case review process for Child Protective Investigations that integrates immediate mentoring, coaching, and corrective action as needed. The Rapid Safety Feedback case reviews target open investigations because this affords an opportunity to identify activities that need additional attention before final decisions are made and an investigation is closed. These reviews are a part of the established child welfare system's CQI/QA process. The intervention is further described beginning on page 36. (See also Chapter XIV, Continuous Quality Improvement.)

3. Legislative changes: Safe Harbor Act

The Safe Harbor Act is Florida's legislative structure for addressing the truly horrendous problem of children who are sexually exploited. Florida's legislature enacted the Safe Harbor Act in 2012, which laid out legislative intent, goals, and service requirements for such children. This act added children who have been found by a court to have been sexually exploited, and who have no parent or guardian, to the definition of dependent children. It also defined a new placement type as a "safe harbor placement." The Department of Children and Families, the Department of Juvenile Justice, local law enforcement and other community partners all have a role to play. This law went into

effect January 1, 2013. During the 2014 Legislative Session, there was an expansion of the Safe Harbor Law. Implementing this legislation will provide the Department with an opportunity to intervene in a systematic way and improve the safety of children who have in many instances been treated as perpetrators through the criminal or juvenile justice system rather than treated as the victims they truly are. Further detail about this intervention begins on page 39.

Objective B. Increase protective factors in focus families (in home, out-of-home, at risk) to reduce maltreatment.

Interventions

1. Protective Factors Prevention Strategy

The Department is a key participant in the legislatively mandated comprehensive approach to the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children (s. 39.001, F.S.) In fulfillment of this mandate the Office of Adoption and Child Protection in the Executive Office of the Governor, the Department, and other partners are implementing the required five-year Florida Child Abuse Prevention and Permanency Plan: July 2010 June 2015 (CAPP). Local planning teams in each judicial circuit also have developed and are implementing plans. A significant portion of this planning process is an intentional incorporation of the Protective Factors developed through research of the Center for the Study of Social Policy. The prevention strategies around protective factors as defined in the CAPP includes statewide and local initiatives, and is heavily collaborative across various state agencies and other partners. See details about this strategy beginning on page 41.

Objective C. Strengthen the connections between child welfare and other organizations involved in improving protective or risk factors related to child abuse (domestic violence, mental health, substance abuse, education) [systemic factor - agency responsiveness to the community]

Interventions:

1. Integration of Services for Child Welfare and Behavioral Health

The child welfare Staff Development and Training Plan (Chapter X) includes modules that provide knowledge and skills to staff about behavioral health and domestic violence issues in families. However, this is such a critical area that one program cannot perform all the necessary interventions to help families with these issues. Behavioral health concerns are among the most common involved in allegations of child abuse and neglect, as discussed in Chapter IV. The Department of Children and Families is the state agency with authority for the Substance Abuse and Mental Health programs, as well as child welfare. Developing a close relationship between the behavioral health and the child welfare systems is an ongoing process, and the programs continue to work on methods for supporting collaboration and coordination. In a nod to the psychological concept defined by one source as "the organization of the psychological

or social traits and tendencies of a personality into a harmonious whole,"[3] the Department's Offices of Child Welfare, Substance Abuse and Mental Health participate in several integration initiatives to address issues for shared clients in order to bring processes and policies into a "harmonious whole" across the programs. These integration approaches involve children and their families; that is, adult behavioral health and child behavioral health are both involved. Though many of these efforts also involve child and family well-being, first and foremost is their impact on the ability of the Department to promote child safety. For details about the most important of these integration initiatives, see the intervention description beginning on page 43.

Benchmarks/Milestones:

- By June 30, 2015:
    - Five on-line courses relating to behavioral health for child welfare will be in use.
    - Child welfare program staff will participate on the state level CMHSOC Expansion Implementation Core Advisory Team and on the region SOC teams, to provide child welfare input for implementation of the SOC grant.

2. Domestic Violence and Child Welfare Collaboration

Family Violence is an area that child welfare personnel must understand and be prepared to deal with. It is one of the three most critical factors (along with substance abuse and mental health) that bring families to the attention of the child welfare system. The Department's pre-service training curriculum for child welfare includes a unit on family violence. The Safety Methodology also includes special content and tools in relation to Domestic Violence.

The Safety Methodology development and implementation process is highly collaborative, as briefly discussed in that intervention description (see page 29). Critical content areas, particularly domestic violence, are represented in the statewide teams working on implementation.

The Domestic Violence (DV) program within the Department and the Florida Coalition Against Domestic Violence (FCADV) are partnering with child welfare for the development of practice guidelines and training around families where domestic violence is a factor. In particular, aspects of safety planning and batterer accountability are different in those cases and specialized knowledge on the part of child protective investigators and caseworkers is needed. A module on the dynamics of family violence is included in the new child welfare pre-service curriculum that is under development (see Chapter X). The FCADV has provided subject matter expertise for this curriculum.

[3] The American Heritage Dictionary of the English Language, Fourth Edition (Houghton Mifflin Company, 2000), as cited at http://www.thefreedictionary.com/integration.

The FCADV has received an appropriation of funding from the Florida legislature for state fiscal year 2014-2015 that will provide a significant number of domestic violence advocates. These advocates will be co-located with CPI staff. During the early phases of the Child and Family Services Plan, in addition to incorporating domestic violence content into training, a statewide resource contract for consistent training on the use of co-located domestic violence advocates, and other supportive services will be developed and provided.

The Florida Coalition Against Domestic Violence and the Domestic Violence program office hold quarterly meetings that include DV, child welfare, and behavioral health. These meetings serve as collaboration and integration opportunities in support of ongoing initiatives.

Benchmarks/Milestones:

- Quarterly meetings with the FCADV, child welfare, and other partners

Objective D. Staff and provider training will support skill development in areas of emphasis, particularly identification of safety and risk. [systemic factor]

Interventions:

1. Training Plan

The Department's Staff Development and Training Plan (Chapter X) for child welfare addresses key aspects of all practice areas, but the pre-service curriculum is particularly strong in concepts, tools, techniques, and fieldwork relating to understanding family dynamics, assessing child and adult functioning, and the Safety Methodology. Implementation of the Safety Methodology (see intervention on page 29) also involves a significant amount of in-service training in risk assessment and other safety tools and techniques.

Benchmarks/Milestones:

- Deploy new pre-service training curriculum by beginning of SFY 15/16 (July 2015)

Objective E. The state's child welfare information system, FSFN, will have accurate and timely data that supports child safety. [systemic factor]

Interventions:

1. Safety Methodology.

As described in the details for this intervention, beginning page 29, one of the implementation subcommittees is involved with FSFN and technology. The goal of information technology within the Safety Methodology is an easy to use, adaptive, and fully integrated and utilized system to support practice and decision making to achieve

excellent outcomes for children and families. FSFN is undergoing a series of revisions to support staff in this new practice approach.

Benchmarks/Milestones:

See Objective A.

2. FSFN training and CQI

In addition to supporting case management and service delivery, FSFN is also the primary source of data to measure safety-related topics, performance on outcomes as well as processes. As described in Chapter III and Chapter IV, the systemic factor of information system support for child welfare is an integral part of the Continuous Quality Improvement cycle. The pre-service training plan includes building staff knowledge about the importance of documentation, and data entry skills for FSFN about all the relevant case management activity, such as entering the case plan and notifications of missing children. (See Chapter X).

As part of quality assurance and CQI, the child welfare program is addressing issues relating to data integrity. Though training staff appropriately in data entry is one crucial component in data integrity, the ability to monitor data quality and reliability is also critical. The CQI plan (Chapter XIV) includes a Data Integrity initiative that will enhance the ability of the child welfare system to accurately and precisely measure outcomes and processes of child safety, and make course corrections to related interventions, in the classic "plan-do-check-act" cycle of CQI.

Milestones:

- Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015)
- Develop data integrity approach during SFY 2015/16

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

Rationale:

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

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

The timeliness of achieving permanency, and stability of a child's living arrangements (whether in a permanent or temporary setting), are also important.

As discussed in Chapter IV, Assessment, Florida is having some success in various aspects of permanency. Adoption overall has been extremely successful, with the state receiving federal adoption incentive awards for several years. The timeliness of adoptions, as measured on the national Permanency Composite 2, shows the state consistently far exceeding the national composite score of 106.4; during FFY 2013, the state's composite score was 169.9. Florida is also consistently exceeding the national standard for Composite 3, permanency for children and youth in foster care for long periods of time. However, the national standard has not been met for Composite 1, timeliness and permanency of reunification, nor Composite 4, placement stability. It is also necessary to ensure that permanency successes are maintained, to avoid the "pendulum effect" where over-focus on any particular area results in slippage in other critical outcomes.

Achieving permanency in a timely fashion is inextricably linked to factors also linked to safety. A family must be able to keep their child safe in a nurturing environment, and the traumatic experiences that might lead to problematic behaviors must be addressed as expeditiously as possible to ensure reunification or other permanency placements are not disrupted, with an accompanying return to dependency in the child welfare system. Florida will pursue several objectives intended to address these various factors of permanency, as described below.

Measures of Progress[4]:

CFSR Composite 1 (timeliness and permanency of reunification) TARGET: 122.6 (national standard)

CFSR Composite 2 (timeliness of adoption) SUSTAIN (above national standard; 169.9 for FY2013ab)

CFSR Composite 3 (permanency for those in for long periods of time) SUSTAIN (above national standard; 144.20 for FY2013ab)

CFSR Composite 4 (placement stability) TARGET: 101.5 (national standard)

CBC 5. Children Achieving Permanency within 12 Months of Entering Care TARGET: 75% (state standard)

CBC 6. Children Achieving Permanency after 12 or More Months in Care TARGET: 55% (state standard)

CBC 7. Children Not Re-entering Out-of-Home Care within 12 Months of Achieving Permanency TARGET: 92% (state standard)

Objectives:

In order to address the concerns and performance gaps identified in relation to permanency for children, the Department is also intending to work on a varied set of objectives. These include objectives to address process factors, service factors, and systemic factors.

[4] CFSR: National profile composites. CBC numbered items: from Scorecards.

Objectives for Goal 2: Permanency

A. Ensure timely and lasting permanency in the most appropriate manner for each child through quality family assessments, case planning and services.

B. The state's case review system will support timely permanency with appropriate participation and planning. [systemic factor]

C. Staff and provider training will support skill development in practice areas of emphasis. [systemic factor]

D. Foster and adoptive parent licensing, recruitment, and retention will support permanency. [systemic factor]

E. Service array will emphasize proven, effective approaches to avoiding disruption. [systemic factor]

Objective A. Ensure timely and lasting permanency in the most appropriate manner for each child through quality family assessments, case planning and services.

Interventions:

1. Safety Methodology

As described in the details for this intervention, beginning page 29, this sweeping approach to revising practice throughout all levels of child welfare is also designed to improve permanency for children. By improving family assessment (specifically through the Family Functioning Assessment – Ongoing), more closely aligning assessment with case plans and services, and improving decision-making about reunification as part of case management, the child will not only be safer but families will in many cases be able to become stronger and more nurturing., supporting timely reunification.

Milestones: See intervention page 29.

2. Quality Parenting Initiative

Foster parents and other caregivers are vital partners in working with families on the pathway to permanency. The knowledge, skills, abilities, and emotional commitment to the children in their care contribute to faster, more lasting reunification as well as to their ability to work with case managers during other activities for achieving goals for the child and family. Quality parenting is so important that it was supported by legislative action in 2013, as described in Chapter VII, the Foster/Adoptive Parent Diligent Recruitment Plan.

Quality Parenting Initiative (QPI) is designed ensure that children are residing in an out-of-home care setting with a caregiver who:

- has the ability to care for the child,
- is willing to accept responsibility for providing care, and
- is willing and able to learn about and be respectful of the child's culture, religion and ethnicity, special physical or psychological needs, any circumstances unique to the child, and family relationships.

In addition, QPI is designed to promote the participation and engagement of foster care parents in the planning, case management, court proceedings, and delivery of services for those children who are residing in Florida's out-of-home care system, while working toward the child's long-term permanency and other goals.

The key elements of the QPI process are:

- To define the expectations of caregivers;
- To clearly articulate these expectations; and then
- To align the system so that those goals can become a reality.

The major successes of the project have been in systems change and improved relationships. Sites have also reported measurable improvement in outcomes such as:

- Reduced unplanned placement changes;
- Reduced use of group care;
- Reduced numbers of sibling separation; and
- More successful improvements in reunification.

QPI has been supported by the Eckerd Family Foundation, the Stuart Foundation, the Walter S. Johnson Foundation, the David B. Gold Foundation and the Annie E. Casey Foundation. Many areas of the state are actively promoting QPI not only for its improvements in caregiver skills, but also as a recruiting and retention tool; if a caregiver is given training, tools, and respect as a partner in reaching goals for the child and family, they are more likely to remain engaged. The pre-service curriculum supports this partnering concept through a specific module on foster parents and other caregivers as partners (see Chapter X). QPI also includes special topic areas for foster parents and, in some cases youth – particularly around their rights to participate in court processes.

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

Milestones:

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

3. Local Permanency Initiatives

A wide array of interventions related to permanency have been underway for some time across Florida. One of the strongest in relation to timely permanency is the Permanency Roundtables approach, as implemented with technical assistance from Casey Family Programs in a number of areas. In partnership with Casey Family Programs and with the support of the Department of Children and Families, Florida Community Based Care lead agencies (CBCs) began implementing Permanency Roundtables in 2009. As of March 2014, eight CBCs are part of the Florida PRT initiative. The first three CBCs to implement the initiative (2009) were ChildNet, Family Support Services of North Florida, and Partnership for Strong Families. An additional three CBCs were added in 2011 (CBC of Central Florida, Community Partnership for Children, Kids Central); and two additional CBCs were added in 2013 (Eckerd Community Alternatives and Our Kids).

The Department continues to partner with the Casey Family Programs in implementing the Permanency Roundtable Project. Each new site begins with their PRT process with a review and assessment of all youth with an APPLA goal. Gary Mallon of the National Resource Center on Permanency also collaborated with this initiative by providing excellent training for case managers and Guardians ad Litem on the "Value of Permanent Connections with Adults". Many of our foster children are at risk of aging out with only themselves at age 18 and it was determined that all staff and community stakeholders need to provide youth with the same critical message about the importance of an adult connection. The lead staff persons for the seven PRT sites meet quarterly to discuss successes and barriers to permanency. This provides an opportunity for the leads to share what is working and where they need process improvements. The collaboration with the Casey Family Programs will continue with a plan going forward to train and involve at least one new Community Based Care Agency per year for the next five years. The first PRT newsletter was created in April 2012. The newsletter is a forum for providing background information on the PRT processes and describing one or more success stories, especially for those children who have been in care for many years. We have seen a reduction in the number of foster children with an APPLA goal and it is believed that this reduction occurred because of the Permanency Roundtable initiative and an increased awareness by management of the risks these foster children face when they do not have a permanent connection to an adult.

In collaboration with the Casey Family Programs, the Department implemented the "Cold Case Project" in each of the Permanency Roundtable sites last year. One attorney with the Department's Children's Legal Services in each site has been researching one "cold case." So far, the research of several cases has revealed potential relatives that were not contacted previously. The plan for the upcoming year is

to continue to research cases that involve youth who have been in care for three or more years. Many of these "cold cases" are youth with a goal of APPLA and therefore are at risk of aging out of foster care with no permanent connections to an adult. The attorneys have learned the value of recruiting an adult who is willing to be a permanent connection to the youth as he/she enters adulthood and exits foster care.

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

Milestones:

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

4. Adoption Supports

As discussed in the Assessment (Chapter IV), adoption has been a successful outcome for thousands of children in Florida. However, in order to maintain this success, the Department needs to continue to focus on this area. Particular activities in support of adoption as a permanency outcome include recruitment of adoptive parents (see Chapter VII), participation in the Child Abuse Protection and Permanency planning and development activities of the Office of Adoption and Child Protection within the Executive Office of the Governor), and post-adoption supports.

The Child Abuse Protection and Permanency Plan, similar to its content for child abuse prevention (see intervention on page 41), includes goals and plans of action for promoting adoption and supporting adoptive families. During the first year of the time frame for the CFSP, the Department will work with the Office of Adoption and Child Protection to assess the progress made toward the goals for adoption promotion and support. Concurrently, the Department will work with the Office of Adoption and Child Protection to develop revisions to the five-year CAPP (due to the Legislature in June 2015) that build upon and update the state and local initiatives.

Post-adoption supports: As described in Chapter III under Adoption Services, the Department has placed an increasing emphasis on the provision of post-adoption supports to families in order to sustain successes for forever families. Services include support groups, adoption competency specialists and training, and post-adoption services counselors. Post-adoption support is an integral part of the CAPP, as above, and will be addresses as part of this systematic planning, review, reporting, and revision process.

Milestones:

- By June 30, 2015: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including adoption and permanency goals.

- Annually: Analyze local and state progress toward adoption and other permanency goals in the CAPP in collaboration with the Office of Adoption and Child Protection, and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review.

Objective B. The state's case review system will support timely permanency with appropriate participation and planning. [systemic factor]

Interventions:

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

The legal aspects of child welfare, particularly with respect to permanency, are an important component to achieving success. The Office of Child Welfare has a long-standing collaboration with the Office of Court Improvement within the court system, and regions also develop intense working relationships with local courts. This close coordination was instrumental in Florida's successful completion of its Round 2 Program Improvement Plan, and continues to be a major focus. Perhaps the most visible result of this collaboration is the Dependency Summit, jointly planned and attended by child welfare specialists, community-based agencies, foster parents and youth, attorneys, judges, and many other partners.

Statewide, one major Model Court Project is statewide implementation of evidence-based parenting (EBP) programs. Nine circuits have begun work on this initiative and are receiving targeted technical assistance. Another circuit (Circuit 11) has already implemented evidence-based parenting programs, but is participating as a pilot site to both monitor ongoing fidelity, as well as to assist and coach the other participating sites.

Enabling parenting providers to offer evidence-based programs is only part of the project; another key component involves Dr. Lynne Katz (director of the University of Miami, Linda Ray Intervention Center), helping providers develop effective ways to convey information on parental progress to the judges and magistrates in the courtroom. The primary court-related activities that Dr. Katz will work on with providers are behavioral observations of parent-child dyads, and templates for reporting ongoing progress to the court. Dr. Katz will also work with providers to ensure that parent-child interactive components are implemented and that site logistics are appropriate to accommodate these interactive activities. Judges and magistrates having pertinent information in court on parents' quantifiable progress in a program—as opposed to simply observing that a parent has received his or her certificate of completion for a course—is a crucial feature of this initiative. Clear, reliable information that is reported consistently will help judges make better-informed decisions in the cases they hear.

Several regional efforts are also underway, with particularly strong engagement through the Model Court Initiatives. For example:

- In Monroe County, there is a collaboration to build Skype capability for child and youth participation in court proceedings.

- In the Twentieth Judicial Circuit, the judiciary, the University of Delaware, the Quality Parenting Initiative (QPI), GAL program, Children's Network of Southwest Florida, and Children's Legal Services have come together to embrace a new approach to visitation: the Attachment Bio-behavioral Catch up (ABC) Visitation Program. This evidence-based program utilizes early family engagement to reduce trauma to children, enhance parental awareness of healthy ways to engage their child, and encourage parents towards a successful reunification.[5]

- In Circuit 7, the CBC is working in partnership with the judicial system and mental health providers to develop a Baby Court Team. Baby Court Teams are an approach toward improving child and family outcomes in the dependency system for infants and toddlers. The Baby Court Team approach works with local judges, child welfare agencies, and community organizations to create multidisciplinary teams that provide communities with services and resources that support maltreated young children, encourage evidence-based decision-making, and create systemic changes that address gaps in services. The degree of judicial leadership and oversight is heightened, as well as the frequency of case and court reviews. .

Finally, the participation of caregivers and other appropriate case participants is a focus of the Children's Legal Services (CLS). The Quality Assurance process for CLS includes such participation in its measures for success, along with other legal actions as supports for permanency. CLS attorneys work closely with case managers and others and this linkage is a major foundation for timely permanency. (See Chapter IV, Assessment, for additional detail.)

Milestones:

- Annually: Convene the Dependency Summit

- Monthly: Continue Monthly OCI/OCW/CLS/GAL/DOE meetings

- Annually: Report and summarize status of local initiatives for the Annual Progress and Services Report cycle.

Objective C. Staff and provider training will support skill development in practice areas of emphasis.

Interventions:

1. Implement the Practice Model and the Training Plan.

[5]Dependency Outlook newsletter. Office of Court Improvement, Spring 2014.

Child welfare processes aimed at timely and lasting permanency for children constitute a major portion of the tasks for child welfare caseworkers and their partners. The seven professional practices of the Practice Model, as described in Chapter I, are vital in permanency as well as safety and well-being. To develop skills in these practices, the pre-service curriculum includes training in general fundamentals such as the Practice Model and communicating with families, as well as specific topics of case planning, permanency options, working with the courts, GAL, and CLS, preparing children to participate in court, and conditions for return/reunification (See Chapter X).

Regions are also engaged in training efforts that haves extensive focus on permanency in addition to safety and well-being. For example:

- Training in conducting Permanency Roundtables, an innovative practice brought to the Northeast region (and elsewhere) through Casey Family Programs. PRTs have focused additional attention and resources on achieving permanency for every youth before they reach the age of 18.

- Heartland for Children, in the Central Region, has a training initiative underway to further strengthen relative and non-relative placements as not only a placement option, but when necessary a permanency option for children who do not go home to their parents. HFC has developed an intensive training on kinship care, which became a required training for all case management staff as well as provided open forums for community partners to include CPIs.

- In the SunCoast Region, Family Centered Practice training has educated staff, child protective investigators, legal services, foster parents, Guardians Ad Litem, and community partners in the principles and practices of engaging the child and family, assembling the team, assessing the situation, planning a course of action, implementing that plan, monitoring for success, and safely closing the case.

Milestones:

- Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015)

Objective D. Foster and adoptive parent licensing, recruitment, and retention will support permanency

Intervention:

1. Implement the Foster and Adoptive Parent Diligent Recruitment Plan

For timely and lasting permanency, the child welfare system depends in large part on being able to match children's needs with the characteristics of a foster or adoptive family, and having those families remain committed to ongoing participation in all activities necessary for the child's safety, permanency, and well-being. The Florida plan for Foster and Adoptive Parent Diligent Recruitment Plan in Chapter VII provides details about the intended approach over the next five years. Interventions discussed

elsewhere in this goal, such as the Quality Parenting Initiative and staff training, are also included in the Recruitment Plan.

Finally, local initiatives are also critical supports for foster parents. Example:

- A process in place to improve performance related to maintaining children in their homes after reunification is a contract with ChildNet's local 211 provider in Circuit 17. ChildNet contracted with the 211 for a dedicated line for families to use if they need assistance after the closure of the dependency case. Just prior to case closure, the case manager sends a referral to 211 and the 211 personnel makes several attempts to contact the family to identify any community resources that may be of assistance. This contract with 211 also assists with permanency outcomes in preventing the foster care re-entries.

Milestones:

- Annually: report and summarize status of state and local initiatives for the Annual Progress and Services Report cycle.

Objective E. Service array will emphasize proven, effective approaches to avoiding disruption.

Intervention:

1. Expand quality and availability of supports through the Title IV-E Foster Care Demonstration Waiver

With the initiation in 2006 of the Title IV-E Foster Care Waiver Demonstration Project, Florida's service array has undergone an enormous shift. Though traditional out of home care is still an important part of the services used while achieving permanency for children, the Demonstration Waiver has provided great flexibility. No longer is funding overly dependent on the number of children in foster care.

The expansion of the array of community-based services and programs supported by the Demonstration Waiver include permanency and well-being related items:

- One-time payments for goods or services that reduce short-term family stressors and help divert children from out-of-home placement (e.g., payments for housing, child care).

- Evidence-based, interdisciplinary, and team-based in-home services to prevent out-of-home placement.

- Development and deployment of statewide metrics to measure performance in educational outcomes, including, high school graduation/GED completion rates, receipt of developmental screens and early intervention services as needed by children birth to three, increased enrollment of young children in quality early

childhood programs, increased school enrollment and attendance, and improved school stability.

- Implementation of evidence-based practices to increase the effectiveness of mental health and substance abuse screening and treatment for parents, as well as strategies to improve timely access to and engagement in these services.

While changes in and an expansion of the community-based service array have occurred, adequate capacity and accessibility does not exist across the entire state.6 With the re-authorization of Florida's Demonstration Waiver participation, ongoing interventions aimed at improving the service array, including for permanency, are underway. See Chapter XI for more discussion about the Demonstration Waiver.

Milestones:

- Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report.

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

Rationale:

Well-being, defined in terms of family capacity, educational success, physical health, and behavioral health, is perhaps the outcome that receives the least focus but is equally important to the lives of the children and families involved in the child welfare system. As summarized in Chapter IV, Florida's performance in all areas of well-being has not been at expected levels. Florida's Quality Assurance data shows weakness in one of the primary mechanisms for building family capacity -- the interaction between the caseworker and the child and family. Particular weakness is shown with respect to engagement with fathers. Though some strength is shown in educational status for younger children and stability of educational placement, there is still major work needed on helping youth toward independence. Finally, health remains a concern, particularly with respect to dental health, psychotropic medication, and provision of behavioral health services.

Measures of Progress[7]:

QACM 56.1 & 56.2.Monthly services worker's visits with parents.
TARGET: 80% mother 70% father

[6] . Florida's Child Welfare Services Gap Analysis Report. http://centerforchildwelfare.fmhi.usf.edu/Publications/GAP_Report040814.pdf

[7]CBC numbered items: from Scorecard. QACPI and QACM numbered items: from QA Windows into Practice Standards. Where no national or state standard exists, targets set based on FY12/13 measured values plus 3-5%, with a floor of 70% and a ceiling of 90%.

QACM 57.1 &57.2 .Quality of the services worker's visits.
TARGET: 80% Mother 70% Father

QACPI 34 Child health checkup within 72 hours. TARGET: 87%

QACPI 35 CPI obtains health info and shares with caregiver. TARGET: 90%

QACM 61-62 Physical health care assessment and services.
TARGET: 86% (assessment) and 84% (services)

QACM 63-64 Dental care assessment and services.
TARGET: 76% (assessment) and 74% (services)

QACM 65-66 Behavioral health assessment and services.
TARGET: 90% (assessment) and 84% (services)

QACM 58-59 Education assessment and services.
TARGET: 85% (assessment) and 70% (services)

QACM 60 Stability of the child's educational placement. TARGET: 90%

CBC 10. Former Foster Youth Ages 19-22with Diploma orGED. SUSTAIN (above state target of 65%)

Objectives:

In order to address the concerns and performance gaps identified in relation to well-being for children and families, the Department is also intending to work on a varied set of objectives. These include objectives to address assessment, services and supports, and systemic factors.

Objectives for Goal 3, child and family well-being:

A. Increase family ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address needs.

B. Ensure physical and behavioral health for children through quality assessments and appropriate trauma-informed supports to address needs.

C. Ensure educational success for children through collaboration with parents, caregivers, local school systems, and other educational agencies. [systemic factor]

D. Continuous quality improvement will demonstrate child welfare system ability to improve, implement, and sustain quality of services and achievement of outcomes. [systemic factor]

E. The state's child welfare information system, FSFN, will have accurate and timely data that supports child wellbeing. [systemic factor]

Objective A. Increase family ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address needs.

Interventions:

1. Safety Methodology. As described in the details for this intervention, beginning page 29, this sweeping approach to revising practice throughout all levels of child welfare is also designed to improve well-being for children and their families. By improving family assessment (particularly the Family Functioning Assessment – Ongoing), and more closely aligning assessment with case planning and improving decision-making about the needs of children and their families, the child will not only be safer but families will be able to become stronger and more capable of increasing well-being.

Milestones: See intervention details beginning page 29.

2. Local well-being initiatives

Each region and community has some unique characteristics and some common needs related to the abilities of its families to become strong and nurturing. Certain general approaches, such as the evidence-based home visiting underpinning Healthy Families Florida and the Quality Parenting Initiative discussed previously, are in wide use.

Other local programs and efforts address this area as well, and will continue to do so. For example:

- In the Southern Region, Victory for Youth (VFY) is the parent, non-profit organizational entity of Share Your Heart. Share Your Heart (SYH) was created in response to the Department of Children and Families (DCF) identifying unmet needs of children and families, frail adult and elderly populations. SYH brings together a coalition of faith-based partners, and provides them with the knowledge, skills and ability to meet the social, emotional, physical and spiritual health needs of our communities blighted by economic adversity, hardship and challenges. In order for churches and faith-based partners to be prepared and equipped to handle DCF referrals, participants attend a 16-hour training with a curriculum created and taught by Baptist Hospital Congregational Health. This training is crucial to all participants so that they can be equipped and prepared to deal with referrals and assess the needs of DCF's referred clients.

- Family Assessment Support Teams, or FAST, family preservation diversion program is unique to Circuit 4 and continues to safely maintain children in their homes while services are. The FAST program in Duval County is co-located with CPIs. FAST workers are certified case managers who create a family plan and provide wraparound in-home services to families for 6-9 months. Case Managers are trained in Nurturing Parenting, Active Parenting Now, and Active Parenting of Teens. FAST Clinical Staff training includes the following evidenced based programs: Cognitive-Behavioral Therapy, Motivational Interviewing, Trauma Informed Therapy, Nurturing Parenting, Art Therapy, and Family Systems/Family Structural Theories. Many of the clinicians also utilize AUDIT, which is an evidence based alcohol assessment.

- In the Northeast region, Community-Based Care agencies are using family team conferencing, which helps engage parents by including the family in discussions with relevant parties to the case such as parent attorneys, and Guardians ad Litem, to develop a case plan to address the issues that brought the family to the attention of the Department.

Milestones:

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

3. Expanded service array through the Title IV-E Foster Care Demonstration Waiver

As previously discussed under Goal 2, objective E, the Demonstration Waiver has supported Florida in greatly expanding the level of services available for well-being as well as permanency. The primary focus of this intervention will be to ensure consistent availability and accessibility of quality services for health and education supports, as well. See Chapter XI for more discussion about the Demonstration Waiver.

Milestones:

- Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report.

Objective B. Ensure physical and behavioral health for children through quality assessments and appropriate trauma-informed supports to address needs

1. Implement Health Plan

Chapter VIII, Florida's Health Care Oversight and Coordination Plan, provides a comprehensive approach to improving physical and behavioral health for children. Major initiatives including managed care for physical health through the Child Welfare Specialty Plan, and for behavioral health through a system of localized Managing Entities, are supplemented by various special initiatives such as those discussed in the Integrating Behavioral Health intervention beginning page 43. See Chapter VIII for the plan relating to health care, including assessment, services, and practices such as trauma-informed care.

Milestones:

- Annually: as part of the Annual Progress and Services Report, summarize progress with respect to the Health Plan, including status of the Child Welfare Specialty Plan and psychotropic medication monitoring.

Objective C. Ensure educational success for children through collaboration with parents, caregivers, local school systems, and other educational agencies. [systemic factor]

Intervention:

1. Education Information and Service Integration for Child Well-being

The Department and its various educational partners, particularly the Department of Education, local school boards, post-secondary institutions, foster parents and caregivers, continue to develop methods and approaches to working together toward common goals for educating children, youth, and young adults. Interagency agreements are a normal method of defining these methods, at the state and local levels. Some of these are very broad, such an agreement among the Department of Children and Families, Department of Education, Department of Juvenile Justice, Agency for Persons with Disabilities, and the agency for Workforce Innovation to coordinate educational and vocational services. Others have more narrow topical focus, such as data sharing agreements or for coordinating services in a specific county. These interagency agreements not only support coordination, but they provide a platform whereby resources and knowledge can be shared and made more efficient and effective.

For details and a discussion of the rationale behind the set of interventions included in the education integration approach, see Chapter XVII.

Milestones:

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

Objective D. Continuous quality improvement will demonstrate child welfare system ability to improve, implement, and sustain quality of services and achievement of outcomes. [systemic factor]

Interventions:

1. Implement CQI/QA plan

The Continuous Quality Improvement cycle is vital to all outcomes, but perhaps especially so to well-being. Engaging families, working toward educational success, and ensuring physical and behavioral health are activities that require constant identification of needs and performance gaps, providing services to meet those needs, assessing whether goals are achieved or conditions improved, and revising approaches to meet changing needs. The Department's Continuous Quality Improvement plan addresses these steps, and provides a set of tools that are used to measure and monitor progress for factors of well-being (as well as safety and permanency). For example, it includes use of the Weekly Healthcare Report, which provides a snapshot of the medical, dental and immunization information entered in FSFN for children in out of home care as of the date listed on the report. The data in this report comes from the Medical Profile and Medical History tabs in the Medical/Mental Health module of FSFN. In addition, the Weekly Psychotropic Medication Report includes all children active in an out-of-home care placement on the date of the report. The medications data in this report is based on children documented in FSFN as having an active prescription for one or more of the psychotropic medications listed in the report. See Chapter XIV for details of the CQI plan.

Milestones:

- Annually: Develop and implement state and local CQI plans.

Objective E. The state's child welfare information system, FSFN, will have accurate and timely data that supports child wellbeing. [systemic factor]

Interventions:

1. Implement CQI/QA plan. As mentioned under Objective D, the child welfare CQI plan includes many aspects that build the body of knowledge, information, and data that can be brought to bear upon outcomes for children. Case review and other sampling approaches provide a wealth of information. However, for measuring progress across

the entire population of children and families in the child welfare system, FSFN capacity for accurate, timely data and management reporting is imperative. With specific emphasis on data integrity, discussed also in Goal 1, Objective E, the ability of CQI to achieve improved child and family well-being will be enhanced. See Chapter XIV.

Milestones:

- During SFY 2015/16, develop data integrity approach.

Section B. Intervention Details

Intervention: Florida's Safety Methodology

Related Goals and Objectives:

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

> Objective A: Enhance identification of children at risk and improve safety decisions to ensure children are not re-abused or re-neglected.

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

> Objective A. Ensure timely and lasting permanency in the most appropriate manner for each child through quality family assessments, case planning and services.

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

> Objective A. Increase family ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address needs

Description:

The Department of Children and Families is transforming the way that it conceptualizes and executes its mission by reengineering, transforming, and improving the capabilities of staff, operational processes, and supporting technologies. The Office of Child Welfare (OCW) provides leadership and supports coordination among all of the major implementation providers. At the heart of the transformation is the Florida Safety Methodology, which began implementation in 2013.

The "Safety Methodology" is Florida's integrated approach to:

- Initial identification of potentially unsafe children by the Florida Abuse Hotline;
- Further assessment of safety and safety decision making by investigators;
- Ongoing safety management and service provision to enhance parental protective capacities (emotional, cognitive and behavioral), address and enhance child well-being needs (emotional, behavioral, developmental, academic, relationships, physical health, cultural identity, substance abuse awareness, and adult living skills); and

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

The Safety Methodology also incorporates the classification of risk for safe children that results in appropriate community referrals and family support services for safe children at high risk of abuse in the future. The function of risk assessment is to ensure that families at risk of future maltreatment are identified and served. The Department has identified actuarial risk tools known as Structured Decision Making® (SDM), developed by the Children's Research Center (CRC) as the preferred option available for assessing risk. By utilizing the risk assessment tools, agency resources are targeted to higher risk families with a greater potential to reduce subsequent maltreatment. Using a statewide, evidence based actuarial risk assessment tool will help investigations and supervisors identify family risk levels using consistent constructs and language and will allow us to standardize prevention programs, allowing for evaluation of program effectiveness. This supports replication of best practice programs from community to community.

The risk assessment is built around two indexes, one for abuse and one for neglect; but only the total risk level matters. The instrument will not tell you if the family is at higher risk for abuse or neglect. The family risk level is based on the highest score of the two indexes and has policy overrides built in as well. In effect, based on the family's characteristics (not risk factors), how likely are they to abuse or neglect their children in the next 12 to 24 months? This concept of risk supports child welfare to allocate resources more effectively to people who have identifiable characteristics that more regularly present with difficulties.

To address long-term permanency, the safety methodology utilizes a structured assessment tool known as the Family Functioning Assessment – Ongoing, which is used to assess:

- Are danger threats being managed with a sufficient safety plan?
- How can existing protective capacities be built upon to make changes?
- What is the relationship between danger threats and the diminished caregiver capacities - What must change?
- What is the parent's perspective or awareness of his/her caregiver protective capacities?
- What are the child's needs and how are the parents meeting or nor meeting those needs?
- What are the parents really and willing to work on in the case plan to change their behavior?

- What are the areas of disagreement with the parents as to what needs to change?

- What change strategy will be used to address diminished protective capacities?

The Family Functioning Assessment – Ongoing (FFA-O) is the first formal intervention during on-going case management. It begins at the point the CPI worker transfers a case to ongoing case management. The assessment is a collaborative process that will result in identifying specific change strategies. However, the bulk of the conversation during the assessment is concerned with having caregivers recognize and identify protective capacities associated with impending danger and seek areas of agreement regarding what must change to eliminate or reduce danger threats and sufficiently manage threats to child safety.

The philosophy behind this assessment tool is that safety is paramount and is the basis for the intervention; however, the case planning process and interventions can be more clearly defined around the use of safety concepts and behavior change. The FFA-O also sets up conditions of return. These conditions of return are simply the conditions that must exist for children in-out-home care to return to the home safely. That is, what it would take to have children safely maintained in their own home. These conditions are derived from the safety analysis questions used to create the out of home safety plan. Reconciling information gathered during the on-going case management intervention against the existing safety analysis questions is the foundation to creating and analyzing the conditions for return, thus facilitating permanency through reunification.

Lastly, the progress evaluation, or Progress Update, is an on-the-record assessment that involves focused information collection and standardized decision making while case managers are considering progress for change and safety plan sufficiency. The formal intervention occurs at least at 90 days and at critical junctures. It is precise, fair and objective, reflected in progress measurements of no progress, minimal progress, significant programs and outcome achieved. Areas of assessment during the evaluation are caregiver protective capacities, child needs, family time and visitation, and case plan outcome evaluations. These measurements are connected to assessment driven actions: No Change, Change in case plan, Change in safety plan and Change in visitation plan (if the child is removed).

The assessment of well-being and the attention to children's strengths and needs is included in every FFA-O and Progress Update. Child strengths and needs items measure the extent to which certain desired conditions are present in the life of the child within a recent timeframe. The child indicators are directly related to a child's well-being and success (emotion, behavior, family and peer relationships, development, academic achievement, life skill attainment). When the Department is involved with families whose children are unsafe, the case manager is responsible for assuring that the child's physical and mental health, development and educational needs are addressed by their caregivers as well as other caregivers when the child is in an out of home setting. The information gathered through assessment of these indicators is used to systematically

identify critical child needs that should be the focus of thoughtful case plan interventions. The information needed by the case manager to complete the assessment will be gathered from the child, parent and other caregivers, and collateral source such as child care providers, teachers and/or other professionals. The scaling constructs for measuring the strength or need are as follows:

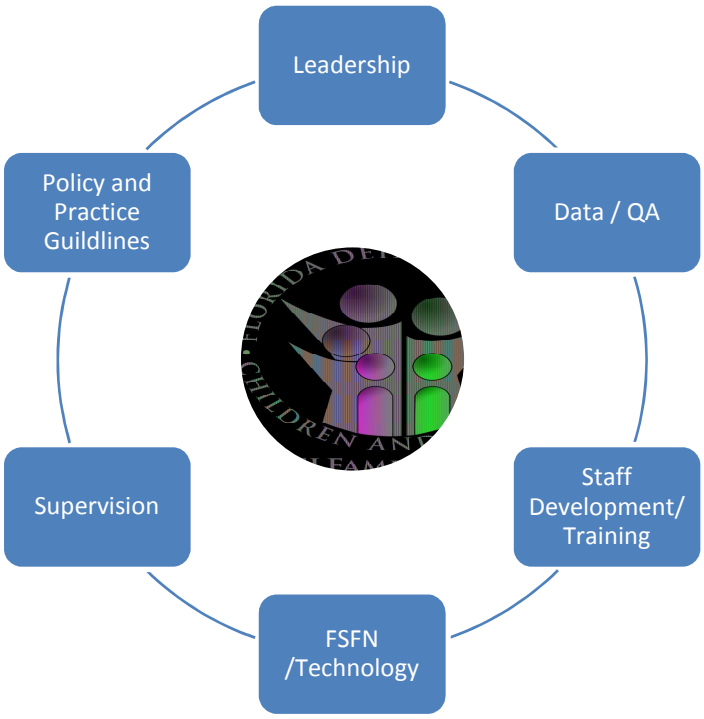
A=Excellent: Child demonstrates exceptional ability in this area

B= Acceptable: Child demonstrates average ability in this area

C= Some attention needed: Child demonstrates some need for increased support in this area

D=Intensive support needed: Child Demonstrates need of intensive support in this area.

The Department has appointed a Statewide Implementation Committee that has responsibility for the Methodology's feasibility, authorization of work plans, and achievement of outcomes. The Implementation Committee, or Implementation Team, members act as the vocal and visible project ambassadors throughout the state and for their representative regions/organizations. Decisions that require approval by the agency's leadership are to be analyzed and understood by the Implementation Committee members prior to final authorization. Implementation decisions are made via majority consensus. The work of the Implementation Committee is assigned to the following teams / Implementation drivers:

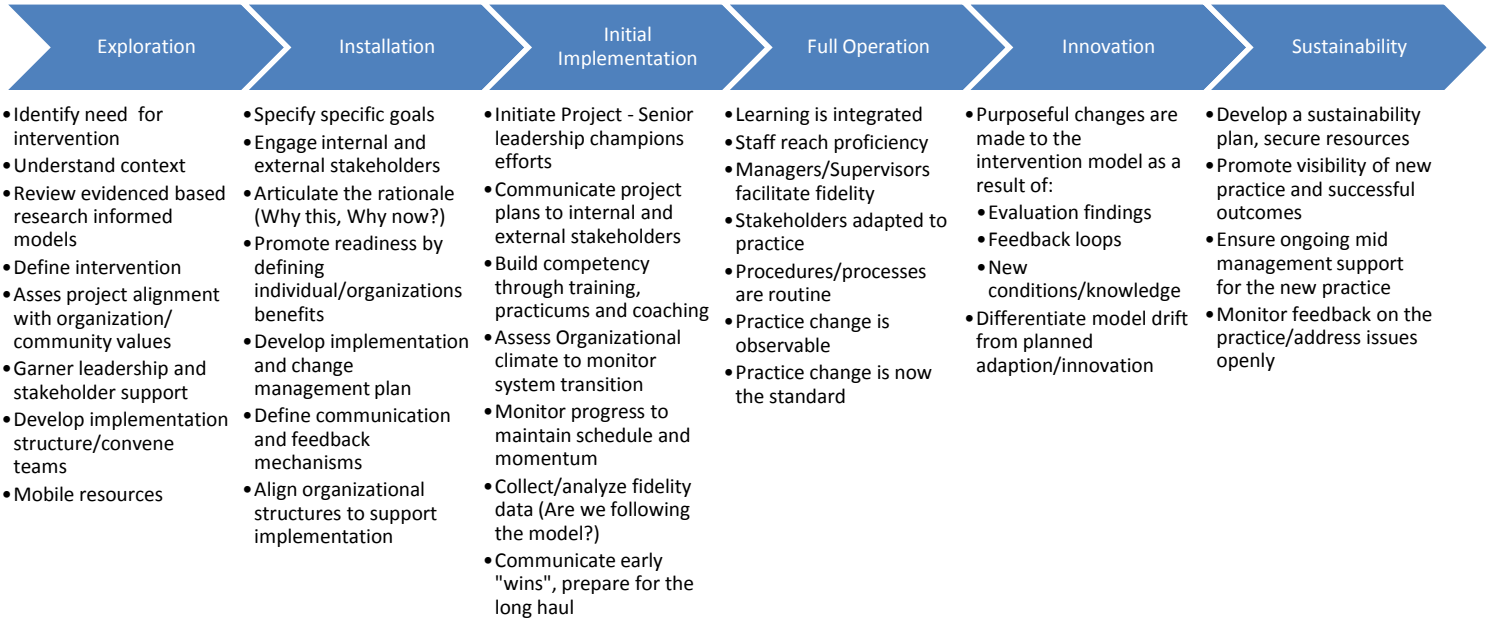


Florida is using implementation science to carry the Safety Methodology forward to full sustainability. Currently Florida is in the initial implementation stage with practice sites identified throughout the state with ongoing focused skill building and competency training. The Department has worked with several national experts to develop Florida's Safety Methodology:

- National Resource Center for Child Protection Services (ACTION for Child Protection, Inc.)
- National Child Welfare Resource Center for Substance Abuse and Child Welfare
- Children's Research Center of the National Council on Crime and Delinquency (CRC)
- Casey Family Programs

These partnerships continue to inform and drive the implementation process, according to the principles of Implementation Science and its phases illustrated below:

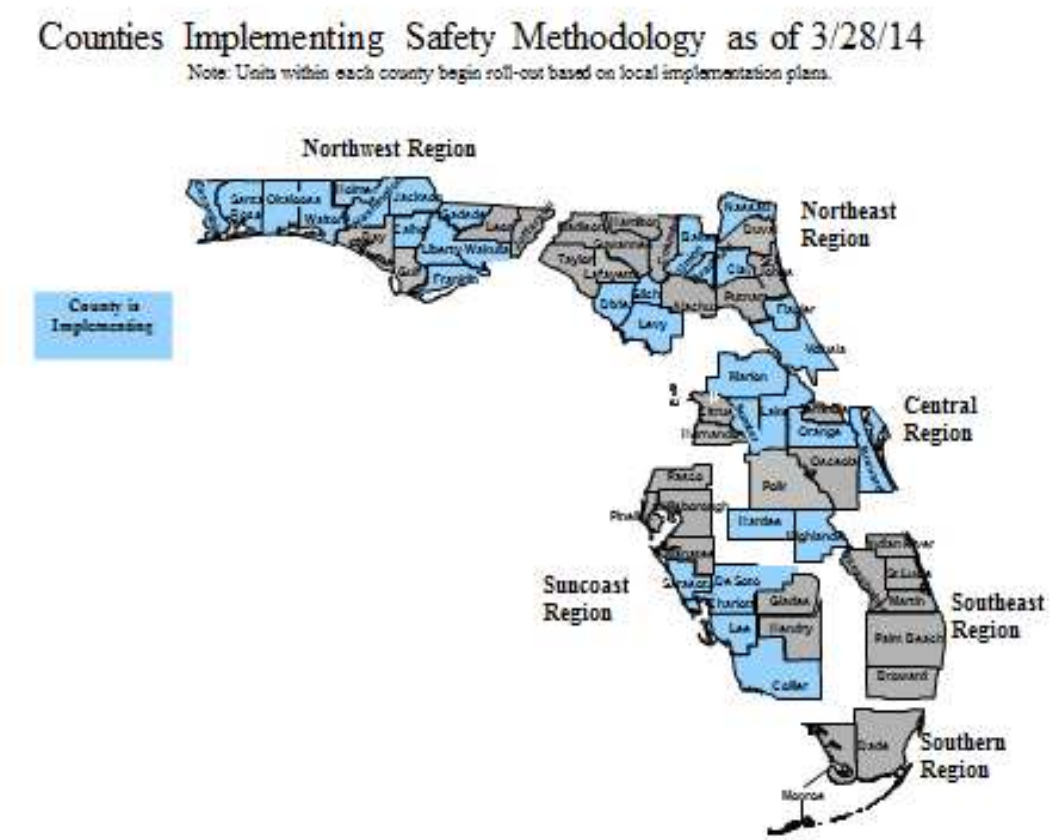
Figure 1. Implementation Science phases



Timeframe and Milestones:

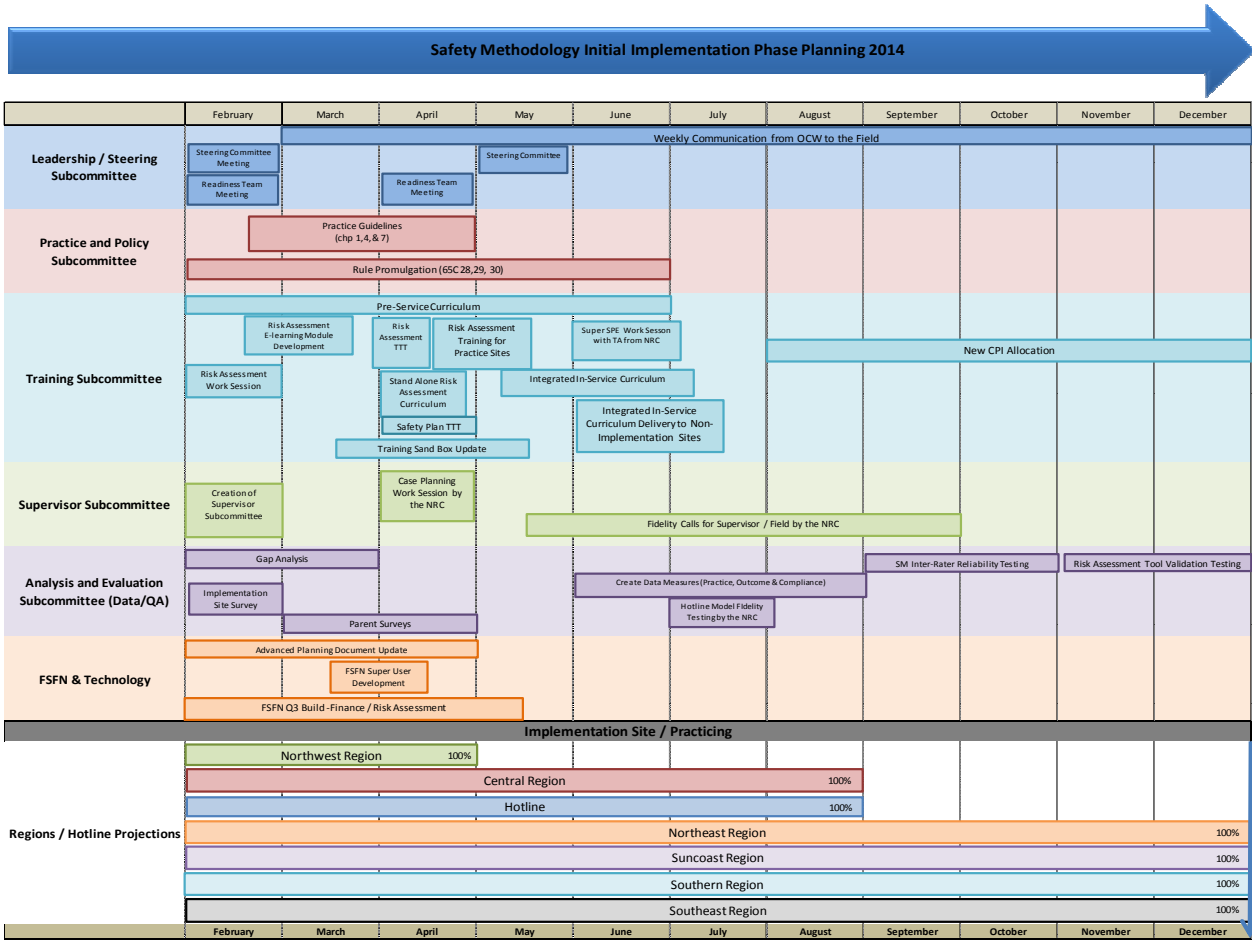
The implementation of the Safety Methodology is a multi-year journey through transformation that requires the commitment of leadership and incorporates all of the identified implementation drivers to achieve our goal of safety, permanency and well-being for all of Florida's Children for whom we serve.

Plan for Improvement



Milestones: (See the Implementation Phases above for a definition of these benchmarks.)

July, 2014 – December, 2014	All counties and units will have completed initial implementation --issue practice guide --regular meetings of the Steering Committee and subcommittees
January, 2015 – December, 2016	Full operation of system
January, 2017 – December, 2017	Innovation; as an intrinsic part of Continuous Quality Improvement activity, the intervention model will be evaluated and revised as necessary.
January, 2018 - future	Sustainability; Develop a sustainability plan, secure resources, ensure ongoing management support, monitor feedback



Intervention: Rapid Safety Feedback

Related Goals and Objectives:

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

> Objective A: Enhance identification of children at risk and improve safety decisions to ensure children are not re-abused or re-neglected.

Description:

The Department's Continuous Quality Improvement processes include case review quality assurance (QA) for child protective investigations (CPI). Up until recently, the protocol defined a sample pulled from recently closed investigations for a retrospective look at the trajectory and actions throughout the life of a case. Because the cases were closed, the Department was unable to redirect an investigation when additional investigative activities were needed. In addition, the sample sizes were selected from the universe of investigations of children, when national research confirms children less than four years of age are the highest risk population.

In 2014, the Department implemented a new case review process for Child Protective Investigations that integrates immediate mentoring, coaching, and corrective action as needed. The process is called Rapid Safety Feedback. The new Rapid Safety Feedback case reviews target open investigations because this affords an opportunity to identify activities that need additional attention before final decisions are made and an investigation is closed. These reviews are a part of the established child welfare system's CQI/QA process (see Chapter XIV and the annual CQI/QA plan document, Windows into Practice).

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

Reviews are conducted using the Preventive Rapid Feedback QA Review document that provides the overarching review items, core concepts, and guidelines:

- Prior Child Abuse and Neglect Reports, Prior Services, and Criminal History: Are the prior child abuse and neglect reports, prior services, and the criminal history information obtained timely, accurately summarized, and used to assess patterns, potential danger threats, and the impact on child safety?

- Information Collection: Is sufficient information collected and validated?
- Identification of Danger Threats and Assessment of Caregiver Protective Capacity: Are danger threats or safety concerns accurately identified and caregiver protective capacities sufficiently analyzed to determine the caregivers' ability to control the identified danger threat or safety concern?
- Safety Planning: Is the Safety Plan viable and does it incorporate safety intervention strategies implemented in response to an identified danger threat or safety concern?
- Supervisory Case Consultation and Guidance:
    - Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?
    - Has the supervisor assisted the investigator in identifying a pattern of child maltreatment that takes into account the history of reports/investigations, and not just the current allegation?
    - Is needed ongoing supervisory consultation and guidance provided?
    - Are issues identified by the supervisor resolved timely?
- Other (Case consultation, Request for Action, removal, in-home safety plan)?

For the Rapid Safety Feedback process, the Department will target approximately 2,880 open cases each year. The profile includes all children under the age of four where at least one prior report was received on the victim child or other victim child under the age of 4 (0 to 3 years and 364 days).

The sample will be selected using the business objects report entitled "The Daily Child Investigations and Special Conditions Listing V2.2" and is available within the FSFN Ad Hoc Shared Folder>Ad Hoc Investigations Status Folder. The report was developed to default to the profile needed for the QA sample selection but can be expanded for other uses by regional managers. The default profile includes all children under the age of four where the following is present:

(a) Parent or caregiver is under age 27;

(b) At least one prior report was received on the victim child or other victim child under the age of 4 (0 to 3 years and 364 days);

(c) The active investigation contains the alleged maltreatments of family violence threatens harm and substance misuse; and

(d) The investigation is open not less than 25 days and not more than 35 days.

In order to obtain the minimum number of cases to be reviewed, the sample criteria will be stratified as follows:

(a) 1st: The default sample and there is one caregiver under age 27, current report under investigation alleges Family Violence and Substance Misuse, report includes at least one child under 4 with a prior report alleging anything, and the current report is open between 25 and 35 days;

(b) 2nd: The default sample, but the prior history can be on any child in the home;

(c) 3rd: The default sample, but with no prior history on any child in the home;

(d) 4th: The default sample, but the current report under investigation alleges Family Violence only; and

(e) 5th: The default sample but the current report under investigation alleges Substance Misuse only.

Rationale:

As described above, the Rapid Safety Feedback reviews are part of the systematic Continuous Quality Improvement process designed not only to provide data around child protective investigation activities, but also to provide immediate skill and knowledge development for investigators and supervisors in the most critical issues for the most vulnerable population. For that reason, this approach is considered a direct intervention for Goal 1, Objective A, though it also affects the objectives built around the Training and Quality Assurance systemic factors. These reviews will improve child safety in the short term, for those cases reviewed and through active investigative skill development; but also in the long term, as the results are used to inform and adjust other Department activity (specifically the Safety Methodology) through managerial review, semi-annual reporting, and the CQI link to the Training Plan (specifically see Goal 3, Initiative 3.2 of the Training Plan (Chapter X), "Strengthen the Link Among Training, Data, and Quality Assurance."

Timeframe and Milestones:

This is an ongoing intervention. As specified in the annual CQI/QA plan, "Windows into Practice: FY 2013-2014." regional summaries should be submitted to the Office of Child Welfare semi-annually and no later than January 31 and July 31 of each year. The report must include a summary of findings, an analysis of root causes, and action taken by the region to improve practice.

- Annual CQI Plan incorporating Rapid Safety Feedback Process
- Semi-Annual Summaries by Region: Each January and July

Intervention: Safe Harbor Legislation

Related Goals and Objectives:

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

> Objective A: Enhance identification of children at risk and improve safety decisions to ensure children are not re-abused or re-neglected.

Description:

Human trafficking in general, and specifically children who are being sexually exploited, is a growing concern across the nation. Florida's legislature enacted the Safe Harbor Act in 2012, which laid out legislative intent, goals, and service requirements for such children. This act added children who have been found by a court to have been sexually exploited, and who have no parent or guardian, to the definition of dependent children. It also defined a new placement type as a "safe harbor placement." The Department of Children and Families, the Department of Juvenile Justice, local law enforcement and other community partners all have a role to play. This law went into effect January 1, 2013.

During the 2014 Legislative Session, there was an expansion of the Safe Harbor Law. Section 409.1754, F.S., was created to:

1) develop or adopt screening and assessment instruments for the identification, service planning, and placement of victims of sexually exploited children that may be validated if possible;

2) require specialized intensive training of child protective investigators and case managers who handle cases involving a sexually exploited child and requiring the Department, with the Lead Agency and other community stakeholders, assess service needs and system gaps, drafting local protocols and procedures that allow for a response that is specific to the needs of the sexually exploited child;

3) require the Department and the Lead Agency to participate in local task forces, committees, councils, advisory groups, coalitions or other entities in their service area that is involved in coordinating response to addressing human trafficking in children. Should the task force not exist, the Department shall initiate one.

In addition, Section 409.1678, F.S., was amended to:

1) Define and identify "safe house" and "safe foster home" to include creating a certification process that must be go hand in hand with the existing licensing process in order to self identify as a "safe house" or "safe foster home." The Department will specify the contents of training for foster parents who wish the "safe foster home" designation and the Lead Agency will ensure the foster parent has completed the

appropriate training. The Department will be responsible for inspecting safe houses and safe foster homes prior to certification and annually thereafter;

2) Require residential treatment centers licensed under s. 394.875, F.S. to provide specialized training for sexually exploited children in the custody for the Department who are placed in these facilities;

3) Require the Lead Agency to ensure that any sexually exploited child residing in the safe house or safe foster home or served in residential treatment centers or hospitals as outlined previously in the bill have a case manager, whether or not the child is a dependent child, and that services detailed in the bill be available to all sexually exploited children t the extent possible provided by law and with authorized funding.

Section 16.617, F.S., was created to develop a Statewide Council on Human Trafficking, to include the Department, with the goals of developing recommendations for comprehensive programs and services for victims of human trafficking to include recommendations for certification criteria for safe houses and safe foster homes as well as work with the Department to create and maintain an inventory of human trafficking programs and services in each county.

Rationale:

As stated in the legislative intent for the Safe Harbor Act of 2012, "child sexual exploitation is a serious problem nationwide and in this state. The children at greatest risk of being sexually exploited are runaways and throwaways. Many of these children have a history of abuse and neglect. The vulnerability of these children starts with isolation from family and friends. Traffickers maintain control of child victims through psychological manipulation, force, drug addiction, or the exploitation of economic, physical, or emotional vulnerability. Children exploited through the sex trade often find it difficult to trust adults because of their abusive experiences. These children make up a population that is difficult to serve and even more difficult to rehabilitate."

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

Timeframe and Milestones:

TBD: Develop implementation plan (dates and action steps) for Safe Harbor Act implementation; including –

- By September 2014, participate in the first meeting of the Statewide Council on Human Trafficking (Secretary or Designee is co-chair; s. 16.617, F.S.)

Intervention: Protective Factors Prevention Strategy

Related Goals and Objectives:

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

Objective B.Increase protective factors in focus families (in home, out-of-home, at risk) to reduce maltreatment.

Description:

The Department is a key participant in the legislatively-mandated comprehensive approach to the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children (s. 39.001, F.S.) In fulfillment of this mandate the Office of Adoption and Child Protection in the Executive Office of the Governor, the Department, and other partners are implementing the required five-year Florida Child Abuse Prevention and Permanency Plan: July 2010 June 2015 (CAPP). The central focus of the plan is "to build resilience into Florida's families and communities in order to equip them to better care for and nurture their children." Local planning teams in each judicial circuit also developed and are implementing plans.

A significant portion of this planning process is an intentional incorporation of the Protective Factors developed through research of the Center for the Study of Social Policy. The prevention strategies around protective factors as defined in the CAPPP includes statewide and local initiatives, and is heavily collaborative across various state agencies and other partners. For instance, the Department is providing technical assistance toward infusing protective factors into local prevention systems; and works with Healthy Families Florida, through their evidence-based home visiting program, to sustain and increase capacity for serving families at high risk of child maltreatment due to domestic violence, substance abuse and mental health issues.

Local plans also include multiple strategies for increasing protective factors. For instance, one of the SunCoast's Community-Based Care lead agencies chairs the local Child Abuse Prevention Planning Workgroup with the Department. This interagency team is comprised of government entities, Healthy Families, local social services agencies, faith-based organizations and other community stakeholders. The goals are to develop and implement the five-year primary and secondary prevention strategies for the children and families in the local community. As one strategy, the SunCoast Region's faith-based community has a group engaged in providing family and community supports that build the protective factors identified in the Family Strengthening Initiative in their local CAPP. One of the Southeast Region's CBCs in Circuit 19 has a replicated Safe Families program included in the activities undertaken as part of its leadership role in the circuit's CAPP. The Northeast Region has a CBC implementing an intensive, in-home intervention service for high to very high risk families, with safe children, called Family Connections. This service will help keep this

high risk population of children safe while building family skills and strengths. Family Connections (defined as an approach with promising research evidence by the California Evidence-Based Clearinghouse) is designed to reduce identified risk factors and enhance existing protective factors that may help families more appropriately meet the needs of their children.

During the first year of the time frame for the CFSP, the Department will work with the Office of Adoption and Child Protection to assess the progress made toward the goals for reducing child maltreatment by infusing protective factors throughout Florida's interconnected and comprehensive approach. Concurrently, the Department will work with the Office of Adoption and Child Protection to develop revisions to the five-year CAPP (due to the Legislature in June, 2015) that build upon and update the state and local prevention initiatives, particularly those evidence-based or promising practices and collaborative efforts to enhance protective factors for families and communities, and measure progress toward those goals.

Rationale:

The development of protective factors depends on flexibility and the ability to address state and local needs as part of Florida's diverse and multi-partner approach to child abuse prevention. The framework defined by Florida's statutory requirements for the Child Abuse Prevention and Permanency Plan and the structure of state and circuit/local planning teams provides a robust and collaborative set of interventions that will be monitored and used to adjust the state's response to critical social needs, particularly child safety. No single intervention, whether proven or promising, would be as powerful.

The Department's collaboration and participation in the statutory child abuse prevention and permanency plan is also part of the Department's CAPTA plan. Continuing this process is an essential part of the CAPTA initiative; see also Chapter XVI.

Milestones:

- By June 30, 2015: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including child safety and protective factors.
- Annually: Analyze local and state progress toward prevention and protective factor goals in the CAPP in collaboration with the Office of Adoption and Child Protection, and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review.

Intervention: Integration of Services for Child Welfare and Behavioral Health

Related Goals and Objectives:

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

Objective C. Strengthen the connections between child welfare and other organizations involved in improving protective or risk factors related to child abuse (domestic violence, mental health, substance abuse, education)

Description: 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. In a nod to the psychological concept defined by one source as "the organization of the psychological or social traits and tendencies of a personality into a harmonious whole,"[8] the Department's Offices of Child Welfare, Substance Abuse and Mental Health participate in several integration initiatives to address issues for shared clients in order to bring processes and policies into a "harmonious whole" across the programs. These integration approaches involve children and their families; that is, adult behavioral health and child behavioral health are both involved.

Some integration efforts are short term, such as presentations at joint conferences or particular media campaigns (notably the joint "Who's Watching Your Child" campaign – see Chapter V Appendix B). Certain integration efforts are as concrete as sharing financial resources; a portion of behavioral health funding is allocated directly through contract to child welfare Community-Based Care lead agencies. However, there are several initiatives that are significant, long term, and will affect the overall ability of the child welfare program to achieve the broad goal of increasing safety for children. These include:

- Providing training in the area of trauma-informed care for staff and caregivers, specifically as part of the pre-service curriculum and on-line training developed by the Florida Certification Board, and in alignment with the child welfare Practice Model; (see Chapter I, Chapter X and Appendix B to this chapter)

- Care coordination/case management program inclusion of behavioral health and trauma-informed care under the Child Welfare Specialty Plan under the Medicaid Managed Care contract, a key part of the Health Care Oversight and Coordination Plan, and local coordination of child welfare agencies with services provided by the Behavioral Health Managing Entities; (see Chapter VIII)

[8] The American Heritage Dictionary of the English Language, Fourth Edition (Houghton Mifflin Company, 2000), as cited at http://www.thefreedictionary.com/integration.

- Florida Children's Mental Health System of Care Expansion Grant and Integration with Child Welfare; (see Appendix B to this chapter)

- Project LAUNCH (Linking Actions to Unmet Needs in Children's Health), a five-year grant from the Substance Abuse and Mental Health Administration (SAMHSA). This grant is grounded in the public health approach and works towards coordinated programs that take a comprehensive view of health by addressing the physical, emotional, social, cognitive and behavioral aspects of well-being.

Rationale: As discussed in Chapter IV, Assessment, key factors in families involved with child welfare are often related to behavioral health (substance abuse or mental health). By increasing the skills and knowledge of child welfare professionals about behavioral health, and by pursuing integration of practice and services, the Department can address these critical factors in a holistic manner across the two systems.

Milestones:

- By June 30, 2015:
    - Six on-line courses relating to behavioral health for child welfare will be in use.
    - Child welfare program staff will participate on the state level CMHSOC Expansion Implementation Core Advisory Team and on the region SOC teams, to provide child welfare input for implementation of the SOC grant.

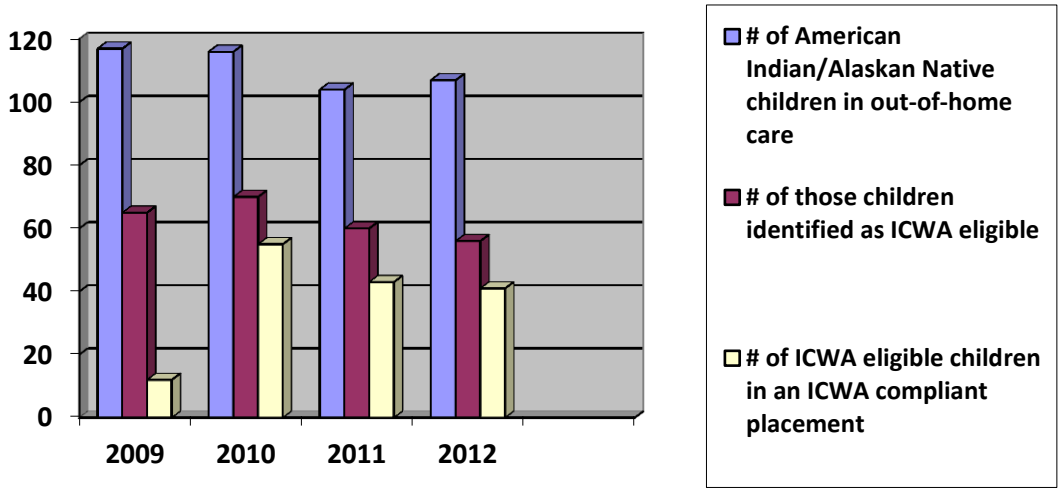
Chapter V. Appendix A: Summary Matrix (Goals, Objectives, Benchmarks, Interventions, Measures of Progress)

Chapter V. Appendix B. Behavioral Health and Child Welfare Integration

(see separate files)

Chapter VI. ICWA: Coordination with Tribes

Requirements for compliance with the mandates of the Indian Child Welfare Act (ICWA) are contained in Florida Statutes and in Florida Administrative Code. Child Protective Investigators are required to determine potential eligibility for the protections of the Indian Child Welfare Act at the onset of each child protective investigation. Florida Administrative Code requirements and supporting guidance have been developed to ensure that children eligible for the protections of the Act are identified at the earliest possible point in the initiation of services. The Case Management Quality Assurance report for FY 2012-2013 indicated that in 91% (n=69) of the cases, upon removing the child from his/her home, the CPI made the appropriate inquiries to determine if the child was of American Indian or Native Alaskan descent so that the appropriate tribe could be contacted regarding the need for an alternative placement.



ICWA data from the last several years shows that the number of American Indian/Alaskan Native children in out-of-home care has declined slightly, while the number of those children identified as ICWA eligible has remained fairly stable. The number of ICWA eligible children in ICWA compliant placements has risen from 0 in FFY 2008 – 2009 to 41 at the end of FFY 2011 – 2012.

The development of the Department's Training Plan included consultation with representatives from the Seminole Tribe of Florida, and the tribe will be routinely involved in training development and other discussions (see Chapter X, the Training Plan). ICWA in-service training has been developed by the Office of Child Welfare for delivery to the field. Also, guidelines for compliance with the mandates of the Indian Child Welfare Act are a part of the Department's pre-service curriculum. Requests to review Florida's in-service ICWA curriculum for developing and implementing a similar

state curriculum have been received from Tennessee and Alabama. The Department will continue to involve the tribes in training activities, as described in Chapter X.[1]

Credit reports for tribal children in the STOF are handled through the case planning services of the STOF's Family Services Department. This service is not addressed through the MOA. The Miccosukee Tribe provides case planning services to its own children, but the Department has not received specific information as to whether that includes credit reports. The Department requires the lead agencies to obtain a credit report for youth in care ages 16 to 17. This requirement is applicable to all youth in this age group.

Florida has worked in collaboration with the state's two federally recognized tribes, the Seminole Tribe of Florida and the Miccosukee Tribe of Indians of Florida, by maintaining and encouraging ongoing contact, support, staff interaction and opportunities for the tribes to participate in statewide initiatives and training. A third tribe, the Poarch Band of Creek Indians (a federally recognized tribe from Alabama with a reservation located close to the Florida - Alabama border), also is included in the Department's outreach efforts. While the Miccosukee Tribe and the Poarch Band of Creek Indians currently do not participate in Florida events and activities, the Department intends to continue outreach efforts that are respectful of the tribes' cultures and preferences.

The Department is responsible for child protective investigations for the tribes. Each area of the state has staff serving as ICWA liaisons. The Department's operating procedure, CFOP 175-36, Reports and Services Involving American Indian Children, describes processes to be used by child protective investigators and case managers. The CFOP is located at http://www.dcf.state.fl.us/admin/publications/policies.asp?path=175 Family Safety (CFOP 175-XX).

Discussion with tribal representatives at the National Indian Child Welfare Association conference in April 2014 indicated that the level of awareness about ICWA requirements among child welfare and child investigation field staff could be improved. The Department has reached out to the National Indian Child Welfare Association and Bureau of Indian Affairs for additional collaborative approaches. The Office of Child Welfare (OCW) has plans to increase staff members who attend the national conference in 2015 and beyond. Staff also have taken part in follow-up training conference calls sponsored by NICWA and BIA.

All three tribes are included in the annual statewide Dependency Summit and participate in a statewide court dependency work group. All three tribes have been included in the development of Department policy and guidance documents that support Indian Child Welfare Act compliance. The Memorandum of Agreement (MOA) to

establish protocol for the investigation of allegations of abuse, neglect or abandonment of Native American children who reside on the Seminole Tribe of Florida (STOF) reservation or outside the boundaries of the STOF reservation, but within the state of Florida, was under final review and awaiting signature during April 2014. The MOA also establishes protocol for provision of case management services for families residing both on and outside the boundaries of the STOF reservation.

Pending the signing of the agreement, the Department continues to work in collaboration with the STOF in providing, at their request, child abuse and neglect investigations and certain case management functions on their reservations. The STOF is currently developing a tribal court system. In the interim, dependency court cases resulting from investigations conducted by the Department or its contracted agencies on Seminole reservations are currently heard in Florida's circuit courts.

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

Miccosukee Tribe of Indians of Florida
Dr. John De Gaglia, Director, Social Services Program
Post Office Box 440021
Miami, Florida 33144
Telephone: (305) 223-8380 extension 2267 FAX: (305) 223-1011

Seminole Tribe of Florida
Designated Tribal Agent for ICWA
Attention: Kristi Hill, Family Preservation Administrator
Family Services Department
3006 Josie Billie Avenue
Hollywood, Florida 33024
Telephone: (954) 965-1314 FAX: (954) 965-1304

Additionally, the representative from the Alabama tribe:

Poarch Band of Creek Indians
Carolyn White, ICWA Social Worker, Department of Family Services
5811 Jack Springs Road
Atmore, Alabama 36502
Telephone: (251)368-9136 extension 2602 FAX: (251) 368-0828

As Florida moves ahead, future plans include providing training on Florida's new child welfare practice model to the Seminole Tribe of Florida, and providing co-trainings in collaboration with the STOF to child welfare professionals, the courts, and communities across the state. Such trainings have already been coordinated through the court systems during federal fiscal year 2013. The trainings also will be offered to the Miccosukee Tribe of Florida.

Chapter VII. Florida's Foster and Adoptive Parent Diligent Recruitment Plan

This plan reflects the activities to be conducted over the next five years to ensure that there are foster and adoptive homes that meet the needs of the infants, children, youth, and young adults (including those over the age of 18 who are in foster care) served by the child welfare agency.

Characteristics of children for whom foster and adoptive homes are needed

The Department gathered data about the types of adoptive parent populations who successfully adopted during the last five years and gathered three months of data that describes the available children who do not have identified families and therefore require adoption recruitment efforts.

More than 3,000 children were adopted from foster care during each of the last five years, with approximately 40% being adopted by relative caregivers, 35% by foster parents and 25% by recruited families. Currently, and at any given point in time during the last several years, the number of children available for adoption who require recruitment efforts is 700 to 725 children. Florida Safe Families Network data from January, February, and March 2014 document that the following demographics describe the available children who require recruitment efforts:

- Race: 50% are African American, 45% are Caucasian and 5% are a mix of other races
- Gender: 58% are male and 42% are female
- Age: 9% are 0-8 years of age; 20% are 9-13 years of age and 71% are 13-17 years of age.
- Children with Medical Challenges: approximately 3%(please see the Disabilities Awareness Campaign later in this document)
- Sibling groups being adopted together: 45-50 sibling groups are available at any given point with 90% of them being sibling groups of two
- Length of Time since TPR:
    - 20% have been in care less than 12 months since TPR;
    - 23% have been in care between 12-13 months since TPR;
    - 14% have been in care 24-35 months since TPR and
    - 43% have been in care more than 36 months.

Foster/Adoptive Parent Diligent Recruitment Plan

In order to meet the specific needs of children placed in communities across Florida, the Department will require each of the Community-Based Care lead agencies delivering foster care and adoption services to submit updated descriptions of the characteristics of the children needing families on an annual basis. The goal is to ensure agencies are tailoring their recruitment efforts to meet needs. Based on the Department's recent experience with the initiatives below and on the above data, the Department will focus on recruitment efforts that are child specific and/or targeted.

Major Recruitment Initiatives and Activities

A new 5-year federal grant initiative, The Intelligent Recruitment Project (IRP), is being administered by the Department in partnership with Community Based Care lead agencies, and is expected to demonstrate the impact of using marketing strategies to identify resource families for youth with challenging needs and who may remain in foster care for more than two years. The project will use an intelligence-driven approach to diligent recruitment based on "Intelligent Imagination™" -- a value and behavior based multi-layered strategic marketing process used by many Fortune 500 companies.

IRP's overarching goal is to establish and implement a strategic recruiting process that will permit every child to have a permanent home, with a secondary goal to develop a model site that can provide significant evidence-based programmatic guidance to:

- Develop and Implement a strategic marketing-based model for Diligent Recruitment
- Improve Permanency Planning Options and Outcomes with Diligent Recruitment Programs
- Strengthen training for newly recruited perspective Resource families
- Enhance the pool of perspective resource families to more accurately reflect the out-of-home care population needs.

Project objectives are established with the intent of contributing to a national body of knowledge pertaining to the impact and effectiveness of strategic and targeted marketing efforts within the context of a Diligent Recruitment program. The outcomes of these targeted marketing efforts will be used to revise CBC, regional, and statewide targeted recruitment plans and expected outcomes.

The Department and partners have completed year one, which was the planning year, of this five-year grant. The participating CBCs include:

- Kids Central, Incorporated
- Heartland for Children
- OurKids
- Big Bend Community-Based Care

The recruitment efforts in Florida have three main levels of focus. The individual Community-Based Care lead agencies develop CBC recruitment plans, which drive regional plans, which drive an overall statewide plan. These plans are intended to fulfill specific foster and adoptive home recruitment goals, which are developed in a process further detailed below in the section titled "Foster and Adoptive Home Recruitment Plans." In general, the planning process includes the following activities.

- Specific needs in CBC and regional plans are shared and communicated via the Fostering Florida's Future (FFF)[1] workgroup, which identifies challenges and barriers to recruiting and licensing foster homes.
- The Department then takes identified challenges and barriers and develops proposed solutions, which are submitted back to FFF for review and input.
- Statewide solutions, such as streamlining the relicensing process and implementing quality standards for licensed foster parents, are then implemented. A prime example of this process is the newly implemented Unified Home Study, which reduced the actual home study document from 35 pages to 12, and combined all purposes of home studies into one electronic format that changes parameters depending on type of home study selected.
- FFF members also identify needs for recruiting for certain populations.
    - Disabilities Awareness Campaign – recruitment materials and media plan for recruiting foster and adoptive homes for children with special needs.
    - Homes for Teens – recruitment materials and media plan for recruiting foster and adoptive homes for teens.
    - Longest-waiting Teen – state-led campaign to identify adoptive homes for teens who have been in the Department's care the longest.

Foster and Adoptive Home Recruitment Plans

As mentioned previously, CBC recruitment plans drive regional plans, which drive the statewide plan. Specific foster and adoptive home goals are developed in a process that begins in April-May of each year. For adoptive home recruitment, the Office of Child Welfare Data Reporting Unit develops preliminary recommendations for goals based on prior year out-of-home care information (see Attachment A: Recommended AdoptionTargetsFY-2014-15). Adoption goals are then negotiated by the regions with the local CBCs, taking into consideration such details as judicial characteristics and increases in out-of-home care. The final agreed adoption goals are amended into each CBC's contract.

[1] This group is discussedfurther in the Outreach section below.

Foster home recruitment goals are derived locally using the out-of-home care trends from the prior year. In addition, the Department, CBCs, and Children's Medical Services partner to recruit Medical Foster Homes for children with special medical needs. The Medical Foster Care (MFC) program coordinator is responsible for recruitment activities. These activities are coordinated with the CBC licensing staff. Recruitment is not limited to existing licensed foster homes, but includes activities directed at publicizing the need for MFC parents in the community. Recruitment activities include but are not limited to:

- Attending a Department-approved parent preparation training course "guest night" and sharing about MFC;
- Distributing brochures in the community in various locations, particularly medical facilities;
- Displaying MFC posters in public places;
- Distributing information for public service announcements such as radio, television and newspapers;
- Purchasing billboard announcements;
- Submitting special interest newspaper articles and help wanted ads, and
- Community networking and announcements at community meetings.

Foster home goals will be established by August 1, and are monitored monthly as part of the statewide tracking of foster home licensing. See Attachment B, Counts of Licensed Foster Care Providers and Newly Licensed Providers.

Outreach and Dissemination Strategies

The Department uses new strategies, including internet and social media, and traditional strategies, such as collaborative workgroups, initiatives, and associations, in a broad approach to recruiting and informing potential and active foster/adoptive parents.

Internet and Social Media

The Department hosts or sponsors multiple websites to assist with recruitment including: fosteringflorida.com, adoptflorida.org, qpiflorida.com, jitfl.com, and centerforchildwelfare.fmhi.usf.edu/.

The first two websites, fosteringflorida.com and adoptflorida.org, connect individuals interested in fostering or adopting through the Department to the appropriate local agency that can assist them in beginning the fostering or adoption process. Both sites include anecdotal information from experienced foster or adoptive parents, and give answers to frequently asked questions and dispel common myths that often are barriers to people thinking about fostering or adopting. Fosteringflorida.com is also a link to an

active Department-sponsored workgroup, Fostering Florida's Future, which is described below.

The other two websites, qpiflorida.com and jitfl.com, are training resources specifically designed to meet the in-service training requirements and general training needs of foster parents. Both websites routinely post webinars that have been created for and conducted by actual foster parents in response to needs expressed by the foster and adoptive community in Florida. These sites also both focus on enhancing quality of care for the children, and quality of experience for the parents.

In addition, Community-Based Care (CBC) agencies, case management organizations, and child placing agencies also have websites. Social media links are found on the 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.

Fostering Florida's Future Workgroup

The Fostering Florida's Future Workgroup was initiated in 2012, and is continuing throughout 2014 and beyond. This group is composed of paired foster parents and CBC lead agency staff from each of the 19 circuits in the state. The primary purpose of this group is to share best practices regarding recruitment and retention, and to develop targeted recruitment strategies for special populations, such as teens and children with special needs. In addition, the group works to resolve implementation issues, such as barriers to licensing or home study issues, through sharing trends and concerns. DCF staff facilitates the meetings, and take the group's input to DCF executive leadership for the purpose of effecting policy change. This workgroup will continue throughout the planning period.

Quality Parenting Initiative

To help address retention of foster parents and strengthen the partnership between child placing agencies and foster homes, the 2013 Florida Legislature passed and Governor Rick Scott signed legislative changes[2] in support of the Quality Parenting Initiative (QPI). QPI provides training and strategies to improve child safety, permanency and well-being for children who are placed in Florida's out-of-home care system. It is designed ensure that children are residing in an out-of-home care setting shall be placed with a caregiver who has the ability to care for the child, is willing to accept responsibility for providing care, and is willing and able to learn about and be respectful of the child's culture, religion and ethnicity, special physical or psychological needs, any circumstances unique to the child, and family relationships.

The community-based care lead agency and other agencies provide prospective caregivers with all available information necessary to assist the caregiver in determining whether he or she is able to care appropriately for a particular child. Such careful attention to placement-matching details improves the ability of caregivers to provide the

[2]In Section 409.145, F.S.

right support and parenting to children placed with them. Mentoring and coaching from foster parents to birth parents is encouraged as a "best practice" through QPI trainings. In addition, QPI is also designed to promote the participation and engagement of foster care parents in the planning, case management, and delivery of services for those children that are residing in Florida's out-of-home care system, which increases positive outcomes for children and families. See also the discussion of QPI as an ongoing intervention in Chapter V, Goals and Objectives.

Adoptive Parent Training, Communication, and Organizations

The Department of Children and Families hosts a statewide training opportunity for adoptive parents twice a year, one in January and one in May. The trainings are conducted by nationally recognized adoption experts such as Dr. Denise Goodman, Sue Badeau, Pat O'Brien and Dr. Wayne Dean. Each training contains a general information and question session, conducted by the state's Adoption Policy Specialist.

The Department collaborates with The Florida Association of Heart Galleries to provide general awareness as to the needs of the foster parents, respite, mentors, volunteers and adoptive families.

The Department's Communication Office works closely with foster/adoptive families and child welfare staff throughout the state to support recruitment efforts and to conduct public awareness events. This includes prevention events, legislative session activities, and partnerships with community-based care organizations. Most recently, the Executive Communications Office proposed a new foster and adoptive parent recruitment initiative to target homes for children with special needs. This initiative, DCF's Disabilities Awareness Campaign, will launch in June 2014 as part of the Fostering Florida's Future workgroup. More information about this activity is included under Plan for Action on page 13 below.

The Florida State Foster Adoptive Parent Association (www.floridafapa.org) 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 provides wonderful examples of "real life" examples of foster care/adoption experiences to share with the media and others for recruitment purposes.

The Department collaborates with One to One Child of Florida in the efforts to provide general information and recruitment efforts to Florida Foster and Adoptive community within Florida's Child Welfare community.

Information and Access Strategies

The Department uses and plans to continue use of several different strategies for access to information and services. Some of the strategies are local, based on the needs of the community, while others are statewide strategies.

Local:

- Weekend and after hours training classes.
- Community-based organizations delivering services in multiple locations (churches, neighborhoods, etc.), which helps with transportation issues.
- Providing child care services so that families can attend pre-service and in-service trainings. Individualized study processes when needed.
- Outreach by FSFAPA to local associations and individual parents.
- Designated staff at CBC lead agencies for foster parent liaison work.
- Foster parent mentors (voice of experience).
- Some CBCs conduct site visits when prospective parents inquire. The purpose of the site visit is to answer questions the parents have, and also to do a preview of the home to determine if there are any apparent barriers to becoming a foster or adoptive parent.

Statewide:

- Training available on line.
- Streamlined home study and relicensing processes.
- Quarterly mini-conferences and an annual Educational Conference are sponsored by the Florida State Foster/Adoptive Parent Association (FSFAPA) and supported by the Department and the Florida Coalition for Children.
- Multiple websites for obtaining information, such as Explore Adoption, adoptflorida.org. and its associated Adoption Information Center, 1-800-96ADOPT.

Explore Adoption is a statewide adoption initiative aimed at promoting the benefits of public adoption. Explore Adoption urges families to consider creating or expanding their families by adopting a child who is older, has special needs, or is a 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 many stories of families who have enriched their lives by adopting Florida's children. Since the beginning of Governor Scott's administration, Florida has reduced the number of children available for adoption without an identified family from 850 to 750 on any given day. This can be tied to several initiatives:

- diligent training efforts from the state Office of Child Welfare with adoption specialists across the state;

- identification of a system setting in Florida's SACWIS system that was preventing posting of some siblings; and
- increased coordination with Heart Galleries to post children simultaneously on both the Heart Gallery and Department websites.

Training for Diverse Community Connection

The Department is committed to diversity in community connections and will continue to employ strategies such as:

- Online training resources available at the Department's child welfare portal, Center for Child Welfare:

- DCF will continue to host the Child Protection Summit annually – this comprehensive conference has plans to include annual 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 Florida Coalition for Children also hosts an annual training conference – another potential resource for diversity training.
- The Adoption Information Center and the Department will host statewide in-service adoption trainings, one in January and one in May. 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.

Florida's child welfare pre-service curriculum is being redesigned. Our new practice model, which is the foundation for the new pre-service curricula, describes engagement in the following way:

- Build rapport and trust with the family and people who know and support the family.
- Empower family members by seeking information about their strengths, resources and proposed solutions.
- Demonstrate respect for the family as the family exists in its social network, community and culture.

Because the new pre-service curricula is based on the key practices outlined in our model, the themes of relationship-building, respect for the family, and understanding the

family's culture are woven throughout the curricula. Also, there is discussion about personal bias and understanding its impact on the work of the child welfare professional. Presenting these themes to child welfare professionals at the beginning of their employment with the Department sets a tone of respect and appreciation for all individuals involved in the child welfare system. It will increase employee awareness of foster parents as partners and professionals, thereby enhancing communications and relationships and improving recruitment and retention of valued members of our system of care. The adoption track of Florida's new pre-service curriculum is derived from the National Child Welfare Resource Center for Adoption's: Adoption Competency Curriculum.

In addition to "culture" being woven throughout, the new pre-service "core curriculum" contains the following in module 4:

"Unit 4.2: The Impact of Family Dynamics and Culture on Family Functioning

- The purpose of this unit is to introduce to participants the concepts of family dynamics and culture. During this segment, participants will understand family dynamics and cultural characteristics, and will be provided opportunities to evaluate these elements through a scenario-based activity, and explain the dynamic they observe. This understanding helps participants approach their child welfare work with the ability to discriminate among healthy and unhealthy family dynamics and cultural issues."

Again, changing the focus of pre-service training will emphasize to new child welfare professionals that respect and appreciation for differing family dynamics allows for meaningful engagement. Engaging families will allow workers to address to the symptoms that cause these families to become involved with Florida's system of care.

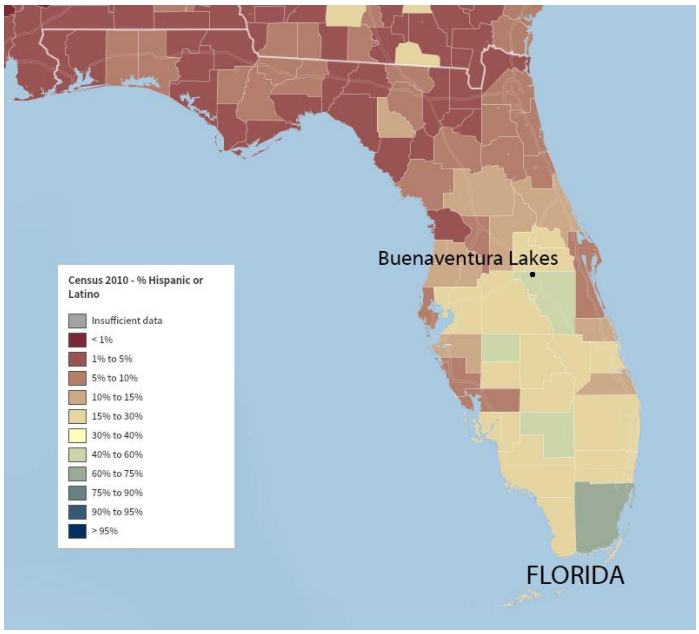
Strategies for dealing with barriers to communication

One strategy the Department will continue to use in order to address linguistic barriers is hiring staff from diverse backgrounds to ensure native speakers of Spanish, Creole, and other languages are available. Child welfare materials have been requested and produced in Spanish and Creole, the two languages most used by families involved with the Department. In addition, interpreter services are available for purchase as needed. The chart below represents the primary languages spoken in Florida:

RANK	LANGUAGE	SPEAKERS
1	English	11,569,740
2	Spanish	2,476,500
3	French Creole	208,485
4	French	125,445
5	German	89,575
6	Italian	67,255
7	Portuguese	54,710
8	Tasalog	38,440
9	Arabic	32,420
10	Vietnamese	30,960

Source: Communicaid, http://www.communicaidinc.com/a-42-florida.php

Some areas of the state provide foster and/or adoption preparation classes in Spanish. The need for Spanish materials is greatest in areas south of Orlando, as indicated by the percentages of Hispanic or Latino populations in the map below.



(Source: 2010 U.S. Census).

In addition, providers have created some and are working to create more materials in French-Creole.

However, linguistic barriers are not limited to the language spoken by a family. These barriers also can be hearing or speech limitations. The Department is partnering with Health and Human Services on an Advisory Committee for the Deaf and Hard of

Hearing (DHH) to make improvements in the following areas, based on the committee's recommendations:

- Recruiting foster parents who are DHH or who can sign;
- Placing children in foster homes with parents who are DHH or who can sign, when appropriate;
- Ensuring caregivers who have a DHH placed in their homes receive appropriate aids and services; and
- Improving foster parent training as it relates to services to those who are DHH.

The Department met with the DHH Advisory Committee on May 1, 2014, and has two more meetings scheduled during 2014 to further implement these recommendations.

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 an adoption home study to expedite the process. If a family chooses to go to an outside agency that can conduct adoptive home studies because they do not want to wait, they can choose to do so. Chapter 65C-16, Florida Administrative Code, determines in the order in which home studies are to be completed. The cost for securing a home study by this method ranges from $500 to $1500, depending on whether the family also attends adoptive parent pre-service classes and whether the individual completing the home study is a licensed practitioner, or attached to a licensed child placing agency.
- Florida Administrative Code 65C-15.010 governs "Finances" for child-placing agencies and provides a structure to ensure fees are based on reasonable costs and are non-discriminatory.

Timely Search and Placement

The Department, in collaboration with the Casey Family Programs, will continue the Permanency Roundtable approach in seven sites and during the next five years. Training and mentoring by Casey Family Programs will be provided for staff and stakeholders at each new site with a designated lead and facilitator identified by the new Community Based Care Agency. To ensure fidelity of the model, a monitoring component will be implemented. Each new Community Based Care Agency will be required to begin their Permanency Roundtable implementation with a comprehensive review of all children who have an APPLA goal and children who have been

permanently committed to the Department for more than 12 months. The goal is to implement the Permanency Roundtables statewide. Each year, one to two Community Based Care lead agencies will develop an implementation plan that begins with a training plan and identification of one staff person from an experienced Community Based Care Agency being assigned as a mentor. For additional information refer to Chapter V under local permanency initiatives.

In addition, the Department's attorneys with Children's Legal Services, in collaboration with Casey Family Programs, will continue the "Cold Case" initiative and research cases that involve children who have been in care for three or more years.

All children available for adoption and who have no identified family must be, according to Florida statute, on the statewide website with a photo and narrative within 30 days of TPR. In addition, the national photo listings at adoption.com, adoptuskids.com 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 our foster children by engaging local churches across Florida. The focus of One Church One Child is to continually reach out to the African American community. African American children represent about half (40 – 50%) of the available children awaiting adoption. In addition, One Church One Child provides education and outreach about the adoption process in the church community. This outreach is primarily to provide public awareness, support children in need of a permanent family, support foster/adoptive families, and keep the community involved and engaged. It is difficult to quantify the number of adults who become mentors, foster or adoptive parents or supportive adults to someone in their church due to the time spans between outreach, response and training.

Additional child specific recruitment efforts will be conducted for National Adoption Month in November and 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 the statewide website at www.adoptflorida.org. 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. During February, only videos of the African American available children will be shown. These recruitment efforts have resulted in increased numbers of inquiries to the Department's Adoption Information Center, 1-800-96ADOPT.

The statewide Association of Heart Galleries completes annual child specific recruitment initiatives for 30 days and the event generate numerous inquiries and interest to our 1-800 number.

Currently, the Dave Thomas Foundation's Wendy's Wonderful Kids program has Wendy's recruiters in eight Community Based Care Agencies. The Department, in collaboration with Wendy's Wonderful Kids, will present at the statewide adoption meeting in May 2014.

The Department's Adoption Specialist will collaborate with the staff of Children's Medical Services and establish a written protocol that will establish that local Heart Gallery photos and videos of children with medical challenges can be on display in the CMS waiting rooms where the caregivers of children with similar medical issues congregate. This is an excellent target audience for our children with medical challenges.

Plan for Action

Adoption

1. The Department, in collaboration with the Casey Family Programs, will engage at least one new Community Based Care Agency each year to join the Permanency Roundtable Project. Beginning in 2015, one to two CBCs will be implementing Permanency Roundtables each year.

2. Once a month, the Department will continue to pull information from Florida's statewide website to update the information about Florida's children on the national website, adoption.com. The information includes photo, age and web memo narrative for each child/sibling. This is an opportunity for Florida's children to be shown on another national website for recruitment (not analytic).

3. The Department's Adoption Specialist will continue to conduct a monthly monitoring of the children who are available without an identified family, according to FSFN, and are not on the statewide website. The Adoption Specialist will also communicate with the adoption specialist of each Community Based Care agency about the accuracy of the website.

4. The Department will continue to assess increasing the tasks required in the contract for One Church One Child. For the upcoming year, the tasks will be increased to include:

- Recruitment and referral of 100 families to complete adoptive parent training
- Enrollment of 88 partner churches to assist with adoptive parent recruitment
- Six statewide educational presentations with churches about recruitment.

5. The statewide Association of Heart Galleries has a goal for the next five years to establish one or two annual child specific recruitment initiatives, especially a Heart Gallery display on the 22nd floor of the State Capital building, a well-trafficked area, to kick-off National Adoption Month. The plan will engage all fifteen Heart Galleries. In addition, the statewide Association will develop an action plan to assist the local Heart Galleries disseminate and publicize the videos that are currently available on the 15 individual websites.

6. The Department's Adoption Specialist and the Wendy's Wonderful Kids Director will establish an action plan to engage more CBCs, with a focus on the need for Wendy's

recruiters in the larger Florida counties. The goal will be to obtain at least one new Wendy recruiter per year for each of the five years.

7. The Department's Adoption Specialist will collaborate with the staff of Children's Medical Services (CMS) to ensure that at least one CMS office per CBC displays local Heart Gallery photos and videos of children with medical challenges in the CMS waiting rooms. The Department will start this collaboration in one of our major metropolitan areas in July 2014.

Fostering

1. The Department will continue its bi-monthly Fostering Florida's Future meetings in order to continue identify "best practices" in and barriers to foster parent recruitment and retention.

2. As part of the Fostering Florida's Future workgroup, the Department will add (in June 2014) a Disabilities Awareness Campaign aimed at recruiting foster and adoptive homes for children who have a disability or special medical need. Details of this campaign are included below.

3. Work collaboratively with Community-Based Care lead agencies and Department's Regional Managing Directors to establish foster home and adoption goals for each CBC that are consistent with the predictive analytics in each local geographic region it serves.

4. Continue to send monthly data on newly licensed foster homes to the CBCs and Department leadership, and to the Governor's office for him to send a personal letter of appreciation.

5. Incorporate recommendations from the Re-Licensing Workgroup in order to reduce redundancy for foster parents going through re-licensing, thereby improving retention.

6. Implement the process for licensing specialists to conduct home health environmental inspections, eliminating the need to wait on local health Departments and reducing the time to obtain licensure.

7. Continue making changes to Florida's administrative rule for foster home licensing to further reduce barriers and unnecessary regulatory processes.

8. Florida's Disabilities Awareness Campaign: There's a Special Need for your Heart

Currently, more than 800 children in Florida's foster care system are diagnosed with a disability and are living in a group care setting. DCF and its Community Based Care partners want to reduce the number of children in group care by encouraging more families to foster and adopt children in foster care with special needs. Given the chance to live in a loving, nurturing home with a foster or adoptive family, these children often thrive and can achieve their maximum potential.

Foster/Adoptive Parent Diligent Recruitment Plan

In February 2014, the Department hosted a "call to collaboration" meeting of foster and adoptive parents, along with more than 40 stakeholders across the state, to begin discussions about how we can all work together to encourage more families to foster and adopt children in foster care with special needs. Participants included CBCs, Guardian ad Litem, Agency for Persons with Disabilities, Department of Education, Children's Medical Services, Family Café, Gretchen Everhart, Developmental Disabilities Council, and ARC of Florida. Next steps for this initiative are to:

- Identify a statewide spokesperson, or "spokesfamily," who can bring a voice to the need for more foster and adoptive parents of children in foster care with special needs.
- Design a Process Map that serves as a guide to prospective parents interested in fostering or adopting a child (or children) in foster care with special needs.
- Reconvene the Call for Collaboration group.
- Convene a Focus Group during the Family Café event scheduled for June 6-8, 2014.
- Share/Collect Best Practices from CBCs and providers on recruitment and parent support efforts that are successful.

Attachment A.

Comment [A1]: • Pg 16 – how determine 75% to be reached?
KP: title not correct; deleted
• . Pg 16 – is it adoption targets or adoptive home targets?
KP: Adoption targets - # finalized adoptions
Kristi/Kathy

Recommended Adoption Targets for FY 2014-15

	Children in Out-of-Home Care on April 30, 2014 [1]				Recommended FY 2014-15Targets, Based on Proportion of Each Group			Recommended FY 2014-15 Targets Compared to 5/1/13 - 4/30/14	
Lead Agency	All Children in Out-of-Home Care >12 Months	All Children in Out-of-Home Care <12 Months	All Children in Out-of-Home Care	Percent in Care Over 12 Months	Adoptions from Children in Out-of-Home Care >12 Months	Adoptions from Children in Out-of-Home Care <12 Months	Total	Actual 5/1/13 - 4/30/14 Finalizations Credited [2]	Target Increase or Decrease over Actual 5/1/13 - 4/30/14
Families First Network	355	593	948	37.4%	126	52	**178**	274	-53.9%
Big Bend Community Based Care	311	392	703	44.2%	110	34	**144**	134	6.9%
Partnership for Strong Families	178	457	635	28.0%	63	40	**103**	136	-32.0%
Family Support Services North Fla	209	602	811	25.8%	74	53	**127**	220	-73.2%
Kids First of Florida, Inc.	67	126	193	34.7%	24	11	**35**	44	-25.7%
Community Partnership for Children	311	336	647	48.1%	110	30	**140**	189	-35.0%
Family Integrity Program	27	68	95	28.4%	10	6	**16**	37	-131.3%
Eckerd Community Alternatives	678	946	1,624	41.7%	240	83	**323**	374	-15.8%
Eckerd Community Hillsborough	738	990	1,728	42.7%	261	87	**348**	231	33.6%
Sarasota Y/Safe Children Coalition	296	361	657	45.1%	105	32	**137**	116	15.3%
Children's Network of SW Florida	421	687	1,108	38.0%	149	60	**209**	139	33.5%
Kids Central, Inc.	343	670	1,013	33.9%	121	59	**180**	155	13.9%
Community Based Care Central Fla Seminole	115	137	252	45.6%	41	12	**53**	21	60.4%
Community Based Care Central Fla Orange-Osceola	512	625	1,137	45.0%	181	55	**236**	186	21.2%
Heartland For Children	408	573	981	41.6%	144	50	**194**	122	37.1%
Brevard Family Partnership	213	286	499	42.7%	75	25	**100**	77	23.0%
Devereux Families Inc.	335	312	647	51.8%	119	27	**146**	97	33.6%
ChildNet Palm Beach	346	791	1,137	30.4%	122	70	**192**	120	37.5%
ChildNet Broward	721	1,083	1,804	40.0%	255	95	**350**	139	60.3%
Our Kids of Miami-Dade/Monroe	805	1,154	1,959	41.1%	285	102	**387**	253	34.6%
Statewide	**7,389**	**11,189**	**18,578**	**39.8%**	**2,615**	**983**	**3,598**	**3,064**	**14.8%**

Sources:

[1] FSFN Report, "Children in Out-of-Home Care by Time in Care," as of 4/30/2014, run 5/9/2014

[2] Florida Safe Families Network Data Repository as of June 2, 2014

Attachment B.

SFY 2013-14 YTD Counts of Licensed Foster Care Providers and Newly Licensed Providers

Number of Licensed Foster Care Providers Statewide & Turnover

Number licensed on 6/30/2013	4388
Number licensed on 6/18/2014	4657
Number licensed on 6/30/2013, not licensed on 6/18/2014	1076
Number licensed on 6/18/2014, not licensed on 6/30/2013	1345
Number 'newly licensed' between 7/01/2013 and 6/18/2014 *	1386

* Note: does not include providers who were 'newly licensed' but their license start dates are after 6/18/2014
Note: The number licensed on 6/30/2013 may change slightly with each weekly update due to data entry lags.

Number of Licensed Foster Care Providers, by Region

CBC	6/30/2013	6/18/2014	Number licensed on 6/30/2013, not licensed on 6/18/2014	Net Change
Central	689	776	150	87
Northeast	673	719	173	46
Northwest	485	483	135	-2
Southeast	751	861	179	110
Southern	404	390	97	-14
Suncoast	1363	1412	331	49
Unknown	23	16	11	-7
Total	**4388**	**4657**	**1076**	**269**

Number of Licensed Foster Care Providers, by CBC

CBC	6/30/2013	6/18/2014	Number licensed on 6/30/2013, not licensed on 6/18/2014	Net Change
Big Bend CBC East	105	101	31	-4
Big Bend CBC West	82	86	21	4
CBC of Brevard	103	118	18	15
CBC of Central Florida	213	224	54	0
CBC of Central Florida (Seminole)	66	80	8	14
ChildNet Inc	439	507	110	68
ChildNet Palm Beach	205	259	38	54
Children's Network of SW Florida, Inc.	290	342	69	52
Community Partnership for Children	187	195	49	8
Devereux CBC	107	95	31	-12
Eckerd Community Hillsborough	461	446	113	-15
Eckerd Youth Alternatives Inc	434	459	100	25
Families First Network	298	296	83	-2
Family Support Services of North Florida	295	315	66	20
Heartland for Children	152	172	35	20
Kids Central, Inc.	155	182	35	27
Kids First of Florida Inc	45	60	9	15
Our Kids of Miami-Dade/Monroe, Inc.	404	390	97	-14
Partnership for Strong Families	112	115	37	3
Sarasota Family YMCA, Inc.	178	165	49	-13
St. Johns County Board of County Commissioners	34	34	12	0
Unknown	23	16	11	-7
Total	**4388**	**4657**	**1076**	**269**

Foster/Adoptive Parent Diligent Recruitment Plan

Number 'newly licensed' between 7/01/2013 and 6/18/2014, by Region

CBC	Number of Newly Licensed Foster Homes	Total Bed Capacity of Newly Licensed Foster Homes	Number of Newly Licensed Foster Homes with a New Placement After Licensure**	Number of Children Placed with Newly Licensed Foster Homes After Licensure**	Percent of Newly Licensed Providers with a New Placement Since Licensed
Central	245	470	175	510	71%
Northeast	225	429	164	399	73%
Northwest	145	281	104	285	72%
Southeast	293	470	236	558	81%
Southern	84	158	62	211	74%
Suncoast	390	633	297	853	76%
Unknown	4	8	4	11	100%
Total	**1386**	**2449**	**1042**	**2827**	**75%**

** Note: A child is not counted as newly placed with a provider if the child had been placed with the provider (in an unlicensed placement) prior to licensure.

Foster/Adoptive Parent Diligent Recruitment Plan

Number 'newly licensed' between 7/01/2013 and 6/18/2014, by CBC

CBC	Number of Newly Licensed Foster Homes	Total Bed Capacity of Newly Licensed Foster Homes	Number of Newly Licensed Foster Homes with a New Placement After Licensure**	Number of Children Placed with Newly Licensed Foster Homes After Licensure**	Percent of Newly Licensed Providers with a New Placement Since Licensed
Big Bend CBC East	29	48	16	31	55%
Big Bend CBC West	32	69	29	70	91%
CBC of Brevard	35	80	27	72	77%
CBC of Central Florida	66	103	45	123	68%
CBC of Central Florida (Seminole)	23	44	18	34	78%
ChildNet Inc	180	304	152	345	84%
ChildNet Palm Beach	93	140	70	154	75%
Children's Network of SW Florida, Inc.	125	230	93	349	74%
Community Partnership for Children	60	110	42	106	70%
Devereux CBC	20	26	14	59	70%
Eckerd Community Hillsborough	102	150	84	229	82%
Eckerd Youth Alternatives Inc	127	193	95	217	75%
Families First Network	84	164	59	184	70%
Family Support Services of North Florida	87	172	69	178	79%
Heartland for Children	58	106	41	129	71%
Kids Central, Inc.	63	137	44	152	70%
Kids First of Florida Inc	26	54	17	28	65%
Our Kids of Miami-Dade/Monroe, Inc.	84	158	62	211	74%
Partnership for Strong Families	40	73	27	69	68%
Sarasota Family YMCA, Inc.	36	60	25	58	69%
St. Johns County Board of County Commissioners	12	20	9	18	75%
Unknown	4	8	4	11	100%
Total	**1386**	**2449**	**1042**	**2827**	**75%**

SFY 2013-14 YTD Counts of Licensed Foster Care Providers and Newly Licensed Providers

The counts are for traditional and therapeutic family foster homes.

"Newly Licensed" is defined as: a) the provider was licensed during the period but was not licensed at the start of the period (6/30/2013) and b) had a gap of over 90 days since their prior license ended or had not been licensed after 8/09/2009 (when FSFN's licensing module went live.) This does not take into account whether the provider remains licensed through the end of the period.

All providers who are newly licensed in the period are counted, including providers who switched from being unlicensed relative/non-relative caregivers to being licensed caregivers.

Due to differences in definitions and attrition of the newly licensed providers, the number of "newly licensed" providers is not the same as the number of providers licensed at the end of the period who weren't licensed at the beginning of the period.

A child is not counted as newly placed with a provider if the child had been placed with the provider (in an unlicensed placement) prior to licensure.

Source: ad hoc analysis of FSFN data.

Run date:	6/19/2014
Report Period Start Date:	7/1/2013
Report Period End Date:	6/18/2014

Chapter VIII. Florida's Health Care Oversight and Coordination Plan

This Plan is intended to support success in wellbeing outcomes for children and youth in foster care. Title IV-B funding for programs was reauthorized by Congress and PL 112-34, the Child and Family Services Improvement and Innovation Act, was signed into law by the President on September 30, 2011. Among other requirements, the new law required the state to include, as part of the plan for ongoing oversight and coordination of health care services for children in foster care, 1) how the state will monitor and treat emotional trauma associated with a child's maltreatment and removal, and 2) protocols for the appropriate use and monitoring of psychotropic medications.

Florida recognizes the importance of a coordinated oversight and monitoring system of wellbeing for children in out-of-home care. Florida will continue to improve its system for screening, assessment, referral, monitoring and treatment of emotional trauma, behavioral health and other health care needs through the coordination of a direct partnership with the State title XIX Medicaid agency, known in Florida as the Agency for Health Care Administration (AHCA), physicians, tribes, and other state agencies as necessary. This plan is addresses the following areas:

- Lessons Learned
- Continuity of Care and Coordination of Services
    - Health Care
    - Behavioral Health Care
- Schedule for Initial and Follow-Up Health Care Screenings
    - Physical Health Assessment
    - Child Protection Team Assessment
    - Comprehensive Behavioral Health Assessment
- Monitoring and Treating Identified Health Needs, Including Emotional Trauma
    - Monitoring by the Florida Agency for Health Care Administration
    - Psychotropic Medication Monitoring and Oversight
    - Other Health Care Monitoring and Oversight
    - Trauma Informed Care
- Continuity of Health Care with the Option of a Medical Home

- Health Care Transition Planning for Youth Aging Out of Foster Care

Lessons Learned

Florida, like many states, has struggled with the continuity of and integration of health care and behavioral health care services. The limited number of providers willing to accept Medicaid has had an impact. To address the need for integration of services and continuity of care, the Department needed a Specialty Plan for Child Welfare that would ensure full integration of health and behavioral health care. This was critical to ensuring continuity of care, greater provider access, and enhanced care coordination for the child welfare population.

The opportunity for a Child Welfare Specialty Plan arose in 2011 when the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing AHCA to create the Statewide Medicaid Managed Care (SMMC) program. The Department collaborated with AHCA to draft requirements for a specialty plan for children in the child welfare system that would address their special needs. In September 2013, AHCA awarded the Child Welfare Specialty Plan to Sunshine Health; a Florida based health maintenance organization (HMO). Children's Medical Services (CMS) will continue as the statewide-managed care plan for children with special healthcare needs. Children currently enrolled in Title XXI CMS will transition to the Title XIX CMS statewide plan on August 1, 2014, if the family income is under 133% of the federal poverty level. By September 2014, all Medicaid beneficiaries will be moved into managed care.

Although all families have the right to choose their managed care plan, the majority of children in out-of-home care will be served by Sunshine Healthcare Plan, which is the Medicaid primary health insurance plan for child welfare. This plan ensures CBC lead agencies, case management, parents, and foster parents are actively involved in health care and behavioral health provider and service decisions. Sunshine Health is required to:

- Develop and maintain provider/physician networks
- Develop and maintain behavioral provider/practitioner networks
- Authorize health care treatment and pay claims
- Authorize behavioral health treatment and pay claims
- Provide medication management
- Operate call centers and help line (e.g., Nurse Wise)
- Perform quality assurance

The Medicaid primary insurance plan for child welfare will roll out by region beginning May 1, 2014 with full roll out by September 2014.

Continuity of Care and Coordination of Services

Health Care

Families involved in child welfare must interact with multiple service delivery systems, each with its own paperwork requirements, case plans, and eligibility requirements. The integration and coordination between multiple systems is critical to ensuring the continuity of care for children in foster care. The need for greater service coordination and systems integration has become more critical as the number of families with issues linked with substance abuse and domestic violence has grown. In addition to making the system more navigable for families, greater integration allows for greater information sharing across systems, which in turn allows agencies to coordinate their efforts and to tailor services to meet unique family and child needs.

Care coordination is critical to executing agency services and ensuring effective, frequent communication and collaboration between foster care agencies (via health care management and caseworkers), birth families, foster families, and primary care physicians. The Medicaid contract for the Child Welfare Specialty Plan includes the following requirements:

1. The Child Welfare Specialty Plan Managed Care Provider shall provide care coordination and case management to enrollees appropriate to the needs of child welfare recipients. The Specialty Plan shall develop, implement and maintain an Agency-approved care coordination/case management program specific to a child welfare specialty population.

2. The Child Welfare Specialty Plan Managed Care Provider shall submit a care coordination/case management program description annually to the state Medicaid Agency, at a date specified by the Agency. The care coordination/case management program description shall, at a minimum, address:

    a) The organization of care coordination/case management staff, including the role of qualified and trained nursing, social work and behavioral health personnel in case management processes;

    b) Maximum caseload for case managers with an adequate number of qualified and trained case managers to meet the needs of enrollees;

    c) Case manager selection and assignment, including protocols to ensure newly enrolled enrollees are assigned to a case manager immediately;

    d) Protocols for initial contact with enrollees, as well as requirements for the frequency and type of ongoing minimum contacts with enrollees;

e) Surrogate decision-making, including protocols If the enrollee is not capable of making his/her own decisions, but does not have a legal representative or authorized representative available;

f) Outreach programs that make a reasonable effort to locate and/or re-engage enrollees who have been lost to follow-up care for ninety (90) calendar days or more;

g) Enrollee access to case managers, including provisions for access to back-up case managers as needed;

h) Assessment and reassessment of the acuity level and service needs of each enrollee;

i) Care planning for trauma-informed care that is tailored to the individual enrollee;

j) Coordination of care through all levels of practitioner care (primary care to specialist);

k) Monitoring compliance with scheduled appointments, laboratory results and medication adherence;

l) Coordination with and referrals to providers of behavioral health services for enrollees with co-occurring mental health and/or substance abuse disorders;

m) Interventions to avoid unnecessary use emergency rooms, inpatient care, and other acute care services;

n) Patient education to assist enrollees in better management of their health issues and the effect of trauma; and

o) Linking enrollees to community or other support services.

3. The Child Welfare Specialty Plan Managed Care Provider shall coordinate services with the CBCs, DCF, as well as other public or private organizations that provide services to dependent children and their families to ensure effective program coordination and no duplication of services. The Specialty Plan's care coordination/case management program description must include protocols and other mechanisms for accomplishing such program coordination. The Specialty Plan shall collaborate with the Agency and DCF to develop such protocols and other mechanisms as may be required for effective program coordination.

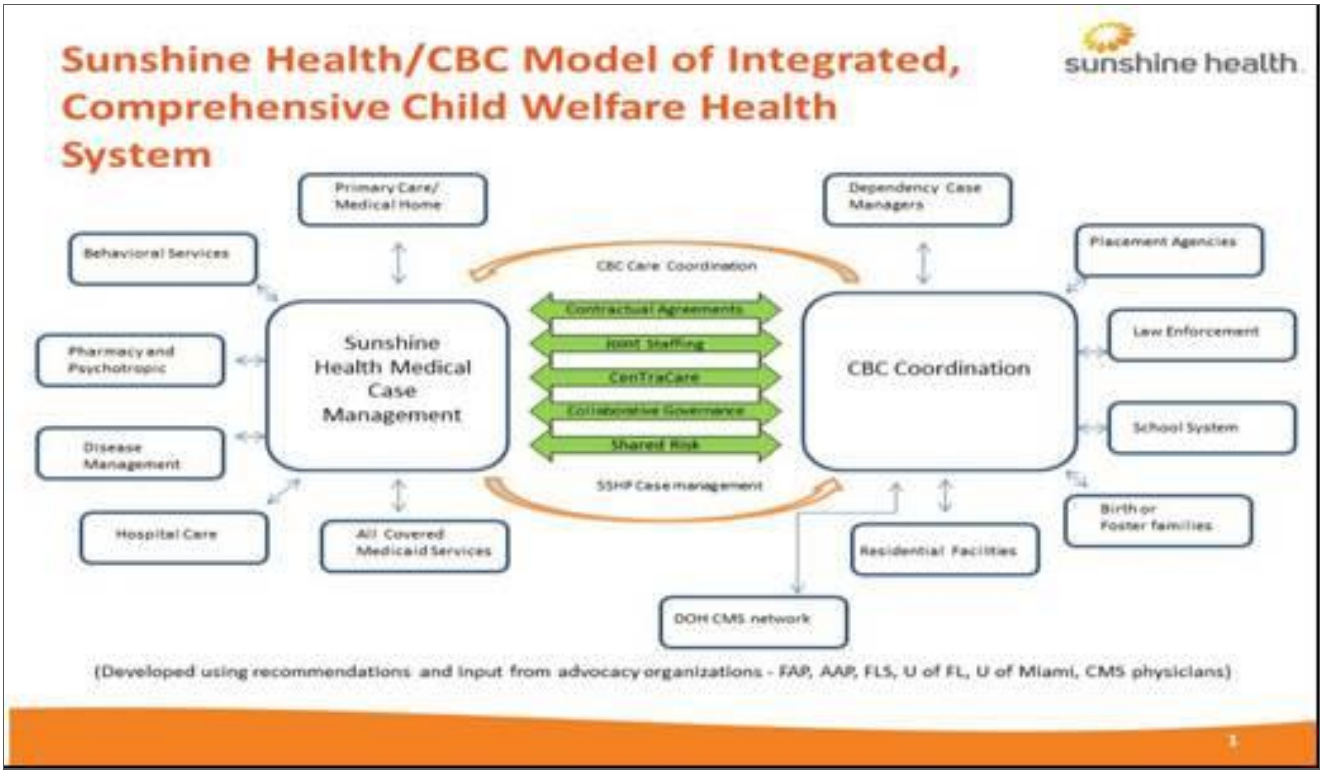
To address these requirements Sunshine Health has subcontracted with CBC Integrated Health, LLC, to ensure coordination of care with the child welfare Community Based Care lead agencies (CBCs). CBC Integrated Health will serve as the integrator of medical and behavioral health services including integrated quality assurance activities. Through the partnership with CBC Integrated Health, CBCs have access to

regional plan coordinators and health and behavioral health specialists. CBCs will receive funds to hire, contract, or maintain existing nurse care coordinators and behavioral health care coordinators. Additionally, there will be centralized technology and data services for CBCs that includes:

- Access to children's electronic health passport.
- Access to data and reporting from the data warehouse, which integrates health, behavioral, and FSFN data.
- Access to web applications for streamlined data collection and reporting.

The Florida Child Welfare Specialty Plan model was developed using recommendations and input from advocacy organizations including the Florida Academy of Pediatrics, American Academy of Pediatrics, Florida Legal Services, University of Florida, University of Miami, and Children's Medical Services physicians. Creating a Child Welfare Specialty Plan within a designated HMO will result in improved care coordination, continuity of care and better health outcomes for children in the child welfare system. CBCs will have access to Medicaid claims information and nurse care coordinators and behavioral health care coordinators will monitor and track appointments to ensure children receive required health and behavioral health assessments and services. Figure 1 illustrates the integrated approach of the Medicaid primary health insurance plan.

Figure 1. Sunshine Health Integrated Model



Sunshine Health has established a Child Welfare Advisory Council (CWAC) to obtain ongoing input from Florida stakeholders to help guide the implementation of the Child Welfare Specialty Plan and suggest improvement activities. The purpose of the CWAC is to provide advice to Sunshine Health to ensure that children in the Child Welfare system receive the medical and behavioral health care services they need in an expedited and coordinated manner and that these services are available no matter where the children relocate in the state.

The CWAC will be comprised of authorized representatives from the foster care community, representatives of CBCs, behavioral health and physical health providers, as well as the Chief Medical Officer, Senior VP of Health Services, VP of Child Welfare and Behavioral Health Medical Director. Sunshine Health's panel of Child Welfare experts will facilitate the perspective of enrollees and authorized representatives on the quality of care and services delivered by the Child Welfare Specialty Plan. They will review performance trends and goals and recommend opportunities for improvement. In addition to Sunshine Health executive leadership, the CWAC includes the following:

- Alan Abramowitz, Director, Florida Guardian Ad Litem Program
- Glen Casel, CEO, CBCs of Central Florida
- Kara Elliott-Jordan, Foster Care Parent
- Jeff Goldhagen, M.D., Chief, Division of Community and Societal Pediatrics, University of Florida
- Julia St. Petery, M.D., Medical Director, Tallahassee Pediatric Foundation
- Mimi Graham, Ph.D., Director, Center for Prevention and Early Intervention Policy, Florida State University
- Gwen Wurm, M.D., Medical Director, Miami Children's Hospital
- Rex Northup, M.D., Medical Director, Florida Panhandle Pediatric Foundation
- Joe Rogers, COO, ChildNet Board of Directors &member of the Pediatrics Association
- Robin Rosenberg, Deputy Director, Florida Children's First
- Jennifer Takagishi, M.D., Medical Director, Children's Medical Services

Behavioral Health Care

The continuity of care and case coordination for behavioral health care services is another area that needs improvement. Case reviews many times note an abundance of services being provided to a child and family but no coordination of services or

communication between service providers. The Department's Substance Abuse and Mental Health (SAMH) Program Office has made the integration of child welfare services and SAMH services a priority in their 2014-2016 strategic plan. The SAMH Program will provide content expertise on prescription drug treatment and prevention, Family Intervention Specialists (FIS), and child welfare issues related to substance abuse and mental health. The SAMH Program is also partnering with the Florida Alcohol and Drug Abuse Association to develop and deliver seven webinars to train Child Protective investigators and Family Intervention IS staff in the recognition and assessment of behavioral health disorders.

A critical part of the child welfare/behavioral health integration process is the role of FIS. As appropriate, child welfare policies and procedures have been revised to include the FIS services. Further, FIS protocols have been developed which delineate the service delivery process to this population. It is significant to note that FIS are co-located with the child welfare staff to promote communication, easy access and improved continuity of care.

Another behavioral health initiative that affects child welfare is the implementation of Managing Entities within the Substance Abuse and Mental Health program. The Department contracts for behavioral health services through regional systems of care called Managing Entities (MEs). These entities do not provide direct services; rather, they allow the Department's funding to be tailored to the specific behavioral health needs in the various regions of the State. There are seven Managing Entities that "develop, implement, administer, and monitor a behavioral health Safety Net" throughout the state.

In Circuit 1, monthly county-specific "Integration Meetings" are facilitated by the Circuit 1 Managing Entity (ME), Access Behavioral Health, to identify and resolve issues and improve communication among system stakeholders. These meetings routinely include stakeholders from both systems. Additionally, Circuits 2 and 14 have an ongoing relationship with the local Community-Based Care Provider. Additionally noteworthy to mention is the fact that in Circuit 14, a project with the National Center for Substance Abuse and Child Welfare (NCSACW) has been implemented which focuses on integration with Community-Based Care and SAMH. This project further strengthens the integration process between child welfare and behavioral health services.

The Department's Substance Abuse and Mental Health Program Office (SAMH) applied for and received a System of Care (SOC) Expansion Grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The goals of the SAMHSA grant are to:

1. Improve the behavioral health outcomes of children and youth with serious emotional disturbances and their families

2. Support a broad-scale implementation of the SOC Expansion strategic plan

3. Expand and integrate systems of care through the creation of sustainable infrastructures and access to community based services and supports that enable children with behavioral health challenges to function better at home, in school, in the community, and throughout life.

To ensure integration, child welfare practitioners will participate with other child serving agencies, organizations, advocates and family members on the Children's Mental Health System of Care Expansion Implementation Core Advisory Team. The role of this team is to shape the strategies that pave the way for implementation of the SOC approach. Specific points of integration include:

- Assessment, screening and early intervention for very young children and their parents through integration with primary care;
- Working with Medicaid to include services that support the SOC approach such as Wraparound, respite, mobile crisis, and family (peer) support; and
- Blend or braid funding streams for supports and services not funded through Medicaid and common trainings.

In September 2012, the Department was awarded a Substance Abuse and Mental Health Association's (SAMHSA) Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grant. The pilot site for this initiative will be used to promote the health and well-being of children from birth to age 8. The primary goal is to ensure children are developmentally on track when they enter school. Project LAUNCH's Five Core Strategies are:

1. Screening and assessment in a range of child-serving settings;
2. Integration of behavioral health into primary care settings;
3. Mental health consultation in early care and education;
4. Family strengthening and parent skills training; and
5. Enhanced home visiting through increased focus on social and emotional well-being.

Additional details about Project LAUNCH are located in Chapter V, Goals and Objectives.

Schedule for Initial and Follow-Up Health Screenings

Physical Health Assessment

There are a number of statutory and administrative code requirements that establish the policy for, and provide the direction of, medical care services for children in out of home care. Florida Statute (s. 39.407, F.S.) and Florida Administrative Code (59G-4.080-Child

Health Check-up, 65C-29.008 -Initial Health Care Assessment and Medical Examination of Children alleged to be abused, neglected or abandoned, and 65C-28.003-Medical Treatment) govern Health Care Services within the Child Welfare System.

Section 39.407, Florida Statutes, authorizes the Department to provide medical screenings and follow up treatment for children removed from their homes and maintained in out-of-home placements. The Department utilizes two health care screening/assessments processes to accomplish this, the Child Health Check-up and the Comprehensive Behavioral Health Assessment (CBHA). These assessments provide recommendations for further medical, dental, and behavioral health treatment the child may need.

A child's physical health needs must be assessed within 72 hours of removal from their home. To be reimbursed by Medicaid, the provider must assess and document in the child's medical record all the required components of the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) known in Florida as the Child Health Check-Up. The components are as follows:

- Comprehensive health and developmental history (including assessment of both physical and mental health development).
- Comprehensive unclothed physical exam.
- Appropriate immunizations (according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines).
- Laboratory tests (including blood level assessments appropriate for age and risk factors).
- Anticipatory Guidance/Health Education. Health education is a required component of screening services and includes anticipatory guidance. At the outset, the physical and/or dental screening provides the initial context for providing health education. Health education and counseling to both parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.
- Vision Screening. Vision should be assessed at each screening. In infants, the history and subjective findings of the ability to regard and reach for objects, the ability to demonstrate an appropriate social smile, and to have age appropriate interaction with the examiner is sufficient. At ages four and above, objective measurement using the age-appropriate Snellen Chart, Goodlite Test, or Titmus Test should be done and recorded. If needed, a referral should be made to an ophthalmologist or optometrist.

- Dental Screening. A general assessment of the dental condition (teeth and/or gums) is obtained on all children. As indicated and beginning at age 2 years old a referral should be made to a dentist.
- Hearing Screening. A hearing test is required appropriate to the child's age and educational level. For the child under age four, hearing is determined by whatever method is normally used by a provider, including, but not limited to, a hearing kit.

The Agency for Healthcare Administration has placed the 72 hour screening requirement in all contracts for Medicaid Managed Assistance (e.g., Sunshine Health and other plans). Effective 7/1/14, the 72 hour screening will be a requirement in Florida statutes. This requirement is addressed in the Protective Custody Coverage Provisions of the managed care contract and requires the following:

Child Heath Check Up Age of Child
birth
2-4 days
2 months
4 months
6 months
9 months
12 months
15 months
18 months
Once every year for ages 2-20

a) The Managed Care Plan shall provide a physical screening within seventy-two (72) hours, or immediately if required, for all enrolled children/adolescents taken into protective custody, emergency shelter or the foster care program by DCF. See 65C-29.008, F.A.C.

b) The Managed Care Plan shall provide these required examinations without requiring prior authorization, or, if a non-participating provider is utilized by the Department of Children and Families, approve and process the out-of-network claim.

c) For all Child Health Check Up Screenings for children/adolescents whose enrollment and Medicaid eligibility are undetermined at the time of entry into the care and custody of DCF, and who are later determined to be enrollees at the time the examinations took place, the Managed Care Plan shall approve and process the claims. All children must have ongoing assessments following the Child Health Check-up periodicity schedule. The child may enter the periodicity schedule at any time. For example, if a child has an initial screening at age 4, then the next periodic screening is performed at age 5.

Child Protection Team Assessment

The Children's Medical Services Program in the Department of Health develops, maintains, and coordinates the services of multidisciplinary child protection teams throughout Florida. The teams provide specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services including, but not limited to, the following:

a) Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and related services.

b) Psychological and psychiatric diagnosis and evaluation services for the child or the child's parent or parents, legal custodian or custodians, or other caregivers.

c) Child protection team assessments that include, as appropriate, medical evaluations, medical consultations, family psychosocial interviews, specialized clinical interviews, or forensic interviews.

A child protection team that is evaluating a report of medical neglect and assessing the health care needs of a medically complex child is required by law to consult with a physician who has experience in treating children with the same condition.

Child protection team physicians and health care personnel provide assessments and evaluations in all of the following cases:

a) Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.

b) Bruises anywhere on a child 5 years of age or under.

c) Any report alleging sexual abuse of a child.

d) Any sexually transmitted disease in a prepubescent child.

e) Reported malnutrition of a child and failure of a child to thrive.

f) Reported medical neglect of a child.

g) Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.

h) Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.

These assessments do not take the place of the Child Health Check-Up or the Comprehensive Behavioral Health Assessment.

Comprehensive Behavioral Health Assessment (CBHA)

The Department recognizes the importance of early trauma screenings and assessments to help children get the treatment they need. The behavioral health needs of children, including trauma, are assessed through the CBHA. The CBHA is an in-depth and detailed assessment of a child's emotional, social, behavioral, and developmental functioning within the family home, school, and community. All children

who are taken into state custody and placed in a licensed placement must receive a CBHA within 30 days. The CBHA is reimbursable under Medicaid when provided by a Medicaid Provider.

CBHAs are done on all children regardless of the reason they were removed. CBHAs are completed to provide an opportunity to identify and address needs early, prevent placement disruptions and inform the case plan and services and supports needed by the family.

The CBHA must include the completion of a standardized assessment tool to help determine the appropriate level of behavioral treatment services. For children ages 6 to 20 this tool may include, but is not limited to, the Child and Adolescent Needs and Strengths- Mental Health (CANS-MH) Assessment, and the Child and Adolescent Needs and Strengths- Comprehensive Multisystem Assessment (CANS-C). Florida Medicaid and the Department of Children and Families have approved the use of the CANS-MH and CANS-C by providers who have been certified to use these instruments. The CANS-C is recommended because it has an additional component to assess for trauma.

A child must be referred for a CBHA:

a) When a child is in shelter status, the Case Manager or Child Protective Investigator (CPI), as appropriate, must refer the child for a CBHA if this assessment was not conducted prior to case transfer; or

b) If a child is already in out-of-home care and is exhibiting emotional or behavioral issues that might result, or may have already resulted, in the child losing his or her placement, the Case Manager may refer the child for a CBHA to assist in determining services that would allow the child to maintain his or her placement. This may be done if a CBHA has not been conducted on the child within the past year; and

c) The child has been determined to be Medicaid enrolled. If the child is not Medicaid enrolled, the CPI or Case Manager must take all steps necessary to ensure the child becomes enrolled as soon as possible, including assisting the child's caregiver to establish enrollment.

The case manager must refer the child and family for all services identified through a CBHA. The case manager has the primary responsibility throughout the case for coordinating, managing, and monitoring all aspects of the child's care and treatment. The behavioral health service needs identified through the CBHA will be considered when developing the child's case plan. The planned services must be implemented within thirty days of identification of the need. If services are not initiated within thirty days, the Case Manager must document reasons in the case file as to why services were not initiated. The Case Manager must ensure that the services begin as soon as possible. If the child is also served by the Department of Juvenile Justice (DJJ), the CPI

or Case Manager must document attempts to coordinate planning and service delivery with DJJ staff.

When the case manager determines that a Behavioral Health Multidisciplinary Team is needed due to the significant behavior issues of the child, the Case Manager must convene a meeting of the team. The team must:

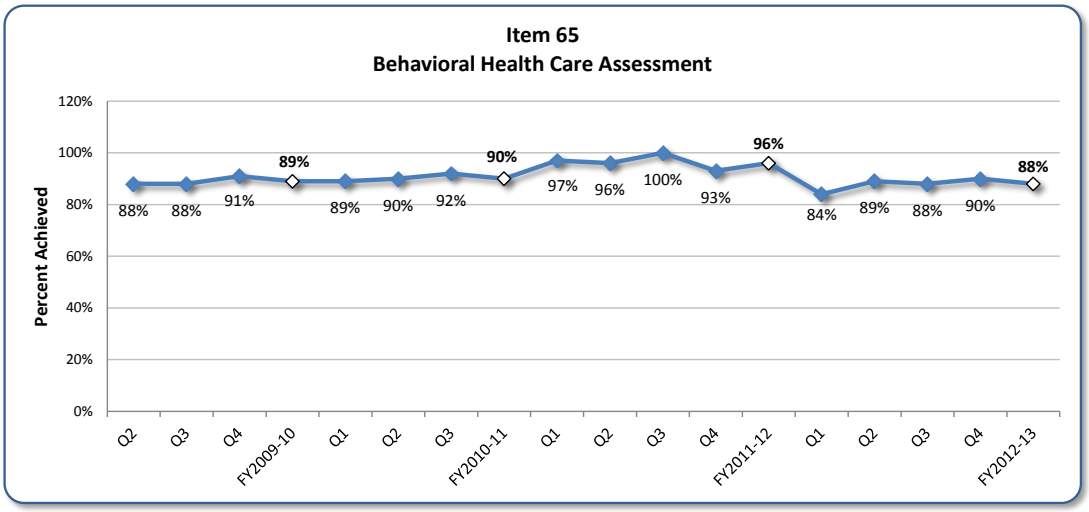
a) Review all referrals for services to ensure that the child and family receive essential services to assist them in meeting the permanency goals as well as ensuring the child's safety and well-being;

b) Provide recommendations for changes in the case plan. This information is to be placed into the Judicial Review Social Study Report (JRSSR) at least three weeks prior to each judicial review.

The Department uses QA case review item 65 and 66 to assess agency practice for screening, assessment, and service provision to address a child's mental and behavioral health needs. Figure 2 and Figure 3depict the QA performance ratings for behavioral health assessments, on-going assessments and services while the child is in care. A four year trend between state fiscal year 2009/2010 and 2012/2013 demonstrates performance has generally remained flat.

Item 65 requires "An assessment(s) of the child's behavioral health needs was conducted." A Comprehensive Behavioral Health Assessment (CBHA) of the child's behavioral health needs is required initially for all children in out-of-home care regardless if behavioral problems are identified including substance abuse. The reviewer must determine whether the agency conducted a formal or informal behavioral health assessment on the child either at the time the child entered into out-of-home or in an in-home case if the behavior health issue is relevant to the agency's reason for involvement.

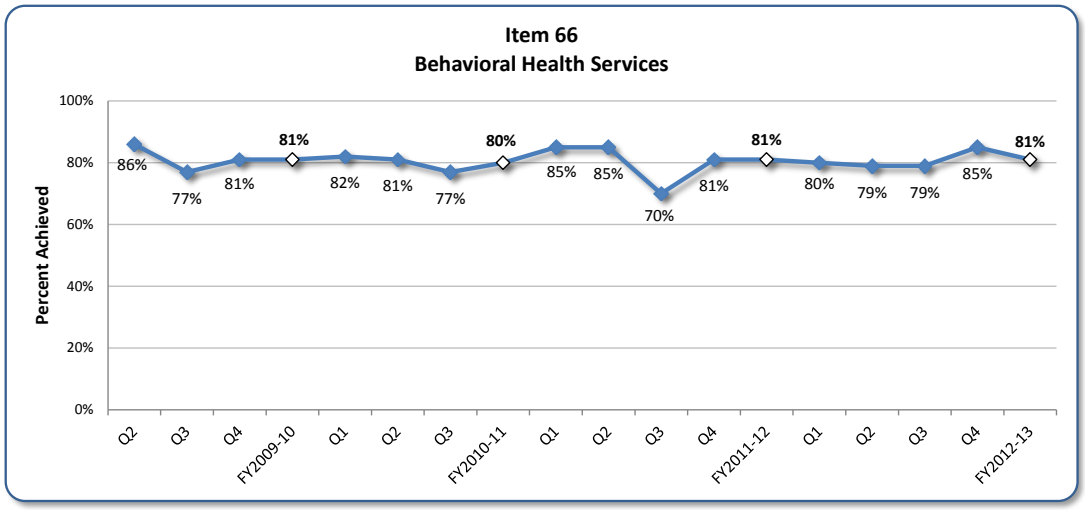
Figure 2. QA Item 65. Mental and Behavioral Assessment



Source: DCF QA Web Portal. (FY 2012-2013; n=1,137)

Item 66 requires "Behavioral Services were provided to address the child's identified needs." The reviewer is tasked with determining if services were provided to address the child's behavioral health needs. These services may include screenings and diagnostic tests to determine finite or long-term needs.

Figure 3. QA Item 66: Mental and Behavioral Health Services



Source: DCF QA Web Portal (FY 2012-2013; n=752)

Monitoring and Treating Identified Health Needs, Including Emotional Trauma

The Department and CBC lead agencies are consistently monitoring service needs of the families in their community and using that information when assessing whether there is sufficient flexibility and service array to meet the needs of every child, including those with specialized individual needs. Quantitative and qualitative data is used to monitor efforts to assure equitable treatment of all children and families. Additionally, AHCA has developed performance measure to ensure the health care needs of children are being met.

Monitoring by the Florida Agency for Healthcare Administration

The Agency for Healthcare Administration (AHCA) will monitor performance through the contract performance measures required within the Child Welfare Specialty Plan contract. AHCA has adopted a set of quality metrics that sets targets on the metrics that equal or exceed the 75th percentile national Medicaid performance level. In addition, these metrics will be used to establish plan performance, improvement projects focusing on areas such as improved prenatal care and well child visits in the first 15 months and better preventive dental care for children. Figure 4 provides a listing of all of the performance reporting requirements for the Child Welfare Specialty Plan

and standard Medicaid Managed Assistance Plans. The Child Welfare Specialty Plan must report on 24 measures from the Healthcare Effectiveness Data and Information Set (HEDIS), 6 measures from the Children's Health Insurance Program Reauthorization Act (CHIPRA) core measures, 11 measures that are agency defined, 2 measures that are HEDIS and agency defined, and one Joint Commission measure.

Figure 4. Core Quality Measures

HEDIS	
1	Adolescent Well Care Visits - (AWC)
2	Adults' Access to Preventive/Ambulatory Health Services - (AAP)
3	Annual Dental Visits - (ADV)
4	Antidepressant Medication Management - (AMM)
5	BMI Assessment – (ABA)
6	Breast Cancer Screening – (BCS)
7	Cervical Cancer Screening – (CCS)
8	Childhood Immunization Status – (CIS) – Combo 2 and 3
9	Comprehensive Diabetes Care – (CDC) · Hemoglobin A1c (HbA1c) testing · HbA1c poor control · HbA1c control (<8%) · Eye exam (retinal) performed · LDL-C screening · LDL-C control (<100 mg/dL) · Medical attention for nephropathy
10	Controlling High Blood Pressure – (CBP)
11	Follow-up Care for Children Prescribed ADHD Medication – (ADD)
12	Immunizations for Adolescents – (IMA)
13	Chlamydia Screening for Women – (CHL)
14	Pharyngitis – Appropriate Testing related to Antibiotic Dispensing – (CWP)
15	Prenatal and Postpartum Care – (PPC)

HEDIS	
16	Use of Appropriate Medications for People With Asthma – (ASM)
17	Well-Child Visits in the First 15 Months of Life – (W15)
18	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life – (W34)
19	Children and Adolescents' Access to Primary Care - (CAP)
20	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
21	Ambulatory Care - (AMB)
22	Lead Screening in Children – (LSC)
23	Annual Monitoring for Patients on Persistent Medications
24	Plan All-Cause Readmissions
Agency-Defined	
1	Mental Health Readmission Rate – (RER)
2	Frequency of HIV Disease Monitoring Lab Tests – (CD4 and VL)
3	Highly Active Anti-Retroviral Treatment – (HAART)
4	HIV-Related Medical Visits – (HIVV)
5	Complete Oral Evaluation
6	Sealants
7	Transportation Timeliness (TRT)
8	Transportation Availability (TRA)
HEDIS & Agency-Defined	
1	Follow-Up after Hospitalization for Mental Illness – (FHM)
2	Prenatal Care Frequency (PCF)
Joint Commission	
1	Antenatal Steroids

In addition to the Core Quality Measures listed above, the child welfare specialty plan is required to collect and report the following CHIPRA and agency defined performance measures:

CHIPRA Child Core Set	
1	HPV Vaccine for Female Adolescents – (HPV)
2	Medication Management for People with Asthma – (MMA)
3	Annual Pediatric Hemoglobin A1C Testing – (PEDHbA1C)
4	Preventive Dental Services – (PDENT)
5	Dental Treatment Services – (TDENT)
6	Developmental Screening in the First Three Years of Life – (DEVSCR)
Agency Defined	
1	Children on Higher than Recommended Doses of Antipsychotics (HRDPSY)
2	Use of Antipsychotics in Very Young Children (PSYVYC)
3	Use of Multiple Concurrent Antipsychotics in Children (CONPSY)

Source: AHCA Performance Measures

Psychotropic Medication Monitoring and Oversight

The Department works closely with AHCA to ensure oversight of psychotropic medication. The oversight of prescription medicines, including psychotropic medications, is critical to safeguard appropriate practice of management and administration of medication to children placed in out-of-home care. Medication information is required to be documented in the Florida Safe Families Network (FSFN) in data fields that can be easily queried and analyzed. Among others, the data fields include the name of the medication, the condition(s) the medication addresses, and whether or not the medication is psychotropic, and whether the medication is administered for psychiatric reasons.

The Department's protocols for "assent" are addressed in Florida Administrative Code entitled "Assent for Psychotropic Medication Management from Youth". These protocols require the prescribing physician to discuss the proposed course of treatment with the child, in developmentally appropriate language the child can understand. The physician must explain the risks and benefits of the prescribed medication to the child. The physician must discuss the medication proposed, the reason for the medication, and the signs or symptoms to report to caregivers. If a child of sufficient age, understanding, and maturity declines to assent to the psychotropic medication, the dependency case manager or child protective investigator will ask that Children's Legal Services request an attorney be appointed for the child. Whenever the child requests

the discontinuation of the psychotropic medication, and the prescribing physician refuses to order the discontinuation, the dependency case manager or child protective investigator will ask that Children's Legal Services request an attorney be appointed for the child. Children's Legal Services will notice all parties and file a motion with the court presenting the child's concerns, the physician's recommendation, and any other relevant information, pursuant to Section 39.407(3)(d)1., F.S.

AHCA Protocols, Monitoring and Oversight: There are a number of laws, administrative rules, and operating procedures that govern psychotropic medication monitoring and oversight for children in the child welfare system. Section 409.912(51), F.S., 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.

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. These treatment guidelines will represent a consensus of the prescriber community and will reflect the best available scientific information.

The MDTMP also includes a claims review process and educational mailings to inform physicians of prescribing behavior that may be worth reviewing. The mailings, containing patient-specific prescription information and clinical considerations, are designed to reduce the frequency of practices that are inconsistent with the guidelines. National experts, Florida physicians, AHCA, and DCF staff meet biennially to update medication guidelines.

AHCA provides oversight through pharmacy claims, prior authorization protocols, and operation of the pediatric psychiatry consult lines. A description of these oversight activities is provided below:

1. Analysis of Pharmacy Claims by the Medicaid Drug Therapy Management Program

   In response to this growth in expenditures and to concerns about the quality of prescribing of psychotherapeutic medications, the Florida Legislature created the Medicaid Drug Therapy Management Program (MDTMP) for Behavioral Health. The MDTMP is operated by the Florida Mental Health Institute at the University of South Florida under contract with the Agency for Health Care Administration, the State Medicaid Authority.

2. Prior Authorization Protocols for Children and Adolescents

   The Agency for Health Care Administration requires a prior authorization review process with a clinical review or second medical opinion by a child and adolescent

psychiatrist from the University of South Florida (USF) prior to reimbursement of an antipsychotic prescribed to a child or adolescent that is included in any of the categories below. The reviewing psychiatrist also provides comments and recommendations for the prescriber including safety monitoring recommendations such as metabolic labs and Tardive Dyskinesia screens. Prior authorization is required for the following:

- Antipsychotic Medication (Antipsychotics (also known as neuroleptics or major tranquilizers) are a class of psychiatric medication primarily used to manage psychosis (including delusions, hallucinations, or disordered thought), in particular in schizophrenia and bipolar disorder).
- Sedative/Hypnotic and Benzodiazepine Age Limits - Claims for recipients younger than the specified age limits approved by the Food and Drug Administration are denied for Medicaid reimbursement.
- Anti-Depressants for Children Under Six

3. Florida Pediatric Psychiatry Consult Hotline

   This service is administered by the Florida Medicaid Drug Therapy Management Program for Behavioral Health located at the Florida Mental Health Institute (FMHI) at the University of South Florida. The Florida Pediatric Psychiatry Hotline, a network of regional children's behavioral health consultation teams, is designed to help primary care clinicians meet the needs of children with psychiatric conditions. The goals of the program are to provide consultation about psychotropic medications for children with psychiatric illness and promote a primary care clinician's and child psychiatrist's collaborative relationship. Currently there are three consultation hotlines (University of Florida Division of Child and Adolescent Psychiatry in Gainesville; University of South Florida Division of Child and Adolescent Psychiatry in the Department of Pediatrics, Rothman Center for Neuropsychiatry in St. Petersburg; and Florida International University)

4. Medicaid Pharmacy Requirements for Express and Informed Consent

   Pursuant to section 409.912(51), Florida Statutes: The Agency [AHCA] may not pay for a psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child's parent or legal guardian. The physician shall document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription. Section 394.492(3), F.S. defines "Child" as a person from birth until the person's 13th birthday. If express and informed consent is not obtained, the dependency court judge must authorize the prescription.

Department Protocols, Monitoring, and Oversight: Department protocols are governed by 65C-35, Florida Administrative Code, which establishes department policy

for psychotropic medication for children in out-of-home care. Children and Families Operating Procedures (CFOP 155-10 / 175/40 / 178-98) outline Department procedures for services for children in out-of-home care with behavioral health and any co-occurring substance abuse or developmental disability treatment needs. The express and informed consent or court authorization for a prescription of psychotropic medication for a child in the custody of the Department of Children and Family Services must also be obtained pursuant to section 39.407, F.S., which governs medical, psychiatric, and psychological examination and treatment of a child.

1. Weekly Management Reports

   The Department of Children and Families monitors children on psychotropic medication utilizing the Florida Safe Families Network and weekly executive leadership Key Indicators Reports. A Psychotropic Medications Detailed Summary Report is run each week providing a variety of information about children in care who receive psychotropic medications. This report is utilized in the field by supervisors and managers.

2. Pre-Consent Requirements

   A Pre-consent Review is mandatory for any child age 10 and under on 2 or more psychotropic medications. If the pre-consent review process is not used, a second-opinion by a child psychiatrist is mandatory. Department contracts with CBC lead agencies require a Pre-consent Review or Second Opinion. The Department contracts with the University of Florida, Division of Child and Adolescent Psychiatry to provide the Pre-Consent Review.

3. Consultation Services

   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 dependency 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 EKGs, lab work, etc. The line is used by caregivers, judges, Guardians Ad Litem, and caseworkers.

4. Oversight of Children on High Dose or Multiple Antipsychotics

   Child Welfare QA/CQI collaborates with the University of South Florida (USF) to conduct data matches of children in out-of-home care on psychotropic medications. The University of South Florida has a contract with the Agency for Health Care Administration (AHCA) to provide analysis of anti-psychotic medication utilization. AHCA provides USF with Medicaid pharmacy data and USF, which has developed

clinical utilization protocols, provides critical information back to AHCA about patients being prescribed potentially unsafe combinations or high dosages of anti-psychotic medications. USF analysis is currently limited to anti-psychotic medications only.

5. Contract Management Oversight

   The Department's Contract Oversight Unit has designated staff who conducts contract monitoring annually at each CBC. The contract oversight unit focuses on requirements in state law and administrative code.

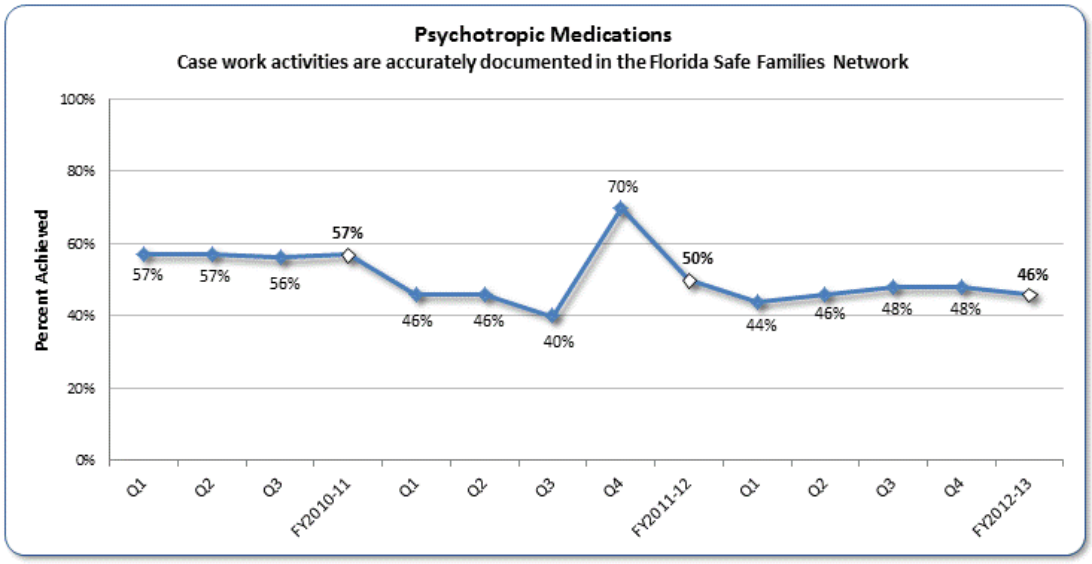
6. Client Level Medication Administration and Monitoring by Foster Parents

   The monitoring of the use of psychotropic medication provided to children will be a joint responsibility among the prescribing physician, caregiver, dependency case manager or child protective investigator, and the supervisor. The dependency case manager or child protective investigator is responsible for implementing the medication plan developed by the prescribing physician. Florida Administrative Code requires that psychotropic medications be administrated only by the child's caregivers. Children who are age and developmentally appropriate must be given the choice to self-administer medication under the supervision of the caregiver or school personnel. All information is included in the child's Resource Record. Results of evaluations and tests will be reported to Children's Legal Services, all parties, and the prescribing physician.

7. Monitoring Data Integrity of Psychotropic Medication in FSFN

   The Department's quality assurance staff monitor practice related to psychotropic medication and continue to see a difference between practice and documentation. It is mandatory for child protective investigators and case managers to enter psychotropic medication information in the Medication Information page of FSFN. The "Dosage," "Reason for Medication," and "Instructions/Additional Comments" sections are all free form text fields where notes specific to the medication can be written. The documentation reflects that care work activities related to Psychotropic medication is not accurately document in FSFN.

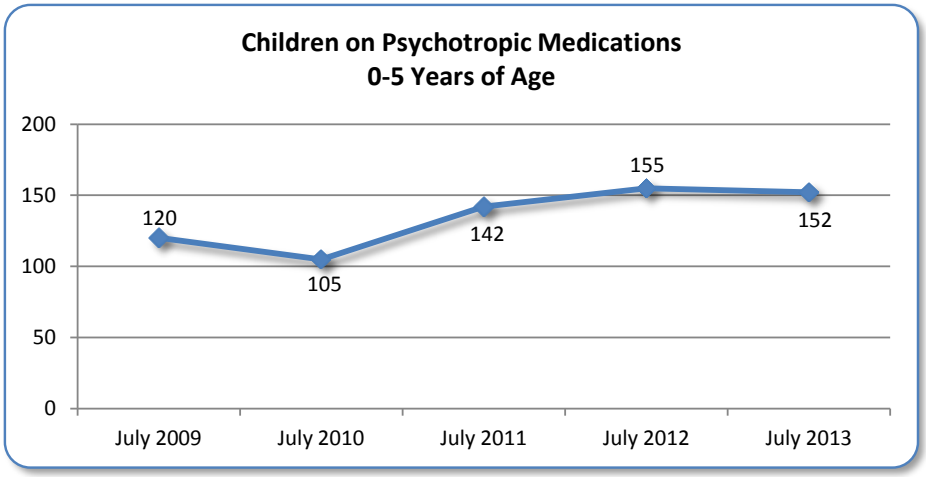
Figure 5. Psychotropic Medication, Ages 5 - 17



Source: FSFN Psychotropic Medication Reports

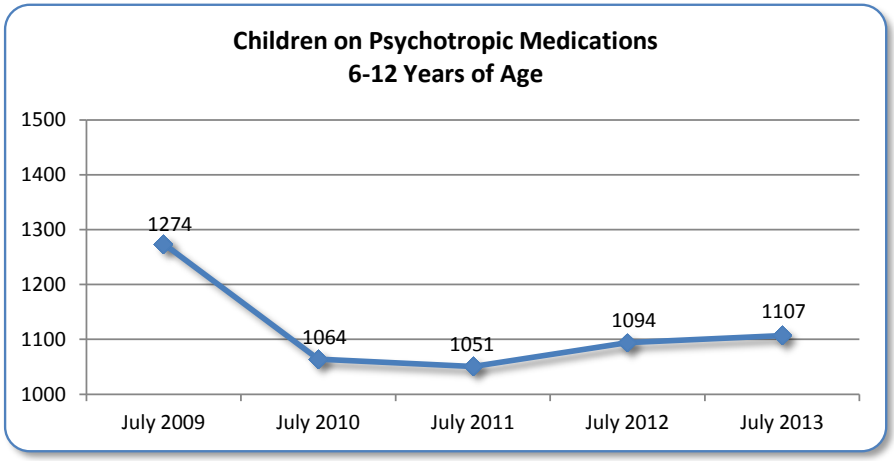
In 2009, Florida embarked on a major initiative to reduce psychotropic medication use for children in out-of-home care. The four figures below demonstrate a substantial decline for all age groups except the age 0-5 population. For this age group, the number of children on psychotropic medication has risen. The contributing factors for the apparent rise must be fully understood; for example, Florida monitors psychotropic medication usage for all conditions, not just behavioral health – including seizure disorders, brain injury, etc. Furthermore, the younger portion (ages 6-12) of the total group aged 5 – 17 appears to also be rising, though not yet above baseline. This is cause for further analysis.

Figure 6. Psychotropic Medication, Ages 0-5



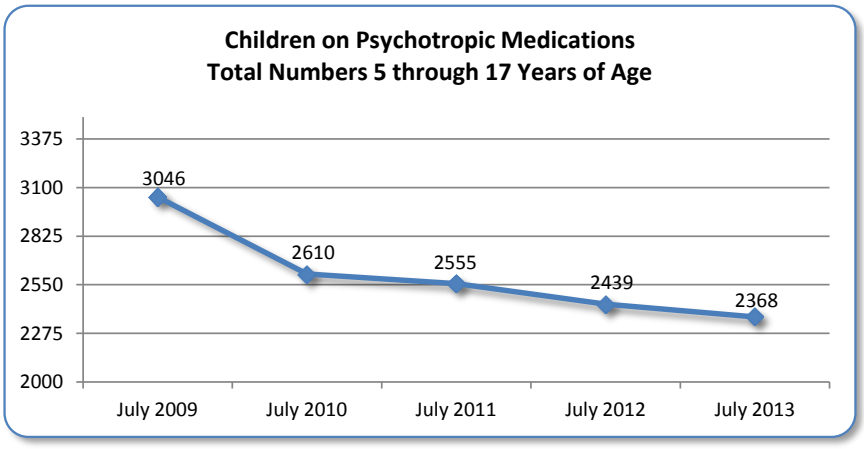
Source: FSFN Psychotropic Medication Reports

Figure 7. Psychotropic Medication: Ages 6-12



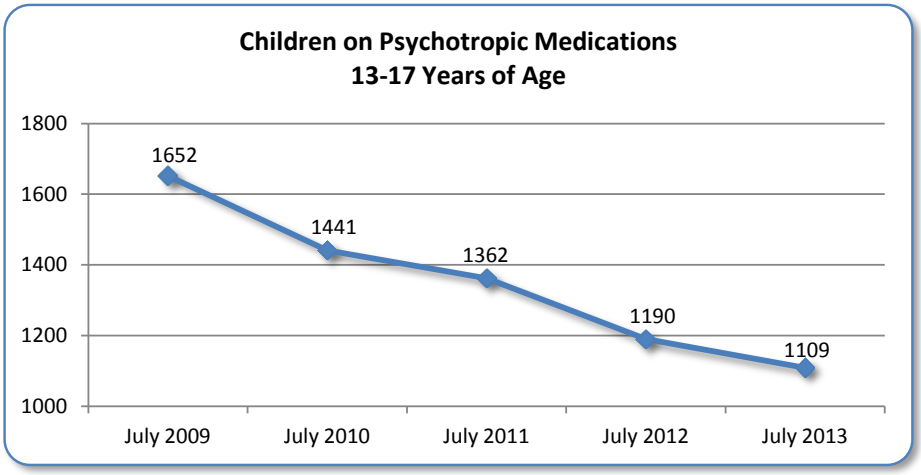
Source: FSFN Psychotropic Medication Reports

Figure 8. Psychotropic Medication, Ages 5 - 17



Source: FSFN Psychotropic Medication Reports

Figure 9. Psychotropic Medication: Ages 13-17



Source: FSFN Psychotropic Medication Reports

Other Health Care Monitoring and Oversight

The Department of Children and Families assesses lead agency performance utilizing the data from the Florida Safe Families Network and data from Quality Assurance (QA) case reviews conducted by the child welfare quality assurance staff. If performance is declining or the CBC is performing poorly, Department leadership engages in a discussion of the measure as part regional operations. Additionally, CBC CQI staff may discuss the factors that may be contributing to the decline or poor performance and the CBC's plans to address them. A CBC may also choose to include the improvement planning for this item as part of their Annual CQI Plan.

A high-level management tool for monitoring healthcare status is the FSFN monthly healthcare report. This is a management report that provides leadership point in time performance in four areas:

1. Medical/Mental Health Record in FSFN: This is the percent of children in OHC for whom a Medical/Mental Health record had been created in FSFN. The Medical/Mental Health record must be in the current active case to which the primary worker is assigned. The numerator is the count of children in OHC who have a Medical/Mental Health record created in FSFN. The denominator is the sum of all children in OHC greater than 5 days and those children in OHC 5 days or less that have a Medical/Mental Health record created in FSFN.

2. Medical Service in the Last 12 Months: This is the percent of children in OHC who have received a Medical Service within the last 12 months, according to documentation in FSFN. The numerator is the count of children in OHC who have received a Medical Service in the last 12 months. The denominator is the sum of all children in OHC greater than 5 days and those children in OHC 5 days or less that have received a Medical Service in the last 12 months.

3. Dental Service in the Last 7 Months: This is the percent of children in OHC who have received a Dental Service within the last 7 months, according to documentation in FSFN. The numerator is the count of children in OHC who are 3 or older and have received a Dental Service in the last 7 months. The denominator is the sum of all children 3 and older in OHC greater than 6 months and those children 3 and older in OHC less than 6 months who have received a Dental Service in the last 7 months.

4. Immunizations Up to Date: This is the percent of children in OHC whose immunizations are up to date, according to documentation in FSFN. The numerator the count of children in OHC whose immunizations are up to date. The denominator is the sum of all children in OHC greater than 5 days and those children in OHC 5 days or less whose immunizations are up to date.

Figure 10 is an example of this monthly report: "Health Information in FSFN for Children in OHC on 3/31/2014, Statewide and by Community Based Care Lead Agency"

Figure 10. Health Information in FSFN Example Report

	Children in OHC	Medical/Mental Health Record in FSFN			Medical Service in the Last 12 Months			Dental Service in the Last 7 Months			Immunizations Up to Date		
Lead Agency	3/31/2014	(Baseline) 5/18/2011	3/31/2014	% Change	(Baseline) 5/18/2011	3/31/2014	% Change	(Baseline) 5/18/2011	3/31/2014	% Change	(Baseline) 5/18/2011	3/31/2014	% Change
Big Bend CBC	667	96.8%	100.0%	3.2%	2.1%	94.5%	92.3%	0.0%	89.8%	89.8%	34.4%	99.1%	64.7%
Brevard Family Partnership	489	89.5%	100.0%	10.5%	38.2%	97.5%	59.4%	35.3%	96.4%	61.1%	42.4%	98.2%	55.8%
CBC of Central Florida	1128	76.3%	100.0%	23.7%	7.1%	97.4%	90.3%	4.1%	98.0%	94.0%	33.3%	98.1%	64.9%
CBC of Central Florida (Seminole)	239	97.8%	100.0%	2.2%	6.1%	95.8%	89.7%	1.5%	95.9%	94.5%	41.4%	98.7%	57.4%
ChildNet Inc	1758	97.7%	100.0%	2.3%	86.1%	98.9%	12.8%	37.8%	94.9%	57.1%	68.4%	99.5%	31.1%
ChildNet Palm Beach	1109	93.1%	100.0%	6.9%	26.0%	97.0%	71.0%	15.8%	92.0%	76.1%	73.8%	99.5%	25.7%
Childrens Network of SW Florida	1055	95.0%	100.0%	5.0%	74.3%	96.8%	22.5%	29.4%	87.6%	58.2%	76.4%	97.1%	20.7%
Community Partnership for Children	626	78.7%	100.0%	21.3%	12.0%	95.4%	83.4%	3.2%	85.7%	82.5%	35.8%	98.4%	62.6%
Devereux CBC	645	83.8%	100.0%	16.2%	2.8%	95.2%	92.4%	1.8%	91.0%	89.2%	34.4%	99.4%	65.0%
Eckerd Community Alternatives Inc	1613	78.7%	100.0%	21.3%	6.5%	98.9%	92.4%	3.4%	97.7%	94.2%	45.5%	99.9%	54.4%
Eckerd Community Hillsborough	1653	83.6%	100.0%	16.4%	8.7%	98.5%	89.8%	1.0%	96.7%	95.8%	50.3%	99.2%	48.9%
Families First Network	932	96.2%	100.0%	3.8%	41.4%	97.6%	56.2%	47.0%	94.7%	47.8%	71.3%	98.8%	27.5%
Family Integrity Program	90	87.3%	100.0%	12.7%	59.8%	97.8%	38.0%	44.6%	98.3%	53.7%	44.1%	100.0%	55.9%
Family Support Services	769	58.3%	100.0%	41.7%	4.5%	97.4%	92.9%	2.6%	93.3%	90.7%	29.0%	97.9%	68.9%
Heartland for Children, Inc	971	68.3%	100.0%	31.7%	26.4%	97.4%	71.1%	16.6%	90.6%	74.1%	41.9%	99.9%	58.0%
Kids Central, Inc.	998	98.1%	99.9%	1.8%	55.0%	96.4%	41.4%	47.9%	94.1%	46.1%	73.8%	99.2%	25.4%
Kids First of Florida Inc.	182	94.9%	100.0%	5.1%	30.6%	97.8%	67.2%	7.8%	88.9%	81.1%	40.7%	97.8%	57.1%
Our Kids Inc	1932	98.5%	99.9%	1.4%	91.2%	95.8%	4.6%	57.9%	83.5%	25.6%	77.2%	95.7%	18.5%
Partnership for Strong Families	621	99.3%	98.9%	-0.4%	65.4%	96.3%	30.9%	31.6%	87.9%	56.3%	81.2%	97.2%	16.0%
Safe Children Coalition	649	92.8%	100.0%	7.2%	35.3%	99.8%	64.5%	7.8%	93.9%	86.1%	43.6%	99.8%	56.2%
Statewide	18126	85.7%	99.9%	14.2%	30.2%	97.3%	67.1%	14.8%	92.5%	77.6%	48.7%	98.6%	49.9%

Source: Florida Safe Families Network Data Repository as of March 31, 2014

The tables and graphs below illustrate performance for the past four state fiscal years in the area of screening, assessment, and services.

Performance in the area of Screening and Assessment is monitored utilizing FSFN and QA items. According to the documentation in FSFN, the EPSDT screening within three days is only taking place in 27.17% of the cases. The QA case file review data indicates a much higher percentage (83%). This may indicate data is not being entered into

FSFN. The Child Welfare Specialty Plan will have a performance measure tied to EPSDT screening and therefore we anticipate substantial improvement in this area during the next eighteen months.

Table 1.Percent of Children with an EPSDT Medical Service within Three Days of Removal Date (SFY 2009-2010 through 2012-2013).

State Fiscal Year	Total Removals	Removals w/ EPSDT w/in Three Days	Percent w/ EPSDT
2009-2010	14811	948	6.40%
2010-2011	15897	1804	11.35%
2011-2012	16654	2792	16.76%
2012-2013	14584	3963	27.17%

Source: Florida Safe Families Network Data Repository as of April 8, 2014

Note: Removals lasting less than 24 hours are excluded from this analysis. An EPSDT Medical Service is considered to have been within three days of the removal date if the medical service date entered into FSFN is less than or equal to the removal date plus three days. For example, a child removed January 1 would be counted as having an EPSDT Medical Service within three days if the medical service date was on or before January 4 but on or after January 1. A medical service date PRIOR to the removal date is not considered for this analysis.

Table 2.Percent of Children with Immunizations Up To Date, SFY 2010 – 2013 (Point in Time Children in Out-of-Home Care on June 30)

As Of Date	Children in Out-of-Home Care	Children w/ Immunizations Up To Date	Percent w/ Immunizations Up To Date
June 30, 2010	18420	12541	68.08%
June 30, 2011	19060	18086	94.89%
June 30, 2012	19534	19420	99.42%
June 30, 2013	17578	17531	99.73%

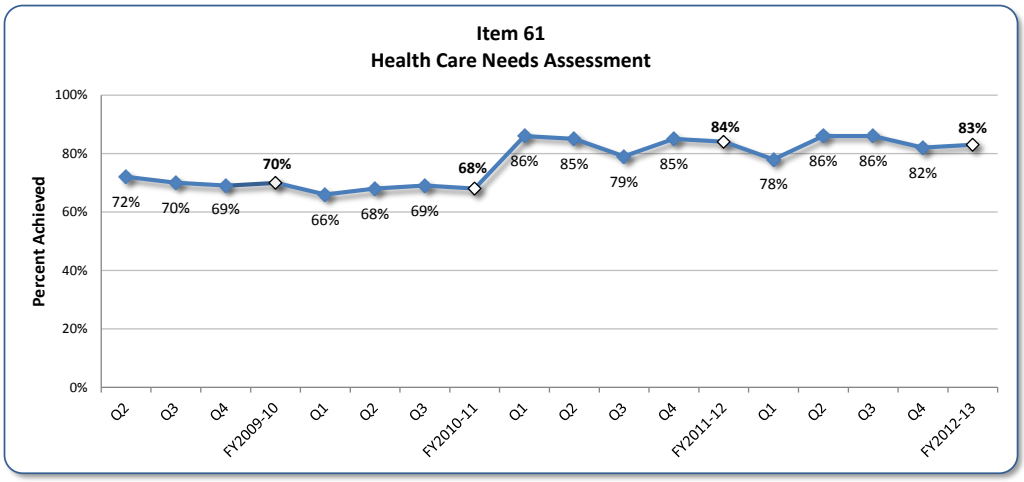
Source: Florida Safe Families Network Data Repository as of April 8, 2014

Note: Children are included if they are in Out-of-Home Care as of the end of the day on June 30th of the appropriate year. Children are considered as having their Immunizations Up to Date if the Immunizations Up to Date checkbox is "checked" on the Medical Profile tab of the Medical Mental Health module.

QA Item 61 requires "The child's health care needs are assessed initially and on an ongoing basis through periodic health screening services conducted during the period under review."For children in out-of-home care, a child's physical health needs must be assessed within 72 hours if he/she is removed from the home, or if health issues are the reason why the dependency system has intervened. Reviewers are tasked with determining if there is evidence in the case file that, during the period under review, the agency arranged for an assessment of the child(ren)'s health care needs; both initially (if the child entered foster care during the period under review), or on an ongoing basis through periodic health and dental screening services conducted during the period under review.

Figure 11 illustrates the QA performance ratings for the health needs assessment (Child Health Check-up) and on-going assessments. A four year trend demonstrates a 13% improvement in assessments between state fiscal year 2009/2010 and 2012/2013.

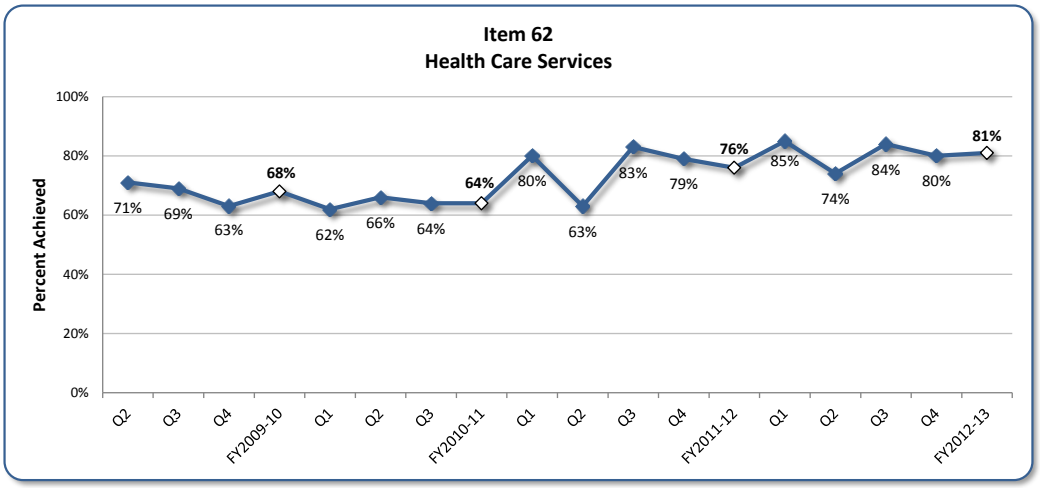
Figure 11. QA Item 61. Health Care Needs Assessment



Source: DCF QA Web Portal (FY 2012-2013; n= 1,149)

Item 62 requires "Services are provided to address the child's identified physical health needs."Reviewers are tasked with determining if health care services were obtained to address the child's identified physical health needs. For out-of-home cases only, the reviewer must determine if the case plan addressed heath care needs and the case file reflected services to address identified needs. For in-home cases with an identified physical health care need relevant to the agency's involvement, the reviewer must determine if the need was appropriately addressed. As shown in Figure 12, a four year trend demonstrates 10% improvement in service delivery between state fiscal year 2009/2010 and 2012/2013.

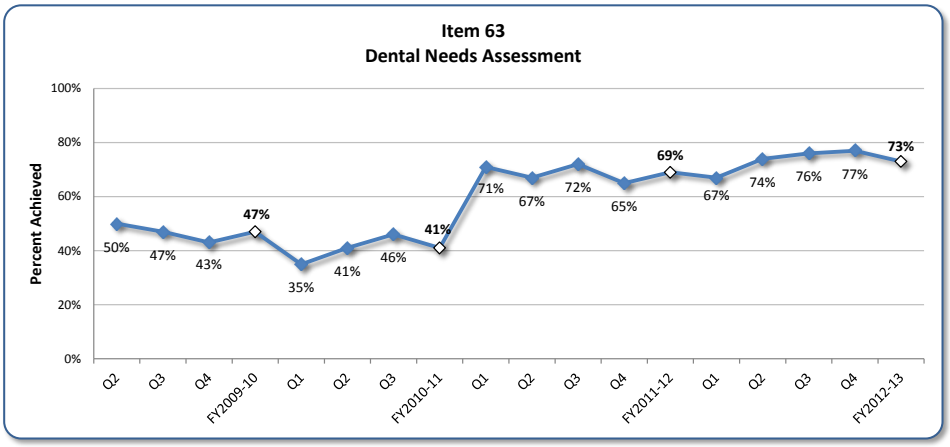
Figure 12. QA Item 62. Health Care Services



Source: DCF QA Web Portal (FY 2012-2013; n=496)

Item 63 requires "The child's dental health needs were assessed upon entry into out-of-home care and on an ongoing basis through periodic screening services."Reviewers must determine if there is evidence that, during the period under review, the agency arranged for assessment of the child(ren)'s dental needs both initially (if the child entered foster care during the period under review), or on an ongoing basis through periodic dental screening services conducted during the period under review. **A four year trend demonstrates a 23% improvement in service delivery between state fiscal year 2009/2010 and 2012/2013, as shown in Figure 13.**

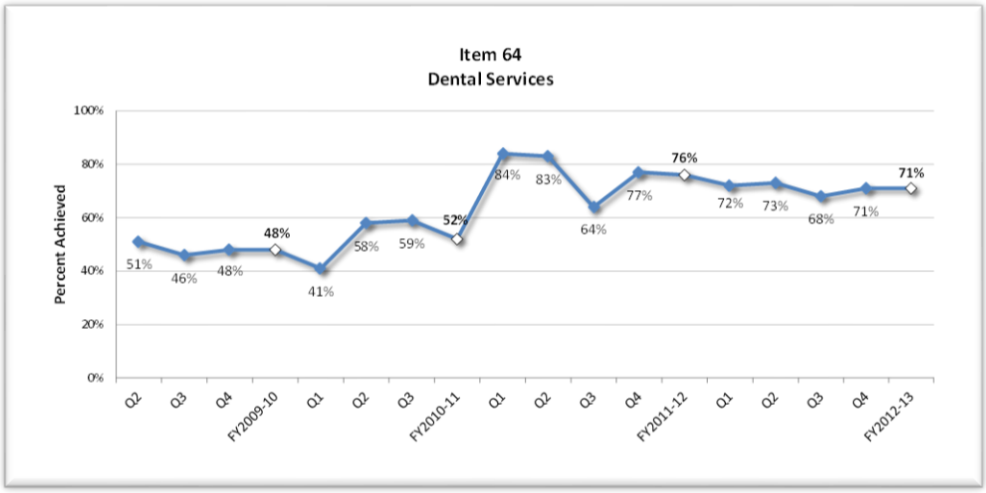
Figure 13. QA Item 63. Dental Needs Assessment



Source: DCF QA Web Portal (FY 2012-2013; n= 835)

Item 64 requires "Services are provided to address the child's identified dental health needs." Services are required to address the child's dental health needs once the needs are identified. The reviewer must assess this standard based on the child(ren)'s dental health needs and whether services were provided to address those needs during the period under review. Documentation must reflect that the services agency followed-up on treatment plans that the doctor ordered. A four year trend (figure 14) demonstrates a 20% improvement in service delivery between state fiscal year 2009/2010 and 2012/2013.

Figure 14. QA Item 64. Dental Services



Source: DCF QA Web Portal (FY 2012-2013; n=364)

Trauma-Informed Care

Child traumatic stress occurs when children and adolescents are exposed to traumatic events or situations that overwhelm their ability to cope. Usually such events threaten the life or physical integrity of the child or of someone close to the child, or involve witnessing an occurrence of similar threat happen to someone else. Traumatic events can evoke powerful emotional and psychological reactions such as an overwhelming sense of terror, helplessness, and horror. In the aftermath of trauma, children may struggle with intrusive images related to the traumatic events, may be unable to sleep or have nightmares, and may find it difficult to concentrate or take in new information. Research has shown that trauma significantly increases the risk of behavioral health problems, difficulties with social relationships and behavior, physical illness, and poor school performance. Thus, child welfare systems are likely to find that the children served have problems related to trauma and need specialized help.[1]

Florida is working to improve its system of "trauma-informed care" to ensure children experiencing trauma are quickly recognized and treated. The state uses standardized assessments as detailed earlier as part of the CBHA and CANS-C. CBCs have developed and implemented treatment and service interventions that reflect strong partnerships and networks. The Child Welfare Pre-service Curriculum includes training to help professionals identify and address childhood trauma. In April 2014, the Florida Association for Infant Mental Health sponsored a conference "Many Paths to Enhancing Parent-Child Relationships- *Innovative Approaches to Providing Infant Mental Health,*

[1]Child Traumatic Stress: What Every Policymaker Should Know This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS).*A Guide from the National Child Traumatic Stress Network http://www.nctsn.org/sites/default/files/assets/pdfs/PolicyGuide_CTS2008.pdf*

Home Visiting, and Part C Services" which highlighted trauma informed care. Examples of trauma informed care services provided through Community-Based Care lead agencies include:

Heartland for Children - Operates from the philosophical position that services are provided in a family centered and youth guided environment using the principles of Emotional Regulatory Healing (ERH), trauma informed care, family centered practice and normalcy for children. These include all foster care, substance abuse, domestic violence, behavioral health, and case management services.

Their philosophical orientation toward a family centered, trauma sensitive, and strength-based approach is essential for success. This messaging begins with training in pre-service classes and continues during in-service training opportunities for all HFC staff and subcontracted providers. HFC has initiated several strategies to ensure client rights and dignity are respected throughout our agency and the System of Care. Examples include identifying languages spoken by staff in subcontracted agencies, and working through HFC's Client Relations Specialist to coordinate resolution of issues.

In order to meet the needs of parents and children in the most meaningful way possible, HFC has embraced and supported a Trauma Focused and Trauma Informed Care model of service delivery for the past 5 years. Engaging some of the most notable national figures in brain trauma and its effects, HFC has provided trainings for not only contacted providers, but also for all stakeholders in our system of care. In their pursuit to create a trauma-informed service environment through which parents can heal, HFC has taken a strong role in reforming the behavioral health services offered within our community. They did this in two ways - as an advocate and as a "parent."

First, through their role as an advocate, they educated local behavioral health leadership on trauma and the Adverse Childhood Experiences (ACE) study[2], distributed publications related to trauma, and extended invitations to workshops intended to create a call to action. They brought their staff in to do both general and intensive trainings to provide the tools and paradigm needed to deliver effective clinical services to our children and families. Through their role as a "parent" responsible for the well-being of a child, we shopped for competent and effective services to meet the needs of children. This created competition within the behavioral health arena.

CBC Central Florida - CBHA assessors recommend appropriate counseling/play therapy for children as indicated. The CBC insures that any counseling recommendations are followed. Foster parents and group home staff have received multiple trainings on trauma informed care practices and are better equipped to address behavioral symptoms that children manifest, based on their age, heightening the caregivers sensitivity to the youth. During Family Service Team staffings the needs of the child are a continual discussion, as well as in the monthly supervisor consultation with staff. Placement Support staffings can be called at any time, as well. The local child advocacy

[2]Centers for Disease Control and Kaiser Permanente – ongoing. http://acestudy.org/

centers offer trauma therapy and play therapy for children that have been victims of severe physical and sexual abuse, and referrals are made by the assigned child advocate in those cases where the Child Protection Team (CPT) has seen or interviewed the children

Family Support Services of North Florida - The trauma needs of children are recognized and taken into consideration throughout the child's experience in out-of-home care. These are the three most common methods:

1. Transition Trauma Therapists may accompany CPI when a removal is imminent. The therapist remains assigned to the child to and provides services to mitigate the impact of the trauma related to removal.

2. The licensed staff that perform Comprehensive Behavioral Health Assessments (CBHA) are all trauma-trained.

3. All therapists that provide ongoing services to children in care: individual therapists, Therapeutic Behavioral Overlay Specialists (TBOS), and Special Therapeutic Foster Care (STFC) providers are all trauma-trained.

Devereux- To ensure that clients receive the most appropriate level and type of care possible, the available history of every family is reviewed by a team of highly experienced child welfare professionals to attempt accurate root-cause analysis. Dependent upon the current traumatic situation coupled with any historical trauma, clients are referred to community providers that have staff members trained to address those specific needs using the most current professionally-recognized techniques. At the time of referral, the Case Manager submits to the selected provider all pertinent, explanatory documentation and information for review prior to an initial assessment or intake. When possible the Case Manager is closely involved in treatment planning and subsequent reviews. All clients are assessed for the least-intrusive treatment while maintaining the integrity of the therapeutic process. Should more intensive therapeutic measures be necessary, a Multi-Disciplinary Team is assembled to thoroughly discuss the history and current status of the child and determine the best course of action that would be the least intrusive. At all stages, the child's personal history of trauma is paramount in the decision-making process and guides each chosen service and provider.

Eckerd - Eckerd works in partnership with local managing entity Central Florida Behavioral Health to ensure trauma needs are met. Eckerd further participates in a regional multidisciplinary trauma focused workgroup including the judiciary, University of South Florida Staff, and Eckerd leadership to identify areas of need. The workgroup is implementing a regional CBHA assessment tool to identify and recommend services to redress the traumatic experiences of children in care. Trauma training is periodically provided to all caseworkers and providers in the system of care as a result of this workgroup. Eckerd Hillsborough launched the Professional Parenting curriculum with an enhanced trauma focus including emotional regulatory healing as a key component

in 2012. This has been recognized as a best practice and has been picked up by 4 additional CBC's statewide since that time.

Kids First of Florida - Contracts with the local community behavioral health provider for trauma therapy services for children and their families/caregivers at removal, placement changes (when needed), and in response to other traumatic events/needs (as deemed appropriate).

Kids Central - Insures that the trauma needs of children are being met in several ways. Initially, the CBHA Reviewer identifies trauma, as well as therapeutic needs of children, and notifies the Children's Mental Health Specialist so that services can be coordinated expediently. Kids Central also has a Behavior Specialist in the Placement Department that intervenes during crises in foster homes in an attempt to maintain stable placement and thus reduce additional trauma to already fragile children. Also, a tiered rate structure is currently being developed that uses an assessment tool to identify special needs of children to insure they are placed in the appropriate home that can meet all their needs.

Kids Central contracts with the local community behavioral health provider for trauma therapy services for children and their families/caregivers at removal, placement changes (when needed), and in response to other traumatic events/needs (as deemed appropriate).

Brevard Family Partnership -BFP has three levels of family foster homes to include traditional and enhanced therapeutic settings to meet the needs of children. All children in out of home care will be referred for a CBHA. CBHAs are reviewed for content of the child's emotional, behavioral, social and developmental functioning as well as for recommendation of services, needs and placement. Services may be initiated based on the recommendations. The BFP Child Placing Agency will assign a therapist (if one is not already working with the child) on any cases in which it has been determined that child has behavioral health care needs. If a child's needs require a higher level of care or more intensive, specialized service the case will be staffed in a Clinical Review. Clinical Reviews involve the review of children in licensed out of home care to determine the need for both an increased or decreased level of care. Recommendations are based upon medical necessity criteria and are intended to provide guidance for other services options and interventions in the event that Specialized Therapeutic Foster Care (STFC) and Specialized Therapeutic Group Home Care (TGC) are not recommended.

Families First Network - In DCF judicial circuit 1, all staff, including line staff, have either received training in Trauma Informed Care or are in the process of getting the training. Line staff training will be included as a workshop in this year's FFN conference in May.

- Trauma Informed Behavioral Health Policies and Procedures have been created.

- All Behavioral Health Providers assess for trauma upon intake.
- The Steering Committee meets quarterly to stay abreast of new developments in trauma treatment and cascades information out to the various agencies.

The Families First Network conference in May 2014 will feature Ms. Tonier Cain, a nationally known trauma advocate. The Steering Committee was instrumental in bringing her to the workshop and several of the participating agencies donated funds to pay her speaking fee.

Community Partnership for Children - Case plan development considers, recognizes, and responds to the impact of traumatic stress on the children and family. The provision of trauma-informed services will be addressed when developing the case plan in coordination with the family. Consideration will be provided for comprehensive assessment and individualized interventions designed to promote healing, foster hope and increase resilience. When appropriate and available, trauma-informed services will be utilized that include culturally appropriate, evidence-based assessment and treatment of traumatic stress and associated behavioral health symptoms. Trauma-informed services will be utilized that recognize the children's and family's need to be respected, informed, connected and hopeful regarding their treatment. Services will be utilized that are sensitive and responsive and that prevent re-victimization, abuse and trauma as a result of the care or intervention provided whenever possible.

Sharing Medical Information, With the Option For An Electronic Health Record

The Department issued Implementation Guidelines for Substance Abuse and Mental Health Coordination and Integration to Child Welfare's Community-Based Care (CBC) organizations. These guidelines ensure that the new community-based organizations and the district level substance abuse and mental health program offices work together to ensure the best outcomes for the children and families we serve. Circuit Substance Abuse and Mental Health Program Offices provide status reports to the Department's Mental Health and Substance Abuse Program Offices related to successes and challenges in collaboration during the CBC implementation. Policy Working Agreement (PWA) between Substance Abuse, Mental Health and Community-Based Care Program were executed.

Department policy mandates development of a standardized record, the Child Resource Record, which is maintained for every child entering out-of-home care. The Child Resource Record must contain copies of the basic legal, demographic, available and accessible educational, and available and accessible medical, dental, vision, and psychological information pertaining to a specific child, as well as any documents necessary for a child to receive medical treatment and educational services. This record goes with the child to his/her placement and to every health appointment so it can be updated. The child's current health records, including the name of the physician and/or therapist, and a list of the child's medications and dosages must be furnished to the

court in the Judicial Review Social Study Reports (JRSSR) and be captured the Florida Safe Families Network (FSFN).

The Department of Children and Families also administers the Florida Safe Families Network (FSFN) which is the statewide automated child welfare information system (SACWIS). The design of FSFN allows authorized users access to any child welfare record within the system; however, some information screens are limited to certain users based on their level of security clearance. This feature creates a virtual record that multiple users can access and review. Furthermore, the Department has granted read-only access to Dependency Judges and Guardians ad Litem so that they also have access to child's dependency case record. This design of the system allows for information sharing to interested parties in a much easier manner.

Continuity of Health Care Services, With the Option of A Medical Home

Public Law 110-351 required that child welfare agencies consult with pediatricians, public health nurses and other health care experts in plan development and it required the participation of experts in and recipients of child welfare services, including parents. As addressed earlier, creating a Child Welfare Specialty Plan within a designated HMO will result in improved care coordination, continuity of care and better health outcomes for children in the child welfare system. CBCs will have access to Medicaid claims information and nurse care coordinators and behavioral health care coordinators will monitor and track appointments to ensure children receive required health and behavioral health assessments and services.

Healthcare Transition Planning for Youth Aging Out of Foster Care

The Patient Protection and Affordable Care Act signed into law in March 2010, strengthens the health care services requirements under the Fostering Connections Act. Section 2955(a) of the Act requires that the transition plan for each youth aging out of foster care include information about the importance of designating someone to make health care treatment decisions on behalf of the youth, should the youth be unable to do so and should the youth not have a relative who would be so designated under state or tribal law, or should the youth not want to have the relative make such decisions.

The transition plan must be developed during the 90-day period prior to the time the youth ages out of care. As case plans and transition plans are developed or updated, case managers must ensure that youth in out-of-home care receiving independent living services and youth who age out of care are given 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 person does not want a relative to make these decisions. It is also incumbent upon case managers to inform youth in care and youth who age out of care about options for health insurance. The Department developed a Health Care Surrogate Designation form for providers to utilize to assist youth.

Each judicial review and social summary report (JRSSR) for youth in out-of-home care should include a status on the delivery of this information. In addition to the health and education information that is required as part of each child's resource record (65C-30.011, F.A.C.), case managers must provide youth with information specific to their physical and behavioral health care needs. Each Community-Based Care lead agency and case management organization is required to ensure local policy and practice abides by these federal requirements.

Youth age 18 and older will not qualify for the Child Welfare Specialty Plan. These youth will be provided guidance on selecting a Medicaid managed care plan of their choice.

Youth aging out of foster care need targeted transition planning to ensure continuity of health care. This is especially important as Florida transitions to Medicaid managed care. Managed care offers youth a variety of choices and they will need to understand how to navigate the system for selecting a plan. Therefore, health and behavioral health care planning are essential elements of transition planning activities. The Department requires a transition plan be developed during the 90-day period prior to the time the youth ages out of care. 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 person does not want a relative to make these decisions.

- Section 409.1451 (9), Florida Statutes, MEDICAL ASSISTANCE FOR YOUNG ADULTS FORMERLY IN CARE.—The department or community-based care lead agency shall document that eligible young adults are enrolled in Medicaid under s. 409.903(4).

    1. Section 39.6251(4)(b), Florida Statutes requires the Department to establish a permanency goal of transition from licensed care to independent living for young adults ages 18-23 who choose to remain in care is transition from licensed care to independent living. Before approving the residential setting in which the young adult will live, the department or community-based care lead agency must ensure that the young adult will be provided with a level of supervision consistent with his or her individual education**, health care needs**, permanency plan, and independent living goals as assessed by the department or lead agency with input from the young adult.

Chapter IX. Florida's Child Welfare Disaster Plans

Statewide Disaster Planning

During 2017, Florida will mark the 25th anniversary of Hurricane Andrew, a hurricane that devastated many Florida communities and changed the way we prepare and respond to a disaster. The multiple hurricanes during 2004 and 2005 also had wide-ranging effects, including Hurricane Katrina during which many dependent children and their families fled into Florida from other states. Though not making landfall in Florida, Hurricane Sandy in 2012 provided a more recent instance of how one storm can significantly alter a community.

Yearly drills and mock disaster exercises performed gearing up to storm season are intended to give staff a chance to test technology and procedures so they can respond quickly and effectively after a hurricane or other disaster. As part of its disaster preparedness efforts, the Department posts information about office closings and other operations changes, and additional disaster resources (Preparation, Mental Health, Volunteer), on a disaster section on its website.

The Department also encourages Floridians to sign up for 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.

The changing threat paradigm and recent emergencies, including localized acts of nature, accidents, technological emergencies, and military or terrorist attack-related incidents, have shifted awareness to the need for viable Continuity of Operations Plan capabilities that enable agencies to continue their essential functions across a broad spectrum of emergencies. In addition, the potential for terrorist use of weapons of mass destruction/disruption has emphasized the need to provide the Governor of Florida a capability that ensures continuity of essential government functions.

In May 2013, the Department of Children and Families published the Continuity of Operations (COOP) Plan. The Plan establishes policy and guidance to ensure the execution of our mission-essential functions in various emergency situations, to include natural disasters, accidents, technological emergencies, and military or terrorist related incidents. The COOP integrates the various programs and regional oversight under the Department. Along with the integrated COOP Plan, each Community-Based Care lead agency has a disaster preparedness/COOP Plan to address child welfare specific activities throughout the state in emergency situations.

The Department's COOP is not distributed outside of emergency response personnel due to the linkage to terrorism, among other reasons. The Department does not centrally manage response to any local disasters, but rather handles action through its providers and their relationships with/responsibilities to the regional operations and leadership, both child welfare and local government. In case of widespread emergency, the Department does not have a stand-alone response; it coordinates through statewide mechanisms such as the Florida State Emergency Response Team in the Division of Emergency Management.[1] The division maintains a primary Emergency Operations Center (EOC) in Tallahassee. The EOC serves as the communications and command center for reporting emergencies and coordinating state response activities. The division also operates the State Warning Point, a state emergency communications center staffed 24 hours each day. The center maintains statewide communications with county emergency officials. Department of Children and Families officials, along with other relevant agency staff, participate in EOC and other state level disaster response.

In case of a disaster, one of the aftermath activities of local agencies responsible for case management services is to contact families that care for children under state custody or supervision immediately. During these contacts, the child's Case Manager explores if there are any services to the child interrupted by the disaster. The Case Manager will explore with the family expected duration of interruption, alternative service providers, transportation considerations, etc. In addition, local agencies are making determinations as to the extent of damage and interruption of services and their capacity to respond to emergencies, recover from them, and continue to deliver services in the affected areas. If the agency identifies that certain services to children may be interrupted, such as speech therapy, mental health services, educational supports like tutoring, etc., they will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors make the staff aware of the alternative services available.

The CBCs, through communication with their individual case management agencies are responsible for contact of all network providers through the Contract Manager to ensure the safety of all children and assess any impact of the emergency. The Department's Regional Managing Directors and Contract Managers maintain communication with CBC leadership and essential staff via two-way communications regarding the Lead Agency and the status of the children in care. The Department's regional staff reports directly to the Assistant Secretary of Child Welfare and key Department Leadership on the status of activities.

Local Disaster Planning

Florida's lead Community-Based Care (CBC) agencies maintain locally driven Continuity of Operations Plans (COOP) and Child Welfare Disaster Plans. The CBC

[1] http://floridadisaster.org/about_the_division.htm

Disaster Planning

Contract Managers are responsible for reviewing and approving CBC disaster plans to ensure that they meet the requirements of the federal Child and Family Services Improvement Act of 2006 (PL 109-288). As a resource to child welfare professionals in general and the CBCs specifically, the Department in collaboration with the University of South Florida maintains the Center for Child Welfare website. As well as housing information and training resources, the Center website maintains a Disaster Planning page. The website also contains CBC and Sheriff's Office Disaster Plans.

The CBC Contracts require CBCs to ensure that the CBC and all contracted providers are prepared to respond to emergencies, recover from them, and mitigate their impacts. Assurance that the CBC and all contracted providers are prepared to provide critical services under all emergency circumstances. The CBC must establish and enact time-phased implementation procedures to activate various components of the plan to provide sufficient operational capabilities related to the event or threat. The CBC must ensure the availability and continuation of services and newly identified needs.

CBCs are required to revisit and resubmit the COO Plans annually, commencing one year from date of acceptance of CBCs initial plan. Disaster planning efforts are revisited and reconfirmed for the year ahead. Fortunately, in recent years major disasters have not been declared in Florida with only severe storms and flooding being reported by FEMA.

The Department and its service providers identify and develop: essential functions, programs and personnel; procedures to implement and personnel notification and accountability; delegations of authority and lines of succession; alternative facilities and related infrastructures; procedures to protect paper and electronic files and databases; and schedules and procedures for periodic tests, training and exercises. All plans include listing of essential personnel and their functions during an emergency along with phone trees and contact information. Certain CBCs provide unique approaches; for example, CBC of Central Florida divides their staff into Teams. They list all staff reporting under individual teams and what the responsibility of the teams will be during a disaster. For other variations on local approaches within the context of the contract requirements, see the CBC plans at http://centerforchildwelfare.fmhi.usf.edu/DisasterPlanning/CBCSheriffPlans.shtml.

CBCs define different disasters in their plans and lists alternative communication methods and procedures specifically tailored in the event of bomb threats, hurricanes, floods, etc.

Data recovery is also an important consideration. In the event of a pending disaster such as a hurricane, full backups are initiated by the CBCs on all file servers, application servers, database servers, exchange servers, operational files, configuration files, and backed up data and maintained at a central data center identified in their individual COOP plans. The Department maintains critical backup capabilities for central servers including the child welfare system offsite.

In case of a disaster, one of the aftermath activities of local agencies responsible for case management services is to contact families that care for children under state custody or supervision immediately. During these contacts, the child's Case Manager explores if there are any services to the child interrupted by the disaster. The Case Manager will explore with the family expected duration of interruption, alternative service providers, transportation considerations, etc. In addition, local agencies are making determinations as to the extent of damage and interruption of services and their capacity to respond to emergencies, recover from them, and continue to deliver services in the affected areas. If the agency identifies that certain services to children may be interrupted, such as speech therapy, mental health services, educational supports like tutoring, etc., they will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors make the staff aware of the alternative services available.

If a family relocates within the state 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. The primary and secondary worker would also work with each other and with the local providers in their respective areas to ensure that new providers have current, relevant information as to the child's needs and status in service provision prior to leaving their originating county.

If the family relocates out of state, the primary worker will immediately notify the Florida Interstate Compact on the Placement of Children Office 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 as to service needs and will request that once a local case manager is assigned, that case manager make contact with the child's Florida case manager to discuss service needs. The receiving State's case manager will be asked to implement continued services to address the child's previously identified needs as well as any new needs identified in their own contacts with the family.

Relocation of Families Across State Lines

Florida has experienced the temporary and permanent relocation of many families that were receiving services from the child welfare program of their respective home state. ICPC Administrators in states receiving these re-located children work together to review current law and identify avenues to allow the provision of services and supervision in such emergencies. It has been determined that these types of movements could receive immediate ICPC approval, services and supervision.

Regulation 1 as promulgated under Article 5 of the Compact provides a notification and approval mechanism for situations in which a family caring for a dependent child in one state wishes or needs to move to another state. Regulation 1 allows the dependent child

to move with the family rather than having to wait in his or her home state while the family relocates and goes through the home study and approval process, which can often take months. Regulation 1 applies to all placements: parents, relatives, licensed care and adoptive settings. It is of the utmost importance that states receiving these children notify the state of origin and request all documentation that can be obtained regarding the child's medical, behavioral and educational history, reasons he or she came into care, family history, case plan, information on visitation allowances and limitations, contact information for siblings and other significant persons in the child's life, etc. Evidence of the suitability of the current caregivers, particularly the home study, background checks and information on training and education provided should also be obtained as quickly as possible.

The ICPC Central Office initiates all incoming requests from another state or the Region/Circuit office must consult them before any actions are taken. Supervision cannot be terminated without agreement from the sending state compact office and the Central Office. The Central Office assigns out of state cases to case managers in the Regions to contact sending state case manager and exchanges any information and discusses home study completion timeline. If a placement is approved, case manager arranges all services and resolves financial concerns before or at the time of placement. Depending on the CBC which assigned placement of out of state child, any disaster planning would be in accordance to the CBC COO plan.

Chapter X. Florida's Staff Development and Training Plan

SECTION 1: Training Plan Overview
SECTION 2: Headquarters Training Unit Overview
SECTION 3: Description of the Initial Training for New Child Welfare Professionals
SECTION 4: Summary of Training Courses
SECTION 5: Training Funding
SECTION 6: Five-Year Staff Development and Training Plan

SECTION 1: TRAINING PLAN OVERVIEW

The 2015 - 2019 Child and Family Services Staff Development and Training Plan (the Training Plan) describes Florida's three staff development and training goals listed below, along with corresponding initiatives. It was developed with careful consideration of the current state (assessment based on the data available) and visioning for where Florida will be in five years, in response to the assessment.[1]

The initiatives were developed during in-person planning sessions with the Department's headquarters training staff, regional training staff, and community-based training partners. These planning sessions were held in March 2014 immediately following the release of the Administration for Children and Families Program Instruction regarding development of the 2015 - 2019 Child and Family Services Plan. Additional input was sought from the Seminole tribe through a telephone conversation with the tribe's family preservation administrator. The Training Plan reflects a combination of both current and new initiatives.

GOAL 1: Professionalize and Strengthen the Training Infrastructure

Initiative 1.1 Annual Needs Assessment, Planning, and Budgeting
Initiative 1.2 Trainer Credentialing
Initiative 1.3 Professionally Developed Curricula
Initiative 1.4 Research and Policy Development
Initiative 1.5 Training Resource Clearinghouse / Support Network
Initiative 1.6 Leadership and Guidance

GOAL 2: Promote a Culture of Career-Long Learning

Initiative 2.1 Career Ladders / Specialty Tracks / Career-Long Curricula
Initiative 2.2 Supervisor Professional Development

GOAL 3: Fully Integrate Training into the Continuous Quality Improvement Process

[1] Note: This plan covers staff training related to Title IV-B and aspects of Title IV-E except training for foster care, adoption, and guardianship. For training of those groups, see Chapter VII, Foster and Adoptive Diligent Recruitment Plan.

Initiative 3.1 Continuous Improvement of Training
Initiative 3.2 Strengthen the Link Among Training, Data, and Quality Assurance

SECTION 2: HEADQUARTERS TRAINING UNIT OVERVIEW

Over the next five-year period, the training unit staff will oversee the implementation of the Training Plan. The unit staff members will serve as liaisons between the field and the Administration for Children and Families regional representatives.

Organizationally, the Department's training unit is situated within the Office of Child Welfare's Continuous Quality Improvement (CQI) unit. During the last five year time period, since 2011, the training unit has been disbanded, reorganized, disbanded again, and most recently reorganized in January 2014 with the current staffing configuration. The unit consists of one supervisor and two specialists. The supervisor is dedicated solely to training initiatives. One specialist is dedicated to training initiatives part-time and the remainder of the time the specialist is tasked with administration of the rule-making process. The other specialist is dedicated part-time to training and part-time to continuous quality improvement research activities.

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 (see Appendix C. Practice Model). Specifically, the training unit will ensure the following:

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

Administratively, the training unit will be responsible for the following:

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

SECTION 3: DESCRIPTION OF THE INITIAL TRAINING FOR NEW CHILD WELFARE PROFESSIONALS

New curricula. The Department of Children and Families has recently developed new pre-service curricula. The new curricula, consisting of 10 separate curricula, will be implemented in the summer of 2014. See below for the content overview of each.

Key design principles. Key principles of the curriculum design: using "multiple touches" (multiple contacts with the same material in different ways); using "scaffolding" and constructive feedback (scaffolding lets the participants try a portion of the skill at a time, followed by constructive feedback); and creating a classroom day which is 1/3 content delivery and 2/3 skills-based or interactive activities.

Support for newly hired staff. The new curriculum offers a formalized mentorship model of fieldwork called TEAMS. This allows for practical application and practice in the field. TEAMS offers child welfare professionals the opportunity to see how the child welfare system really works before they are assigned cases.

Core Pre-Service Curriculum
(eight weeks for investigators, case managers, adoptions specialists, and foster care licensing specialists)

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Field	Field	Classroom	Classroom	Classroom (2.5 days) Field (2.5 days)	Classroom	Classroom	Classroom

Field Weeks These two field weeks are highly structured apprenticeship and learning weeks in the field, using the TEAMS (Trainer, Employee, Agency, Mentor, Supervisor) model as the foundation and guiding accountability structure for participants. Each participant will be assigned a team that is composed, at least, of 1) trainer, 2) supervisor, 3) field supervisor, and 4) possibly QA and others who will support the pre-service individual throughout their pre-service training. The TEAMS model will also serve as a social model for supervisors to experience how supervision can more optimally occur and learning can take place in a more accountable structure on a sustained basis.

Participants will be provided with a field guide of specific activities in which they must engage. This structured guide, which becomes a portfolio for each pre-service individual, includes a sign-off sheet, where the TEAMS trainer, supervisor or other relevant team member will sign off on each activity, after viewing the evidence of successful completion. These activities are designed to provide a first touch with participants on the nature of child welfare practice in Florida, the nature and scope of their jobs, the crucial relationship of child welfare professional and supervisor and joint

problem-solving, addressing chain of command issues, and, in the second week, support in-field cross training. During these two weeks, participants will also complete assigned readings and eLearnings, and their associated accountability activities in preparation for the content they will be learning in the face-to-face core training.

Introductory Module. In this module, we will welcome participants and provide an overview of the course, the purpose of the course, and the contents of the course. We will also review key information participants should have acquired during their two weeks of structured field time.

Module 1: The Basic Social Unit: The Family. In this module, we will examine the six protective factors that make a family resilient and evaluate case study information against these six factors.

> **Unit 1.1: What is a Family?** In this unit, we will examine the key features of what makes a family resilient, and will evaluate two case studies of different families against these key features.

Module 2: The Child. In this module, the participant will learn about child maturation, the child's developmental stages, the child's needs for attachment, nurturing and permanency, and the child's well-being needs. The participant will apply these concepts in a case-based format similar in nature to what they would have to do as a child welfare professional and will develop a visceral understanding of what attachment and lack of attachment feels like.

> **Unit 2.1: How Children Develop.** The purpose of this unit is to provide participants with a strong understanding of the stages of child development and to provide participants with the ability to evaluate children based on the developmental stages. It also introduces the 'child functioning' domain, how to assess a child's functioning, and how to write adequate content on a child's functioning domain.
>
> **Unit 2.2: Child Attachment, Permanency and Well Being.** This unit broadens the focus from the child's developmental stages to look at the child's need within the family of nurturing, attachment and permanents, providing definitions and examples, as well as scenario or video practice in determining where these needs are and are not being addressed. In addition, participants learn about the importance of meeting the child's needs from a well-being point of view.

Module 3: Principles of Adult Functioning and Purposeful Parenting. In this module, participants learn to assess adult functioning by using the adult functioning criteria. This is one of the six domains of information collection. Participants will identify specific evidence/examples of what they see and hear that provides them with evidence of adult functioning. They will apply their understanding in a case-based format, and practice critical thinking by preparing a synthesized assessment of an identified parent's adult functioning. They will also learn to do the same with the General Parenting and Parental Disciplinary Behavior domains.

Unit 3.1: The Parent/Caregiver as a Functioning Adult. The parent/caregiver is not just a parent, he or she is an adult who functions in society. In this unit, we examine the parent/caregiver as an adult, review adult functioning concepts, evaluate a scenario-based parent for his/her adult functioning, and prepare a synthesized written assessment of adult functioning in that case, including examples justifying their conclusions. Understanding parental/caregiver adult functioning is a key component in determining whether or not the parent has sufficient ability to 1) foster a safe family environment for his/her child and 2) protect his/her child from situations and family conditions that would make his/her child unsafe.

Unit 3.2: The Purposeful Parent and General Parenting and Parental Disciplinary Behaviors. It is important for participants to understand how purposeful parenting looks so that they can have a standard against which to compare. In this unit, participants will learn the principles of purposeful parenting, as well as the criteria of the two parenting domains (general parenting and parental discipline). They will then assess one of two case-based parents and generate written assessments of these two domains.

Module 4: The Family and Its Complexities. In this module, participants will learn about family systems and family dynamics. They will learn the impact of disabilities and culture on the family systems and dynamics, and will specifically examine the parent's role in terms of his/her general parenting attitudes and behavior and his/her parental disciplinary behavior. Participants will apply their understanding of these concepts in case-based activities designed to build skill in the child welfare professional. Participants will prepare critically thought-out, synthesized written assessments of general parenting and the parental disciplinary behaviors, providing case examples justifying their assessment assertions.

Unit 4.1: The Family as a System. This unit introduces the concept of the family as a system, helping participants better understand that it is the totality of what they know about the family that helps them best assist the family in healing. Participants learn how to create a genogram representing their personal family system.

Unit 4.2: The Impact of Family Dynamics and Culture on Family Functioning. The purpose of this unit is to introduce to participants the concepts of family dynamics and culture. During this segment, participants will understand family dynamics and cultural characteristics, and will be provided opportunities to evaluate these elements through a scenario-based activity, and explain the dynamic they observe. This understanding helps participants approach their child welfare work with the ability to discriminate among healthy and unhealthy family dynamics and cultural issues.

Module 5: Dynamics of Abuse and Neglect that Impact Family Dynamics and Children. This module discusses the potential impacts on family dynamics of substance use, domestic violence, sexual abuse, unmanaged mental illness, poverty, and limited

cognitive functioning. The Andersen case study is used to highlight the impact of substance abuse on family dynamics. Participants are given other examples to highlight various types of family conditions that can lead to children being unsafe.

Unit 5.1: The Dynamics of Substance Abuse. This unit educates participants about substance abuse issues and their impact on the family. It provides an understanding of the addicted family. It provides information about the continuum of use, abuse, and dependency and explores signs and symptoms. Learning opportunities are provided that are designed to support child protection professionals in working with families from various cultural groups affected by alcohol and/or drug-related problems. Participants will also be provided opportunities to evaluate these elements through a scenario-based activity, and explain the family dynamics and culture issues they observe.

Unit 5.2: The Dynamics of Domestic Violence. This unit provides an overview of the dynamics of domestic violence, its impact on the children and the non-offending parent, and how to determine when domestic violence may be at play within the family's dynamics. It also helps participants understand the thought process and motivations of the non-offending parent, and how to help them protect themselves.

Unit 5.3: The Dynamics of Sexual Abuse. This unit provides an overview of the family dynamics of sexual abuse, the impact of sexual abuse on the child and the non-offending parent, and the role of the child welfare professional in addressing sexual abuse in the family.

Unit 5.4: The Dynamics of Mental Illness. This unit provides participants with a clear understanding of the impact of mental health issues on the families and the role of the child welfare professional in addressing such mental health issues in the family.

Unit 5.5: The Dynamics of Poverty. This unit provides a framework for understanding how poverty impacts the families with whom child welfare professionals work. The impact of poverty on the child through family dynamics and other factors plays, possibly, the most central role in the child's safety, as well as their short- and long-term prognosis for a healthy, productive life.

Unit 5.6: The Effects of Limited Cognitive Functioning on Family Dynamics. This unit defines and describes limited cognitive functioning, as well as discusses the child welfare-related implications of working with a family in which a caregiver has limited cognitive functioning.

Module 6: Trauma and the Child. This module explains the short- and long-term impacts of traumatic events on the child, points to the multi-generational nature of trauma and discusses how parents who were traumatized children often become traumatizing adults. The module also highlights the importance of thoughtful professional intervention.

Unit 6.1: Trauma and Its Impact on the Child. This unit portrays for participants the short- and long-term impact of traumatic events on the child, highlighting the importance of careful, thoughtful professional intervention. The implications of the Adverse Childhood Experiences (ACE) study are woven into this discussion and activities are designed to produce a visceral impact in participants on the child's experience of trauma.

Module 7: Why We Must Understand the Family, the Child and the Parent/Caregiver In this module, we return to the child and parent/caregiver, looking at how absence of safety for children, whether physical, emotional, or sexual, likely results in trauma. We define and practice the three conditions that, combined, lead to a determination of whether or not the child is safe or unsafe: identifying danger threats, determining in situations whether a child is vulnerable, and defining and describing caregiver protective capacities. In the last of the four units, we practice working with all three of these concepts to determine whether a child is safe or unsafe.

Unit 7.1: Danger Threats: The First of Three Conditions Leading the Child to be Unsafe This unit provides the definition of 'danger threat', portrays examples of each danger threat, and then provides participants with scenario-based practice to determine what danger threat is present.

Unit 7.2: Child Vulnerability: The Second of Three Conditions Leading the Child to be Unsafe. This unit provides the definition of 'child vulnerability', portrays examples of child vulnerability, and then provides participants with scenario-based practice to determine whether or not the circumstances would dictate that the child is vulnerable.

Unit 7.3: The Protective Capacities of the Parent/Caregiver. A central role for the parent is to keep his/her child safe. When Caregiver Protective Capacities (CPCs) are present in sufficient quantities, the child might live in a situation where potentially they are in, at least, impending danger, but they are kept safe by the parent/caregiver. In this unit, we focus on the definition of caregiver protective capacities, using examples to help participants understand the concept. We then define the term 'diminished caregiver protective capacities' and use scenario-based examples, along with the caregiver protective capacity rating tool, to determine what capacities are diminished and why.

Unit 7.4: Is the Child Safe or Unsafe? Participants have learned about the three conditions that simultaneously must be assessed in order to determine if the child is safe or unsafe. In this unit, participants will learn the 'formula' for child safety, and practice integrating the three concepts together to assess, in scenarios, a child's safety.

Module 8: Florida's Child Welfare Practice Model. The purpose of this module is to provide the basic concepts of Florida's Child Welfare Practice Model as the foundational model for all child protection work. It is through the application of the knowledge and skills outlined in this model that we are able to keep vulnerable children safe through

sufficiently robust caregiver protective capacities. Building on participants' relevant eLearning (Florida's Child Welfare Model, Family, Foundational Elements of Family-Centered Practice, Safety and Risk, Trauma-Informed Care, and the Seven Professional Practices), this module will highlight the essential fundamental child welfare professional focus on child safety, permanency and well-being and on family change.

Unit 8.1: Your Approach to Helping Children and Families: Florida's Child Welfare Practice Model. The purpose of this unit is to provide the basic concepts of Florida's Child Welfare Practice Model as the foundational model for all child protection work. It is through the application of the knowledge and skills outlined in this model that we are able to keep vulnerable children safe through sufficiently robust caregiver protective capacities. Building on participants' relevant e-learning (Florida's Child Welfare Model, Family, Foundational Elements of Family-Centered Practice, Safety and Risk, Trauma-Informed Care, and the Seven Professional Practices), this module will highlight the essential fundamental child welfare professional focus on child safety , permanency and well-being and on family change.

Module 9: The Context of Your Work as a Child Welfare Professional. Building on eLearning module content, for the most part, this module provides an overview of the DCF Office of Child Welfare system, the roles that comprise the system, the legal mandate driving the Office of Child Welfare, and the Florida Safety Methodology.

Unit 9.1: DCF's Mission, Values and Legal Basis. The purpose of this unit is to provide new child welfare professionals with an understanding of their mission, the legal underpinnings of that mission, and the values upon which DCF's Child Welfare/Child Protection unit is built.

Unit 9.2: Roles within Child Welfare: Job Areas and Responsibilities. The purpose of this unit is to begin to inform participants of the various child welfare roles within DCF's System of Care, what they each do, and how they work together and with community partners to achieve child safety, permanency and resilient families.

Unit 9.3: Overview of the Florida Safety Methodology. The purpose of this unit is to introduce the Florida Safety Methodology.

Unit 9.4: Ethical Conduct of Child Welfare Professionals. The purpose of this unit is to provide participants with continued discussion of ethical behavior.

Field Work: Half of Week 5

Unit 1: Resources for Child Welfare Investigators and Case Managers

Unit 2: Foundation for Practice

Unit 3: Field Observation

Classroom Training: Weeks 6, 7 and 8

Module 10: Introduction to the Second Three Weeks of Class There will be a review of the content covered in the first 3-week face-to-face class session, discussion of experiences during the field week, and an overview discussion of what participants will be learning to do over the next three weeks.

Module 11: Child Abuse and Neglect: Why Children Come to Our Attention. This module provides a solid understanding of maltreatment towards children, including the definitions of abuse, neglect and abandonment; further information related to the Child Maltreatment Index; how to identify when a child is being maltreated; and the various types of maltreatments within each category and how to visually identify them and verbally describe them.

Unit 11.1: Maltreatment: Overview. This unit provides participants with a broad understanding of what is maltreatment, setting the stage for a deeper look in the other units of this module at each type of maltreatment.

Unit 11.2: The Dynamics and Impact of Neglect. This unit provides participants with an understanding of neglect, including identification and ability to discriminate between types of neglect in the Maltreatment Index, ability to identify indicators of different types of neglect in family scenarios and through descriptions, photographs, and other behaviors and words, and to explain and appreciate the longer-term impact of child neglect maltreatment.

Unit 11.3: Maltreatment: Identifying Physical Abuse. This unit provides participants with definitions and a detailed examination and understanding of child physical abuse.

Unit 11.4: The Effects of Sexual Abuse on the Child. This unit provides participants with a sufficient understanding of the effects of child sexual abuse, including identification of it in the Maltreatment Index, ability to determine if what is alleged actually rises to the definition of sexual abuse, ability to identify indicators in family scenarios and through descriptions, photographs, and other behaviors and words, and to explain and appreciate the longer-term impact of sexual abuse on the child.

Unit 11.5: The Effects of Mental Injury. This unit provides participants with an sufficient understanding of mental injury, including identification of it in the Maltreatment Index, ability to discriminate between types of mental injury, ability to identify indicators of mental injury in family scenarios and through descriptions, photographs, and other behaviors and words, and ability to explain and appreciate the longer-term impact of mental injury abuse on the child.

Unit 11.6: The Effects of Substance Use on Children. This unit provides participants with an understanding of the effects of substance use on the child, including identification of it in the Maltreatment Index, and to explain and appreciate the longer-term impact of substance use maltreatment on the child.

Unit 11.7: Understanding, Identifying and Addressing Family Violence. This unit provides participants with the knowledge and skill to identify family situations in which domestic violence is occurring or has occurred.

Unit 11.8: Describing the Extent and the Nature of a Maltreatment. This unit builds participant skill in writing critically-thought, synthesized assessments regarding the extent of a maltreatment and the nature of (or circumstances surrounding) a maltreatment.

Module 12: Assessment Using the Six Domains of Information Collection. This module formally defines the six domains of information collection and asks participants to review in greater depth the assessment and documentation work they have accomplished throughout the training. This includes assessment and documentation on: 1) child functioning; 2) adult functioning; 3) general parenting; 4) parental discipline, 5) nature of maltreatment; and 6) extent of maltreatment. Participants will reevaluate the work they have done in the Andersen case in light of knowing about the maltreatment(s) that occurred in order to: 1) determine if they have sufficient information to declare if the child is in present or impending danger; and if not, 2) determine what questions are needed to be answered in order to determine if the child is indeed unsafe and at risk.

Unit 12.1: The Six Domains of Information Collection, Information Sufficiency and Reconciliation. Now that maltreatments have been discussed in detail, and participants have learned the meaning of the last two of the six information domains, they must now understand that the extent and nature of maltreatments are actually the lens through which they must acquire and work with information in the other four domains (child functioning, adult functioning, general parenting and parental discipline). This module ensures that this point is fully understood, and additionally gives participants an understanding about and ability in determining information sufficiency, verifying information, and reconciling information acquired. Only when they have sufficient information in all six domains can child welfare professionals move to the next step in determining child safety, risk, present and/or impending danger.

Unit 12.2: The Central Importance of Information Collection in the Florida Safety Methodology. This unit primes participants to focus on information collection as an essential, central skill to acquire.

Module 13: Trauma-Informed Care. This module builds on the eLearning module and associated practicum guide. It also builds on the impact of trauma on the child learned in the first two and a half weeks of face-to-face Core pre-service. The module provides participants with an overview of trauma-informed care, more information regarding the

impact of trauma on the child and family, how to address that impact in a trauma-informed manner, and the process of assessing for trauma.

Unit 13.1: What is Trauma-Informed Care? This unit defines trauma-informed care and describes the child welfare issues and strategies related to implementing trauma-informed care practices.

Unit 13.2: The Impact of Traumatic Stress on the Child. This unit builds on the earlier module focused on the impact of trauma on the child and guides participants to be more aware, to identify situations where the child and/or family member(s) might be traumatized, and how to respond to these situations as a child welfare professional.

Unit 13.3: Trauma Assessments and Trauma-Informed Treatment. This unit provides an understanding of the trauma assessment: what it is, how it is conducted, and how to use that information to inform the child welfare professional's subsequent efforts with the family.

Unit 13.4: Trauma-Informed Services. This unit portrays to participants the types of services that are available to support traumatized children and families.

Module 14: Potential Cost to the Child Welfare Profession (Vicarious Trauma). The reality for child welfare professionals is that they are exposed, at an often-intimate level, to all forms of horrific abuse perpetrated on children and families. This exposure can easily lead to the development of vicarious trauma, which is similar to post-traumatic stress. Child welfare professionals can also be impacted by stressors from within the child welfare system, and that can lead to challenges as well. Developing a resilient perspective and skill set is the key to participants being able to avoid the impact of various traumas.

Unit 14.1: Vicarious Trauma: The Trauma Child Welfare Professionals Can Experience. This unit provides participants with an overview of what vicarious trauma is and how a child welfare professional can be so impacted by family and child trauma that they exhibit symptoms of vicarious trauma.

Unit 14.2: Overcoming the Stressors Child Welfare Professionals Face to Achieve Resilience/Well-Being. Built on their Self-Care toolkit provided during the field days in week 5, this unit gives child welfare professionals a set of tools to develop resilience and minimize risk of vicarious trauma.

Module 15: Where It Begins. Building Healing and Helping Relationships – the Heart of Our Work. This module will introduce many of the foundational skills needed for interviewing and establishing relationships with families.

Unit 15.1: Developing Relationships with Families. This unit focuses on the importance of identifying strengths in a family and using strengths to foster the relationship between the family and the child welfare professional.

Unit 15.2: Self Disclosure. In this unit, participants explore appropriate and inappropriate self-disclosure.

Unit 15.3: Dealing with Challenging Family Dynamics. This unit provides a deeper dive into the challenges child welfare professionals face with working with families whose children have come to our attention, and how these can be addressed through effective interviewing techniques.

Unit 15.4: The Child Welfare Professional's Safety in Building Relationships. This unit discusses child welfare professional safety.

Module 16: Effectively Communicating with the Family. This module establishes the importance and need for good communication skills with families and others. Participants will review what has been learned in earlier modules and relate them to interviewing skills. Participants will begin to practice what they have learned and create their own style of interviewing.

Unit 16.1: Basic Communication Skills. This unit develops effective communication and interviewing skills with families. Significant practice in application of these communication and interviewing skills will occur.

Unit 16.2: Basic Interviewing Skills. The purpose of this unit is to explain and describe basic interviewing skills that will serve as the foundation for information collection and to provide participants with significant practice in basic interviewing.

Unit 16.3: Basic Documentation Skills and Florida Safe Families Network (FSFN). This unit provides knowledge and related skill in writing documentation, and how that translates into FSFN.

Module 17: Making the Florida Safety Methodology Matter: Why Your Core Skill Set Matters. This module introduces participants to the Florida Safety Methodology through the lens of the case study that has been used throughout in portions of the last 3 weeks of face-to-face classes. Throughout this module, participants collaborate to come to understand the principal concepts and skills throughout the life and conclusion of this case. This last module will be activity-focused, requiring participants to work together, through highly scaffolded activities, to understand the Florida Safety Methodology at a more visceral level. This last module also accomplishes the goal of cross-functional awareness – so that child welfare professionals understand and appreciate the scope of services and roles provided by all professionals within the Office of Child Welfare. This understanding will in turn build efficiencies in the child welfare process and move towards beginning to eliminate historic bottlenecks as participants better understand the implications of their delays on the functions of others within the Office of Child Welfare.

Unit 17.1: The Florida Safety Methodology Process from Hotline to CPI. The purpose of this unit is to provide an overview and experiential understanding of the Florida Safety Methodology from Hotline through CPI.

Unit 17.2: The Florida Safety Methodology Process from CPI through Case Closure. The purpose of this unit is to provide an overview of the role and supports provided by case managers; the focus of Case Plans, rationale for ongoing case management services and caregiver change, and defining what constitutes success or effectiveness in cases. It also portrays the role of the supervisor, foster care parent, foster care licensing, Children's Legal Services, and adoptions.

Child Protective Investigators (CPI) Pre-Service Curriculum
(four week specialty track following core training)

Specialty	Week 9	Week 10	Week 11	Week 12
CPI	Classroom (4 days) Field (1 day)	Classroom	Classroom (4 days) Field (1 day)	Classroom

Module 1: Introduction

Module 2: Laws & Policies Review (i.e. Ch. 39; AFSA; CAPTA; AAWCA; ICPC; MEPA)

Module 3: Introduction to Child Protective Investigations

- **Unit 1: Reviewing the Child Welfare Practice Model**
- **Unit 2: Overview of the Child Protective Investigation Process**
- **Unit 3: Family Centered Practice**
- **Unit 4: Quality of Practice Standards Model for CPI**
- **Unit 5: Cultural Competence**

Module 4: Hotline Assignment (Screen-In) to Investigations

- **Unit 1: From Hotline Assignment (Screen-In) to Investigations Pre-Commencement**
- **Unit 2: Assigned Reports Not Requiring Investigation**
- **Unit 3: Reports with Special Circumstances**
- **Unit 4: Special Conditions Referrals**

Module 5: Commencement of the Investigation: Initial Contact and Present Danger

- **Unit 1: Purpose of Commencement and Planning for Initial Contact**
- **Unit 2: Present Danger**
- **Unit 3: Conducting the Initial Assessment**

Module 6: Present Danger Assessment

- **Unit 1: Present Danger Assessment**
- **Unit 2: Developing a Present Danger Safety Plan**
- **Unit 3: Temporary Removal Due to Present Danger**
- **Unit 4: Continuing the Assessment Process**

Module 7: The Family Functioning Assessment-Investigation and Safety Planning

- **Unit 1: Overview of the Family Functioning Assessment-Investigation**
- **Unit 2: Information Collection and Determining Impending Danger**

Unit 3: Assessing Impending Danger Related to Caregiver Protective Capacities (CPC) and Child Vulnerability
Unit 4: In-Home Safety Analysis and Planning

Module 8: Developing an In-Home or Out-of-Home Safety Plan

Unit 1: Managing for Safety
Unit 2: Documentation, Removal and Placement
Unit 3: Consulting with CLS

Module 9: Closing an Investigation: Family Functioning and Case Transfer

Unit 1: Maltreatment Verification Standards
Unit 2: Risk Assessment at Closure
Unit 3: Investigation Closure-Safe
Unit 4: Investigation Closure-Unsafe

Module 10: Discontinuing an Investigation

Unit 1: Investigations Involving a False Report
Unit 2: Patently Unfounded Investigations

Module 11: Putting It All Together: Field Practicum

Case Management Pre-Service Curriculum
(four week specialty track following core training)

Specialty	Week 9	Week 10	Week 11	Week 12
Case Management	Classroom (4 days) Field (1 day)	Classroom	Classroom (4 days) Field (1 day)	Classroom

Module 1: Introduction This module establishes the groundwork for the Case Manager training, while at the same time launching the platform of teamwork that will serve as the foundation for case management practices.

Module 2: Overview of Case Management Process

> **Unit 2.1: The Case Management Process.** This unit explores the roles of a case manager while connecting them to Florida's Safety Methodology and the applicable federal, state and local laws and to recall the basics of Child Welfare Practice Model in the Core curriculum to connect this content to ongoing case management.

Module 3: Pathway to Permanency: Safety, Permanency and Well-Being. In this module, participants review the safety concepts that guide Case Managers in their role, as well as those concepts that were built in prior learning that will assist them in developing a clear understanding of the goals of safety, permanency and well-being.

> **Unit 3.1: Quality.** This unit introduces and explores the concept of quality and the role of the Quality Service Review in assuring safety, permanency and well-being.
>
> **Unit 3.2: Safety.** In this unit, participants review the standards of the Children and Family Services Review (CFSR) with a focus on safety and prior learning about safety and the Child Welfare Practice Model (CWPM), answering any concerns and questions and fully implementing the CWPM core constructs: information collection, danger threats, and caregiver protective capacities into their case management roles.
>
> **Unit 3.3: Permanency.** In this unit, Case Managers review the CFSR goals for permanency and come to understand the concept of permanency throughout the life of the case.

Unit 3.4: Well-Being. In this unit, participants review the CFSR goals for well-being and to begin to understand the role of child well-being in case management.

Module 4: Family Engagement Skill Building. In this module, participants build upon and practice the skills from prior learning that will assist them in developing a trusting and motivated team, with a focus on building strengths and protective capacities.

Unit 4.1: Family Engagement. The purpose of this unit is to reinforce and practice the importance of identifying strengths in families and building an ongoing relationship with the family and the team.

Unit 4.2: The Family Team. The purpose of this unit is to achieve positive outcomes for families using family oriented teams.

Unit 4.3: Motivational Interviewing. The purpose of this unit is for participants to understand the role and uses of motivational interviewing in their work with families.

Module 5: Transfer and Transition from Investigations to Case Management. In this module, the Case Manager fully experiences and comprehends the purposes and goals of the Case Transfer Conference and preparation stage of intervention.

Unit 5.1: Transfer to Case Management. In this unit, participants explore the requirements and experience the Case Transfer Conference.

Unit 5.2: The Role of the Case Manager at Case Transfer. In this unit, participants will come to understand the various roles at the case transfer conference, especially the introductory and engagement role of the Case Manager.

Unit 5.3: The Case Manager Responsibility for Safety Management. In this unit, participants learn the role of the Case Manager after the case transfer for safety management.

Unit 5.4: Overview of Family Functioning Assessment – Ongoing. The purpose of this unit is to explore the purpose and parts of the FFA Ongoing.

Field Day. Field Day activities will focus on observation of Family Engagement, Teaming & Interviewing.

Field Day Review

Module 6: Purposeful Contacts This module begins the exploration process and provides ongoing safety management, examines communication techniques and methods that assist in developing relationships with parents, children, caregivers, and service providers, and discusses how to conduct visits that are meaningful and purposeful.

Unit 6.1: Purposeful Visits and Contacts with the Parent In this unit, participants examine communication techniques and methods that assist in developing relationships with parents and learn how to conduct visits that are meaningful and purposeful.

Unit 6.2: Purposeful Visits and Contacts with the Child In this unit, participants examine communication techniques and methods that assist in developing relationships with parents and children and learn how to conduct visits that are meaningful and purposeful.

Module 7: Maintaining Child and Family Connections Participants will learn the integral role that family time plays in reunification as well as the safety, permanency and well-being of the child and family.

Unit 7.1: Transitions In this unit, participants explore the effect transitions have on child well-being, how children might behave in difficult transitions, and learn ways to make those transitions as comfortable as possible.

Unit 7.2: Family Time In this unit, participants come to understand the concept of family time and visitation requirements associated with planning and creating a visitation plan.

Unit 7.3: Comprehensive Visitation Planning. In this unit, participants document and demonstrate a thorough visitation plan.

Module 8: Our Parenting Partners. This module explores the parenting partners who will join Case Managers in assuring the children safety, permanency and well-being, as well as how to establish relationships and support their needs.

Unit 8.1: Foster Parents as Partners. This unit explains the roles and responsibilities of foster parents, their potential challenges, and their importance to the permanency process.

Unit 8.2: The Icebreaker Meeting. In this unit, participants plan for working relationships and communication between birth parents, foster parents, and caseworkers to assist all those involved in implementing the best permanency outcomes, reduce trauma, and establish ways to build trust short and long-term.

Unit 8.3: Relative and Non-Relative Caregivers as Partners. The purpose of this unit is to explain the roles and responsibilities of relatives and non-relatives, their potential challenges, and their importance to the permanency process.

Module 9: Education, Medical and Mental Health. Participants will understand their role in assuring the implementation and documentation of a child's well-being needs being met.

Unit 9.1: Education. In this unit, participants will fully understand the role of education in child and adolescent well-being.

Unit 9.2: Medical and Dental Health. In this unit, participants learn to ensure that they as Case Managers understand their role in assessing and assuring the child's medical and dental health needs are met.

Unit 9.3: Mental Health and Psychotropic Medication. In this unit, participants learn to fully document and implement policy and procedure with regard to children mental health and psychotropic medications.

Module 10: Family Functioning Assessment–Ongoing. Participants will begin the steps needed to begin working with a family using the Family Functioning Assessment-Ongoing.

Unit 10.1: Parental Disciplinary Practices and Behavior Management. In this unit, participants review the FFA Investigation and FFA-Ongoing eLearning, and integrate and evaluate the General Parenting Practices for the FFA.

Unit 10.2: Danger Threats and Caregiver Protective Capacities. In this unit, participants further explore danger threats and how they couple with protective capacities to make determinations of child safety, determine which caregiver protective capacities are diminished, and determine the extent to which they are diminished.

Unit 10.3: Child Needs Indicator/Child Functioning. In this unit, participants review and further assess child functioning, assuring sufficiency of information through interviewing practice.

Unit 10.4: Documenting Information for the Family Functioning Assessment-Ongoing. In this unit, participants engage in full-task practice in completing a Family Functioning Assessment-Ongoing.

Module 11: Case Planning. This module presents an intervention approach for ongoing case management (specifically related to the Family Functioning Assessment-Ongoing) that will address questions related to the reason for providing ongoing safety and case management, the focus of case plans, rationale for ongoing case management services and caregiver change, and defining what constitutes success or effectiveness in cases. This module informs participants of the importance of a well-thought-out case plan, the process for family engagement, and how the case plan assists with permanency goals.

Unit 11.1: Comprehensive Case Planning. In this unit, participants learn to describe the basic components of case plans and integrate knowledge of the FFA-Ongoing, including caregiver protective capacities and strengths, and family engagement in the process.

Unit 11.2: Finding the Right Services. In this unit, participants examine how the right services are determined for the best outcomes, and how to identify the resources available for services to be the best match for family needs.

Unit 11.3: Case Planning Conference. In this unit, participants describe how the case planning conference utilizes all of the skills learned so far, as well as the many ways that families may be engaged, including informal conferences and formal family meetings, using a strengths-based and culturally sensitive perspective.

Unit 11.4: Permanency Options. In this unit, participants look at all permanency options available for children and to explore what is in the child's best interest.

Unit 11.5: Concurrent Case Planning. In this unit, participants decide when and under which circumstances to develop a concurrent case plan goal to achieve permanency.

Unit 11.6: Draft the Case Plan. In this unit, participants demonstrate transfer of learning by developing a case plan and entering the plan into FSFN.

Module 12: Ongoing Assessment and Safety Planning. In this module, participants review the purpose of a Safety Plan and the ways that Safety Plans may be modified based on changing circumstances. They further look at the critical thinking involved in making child placements, and the tools to use for assistance in making an informed and productive placement.

Unit 12.1: Modification of the Safety Plan. The purpose of this unit is to provide participants the conceptual framework for ongoing safety management utilizing the safety plan during ongoing case management, based upon safety planning analysis, and managing the safety plan during treatment services.

Unit 12.2: Temporary Removal Due to Present Danger. In this unit, participants analyze the factors that determine that a child is in present danger and the actions to be taken as a result.

Unit 12.3: Placement Considerations. This unit presents those considerations that are important in finding the right placement as it relates to a child's social, emotional, and cognitive needs, and the need to maintain family relationships.

Unit 12.4: Unified Home Study. In this unit, participants identify all elements of a Unified Home Study, how to complete the tool, and the requirements for inclusion in the study.

Unit 12.5: The Ongoing Diligent Search Process. This unit stresses the importance of initial and on-going diligent search, how to ask questions that may uncover leads, and how to document the diligent search process.

Module 13: Independent Living - Preparing Youth for Life. This module addresses the adolescent's individual needs, life skills, education, and social skill development to prepare the child to live independently and have a quality of life appropriate to the youth's age.

Unit 13.1: Independent Living. This unit explains the Independent Living program, its features, benefits, and terms.

Unit 13.2: Adolescents Needs. The purpose of this unit is to further explore the special needs of adolescents in preparing for life.

Unit 13.3: My Future My Choice – Extended Foster Care (Unit Time: 2 hours). In this unit, participants explore the benefits and requirements related to the Extension of Foster care.

Field Day Field Day activities will focus on observation of Case Plans, Unified Home Studies and Life Skills Assessments.

Field Day Review

Module 14: Common Case Management Procedures. This module covers laws and processes that determine how caseworkers implement the requirements and reporting conditions for Out of County Services, Interstate Compact on the Placement of Children, Missing Children, Master Trust, and Independent Living.

Unit 14.1: Out of County Services (OCS). In this unit, participants determine the requirements and support needed for children who live out of the county of record.

Unit 14.2: Missing Children. The purpose of this unit is to identify steps to be taken when a child in care is missing and how to document the missing child in FSFN.

Unit 14.3: Exit Interview. In this unit, participants examine the elements of an exit interview and how the process can provide useful information for present and future placements.

Unit 14.4: Revenue Maximization. This unit explains the purpose of obtaining and maintaining appropriate case documents for determining or re-determining Federal Revenue eligibility for clients and explains the purpose and components of a Master Trust Account.

Unit 14.5: Interstate Compact on the Placement of Children (ICPC). In this unit, participants examine the requirements of the Interstate Compact on the Placement of Children, and identify the steps necessary to effectively manage the process.

Module 15: Ongoing Assessment of Change and Permanency. This module addresses what participants need to know to complete the ongoing family functioning progress (JRSSR/CPU) evaluation and how the family functioning assessment-ongoing progress evaluation will inform other case requirements, such as the judicial review and family visitation.

Unit 15.1: Assessing Change. In this unit, participants determine how to assess progress of families, when to update, renegotiate, or renew case plans, and how to give feedback on progress.

Unit 15.2: Communicating with Caregivers and Providers. The purpose of this unit is to examine communication techniques and methods that assist in developing relationships with caregivers and service providers.

Unit 15.3: Reassessing Parenting Skills and Parent/Child Bonding. In this unit, participants evaluate and assess progress and change during a visitation.

Unit 15.4: Determining and Documenting Change – The Judicial Review. In this unit, participants review administrative, citizen, and judicial review requirements, and learn how to effectively obtain information for, as well as write, meaningful judicial reviews using all resources available, including progress on case plans.

Module 16: Court Practice and Proceedings. In this module, participants explore the Case Manager's role and responsibilities in court proceedings, including relating to Guardians ad Litem (GALs), Children's Legal Services (CLS), Attorneys ad Litem (AALs), parent's attorneys, and the documentation needed for specific court actions.

Unit 16.1: Court Proceedings and Case Management. In this unit, participants explore the Case Manager's roles and responsibilities for ongoing court hearings.

Unit 16.2: Preparing Children for Court. In this unit, participants explore the Case Manager's roles and responsibilities for children's attendance in court.

Module 17: Achieving Permanency. In this module, participants look at assessing for "conditions of return," placement transitions, and case closure.

Unit 17.1: Conditions for Return (Reunification). The purpose of this unit is to provide the participants with the foundational knowledge of the role of the Case Manager in establishing and analyzing conditions for return.

Unit 17.2: Placement Transitions. The purpose of this unit is to provide the participants with the foundational knowledge of the role of the Case Manager in establishing and analyzing Transition Planning.

Unit 17.3: Case Closure. This unit reviews how to determine if a child is safe and when and how to close the case.

Module 18: Putting it All Together. In this module, participants review a case from beginning to end, and recognize and implement all of the knowledge and skills learned during the Case Management Pre Service.

Unit 18.1: Vicarious Trauma Revisited. Participants review the information about vicarious trauma and compassion fatigue and to provide Case Managers with a toolbox.

Unit 18.2: The Quality Service Review (QSR) Tool. The purpose of this unit is to examine a case and determine if the goals and standards of the QSR Tool have been met.

Unit 18.3: A Case Study. In this unit, participants take action on a case scenario using specific information.

Certification Test Review

Adoptions Pre-Service Curriculum
(four week specialty track following core training)

Specialty	Week 9	Week 10	Week 11	Week 12
Adoptions	Classroom (4 days) Field (1 day)	Classroom	Classroom (4 days) Field (1 day)	Classroom

Module 1 – Introduction and Adoption Requirements: Definitions, Philosophy, and Values

Unit 1: Introduction and Adoption Requirements. The purpose of Unit 1 is to establish a common bond and roadmap from which to begin the training

Unit 2: Definition, Philosophy, and Values. The purpose of this unit is to provide an overview of the legal and philosophical basis for their role as Adoption Specialists and to clarify their personal values as they relate to adoption. Participants also learn about opportunities to recruit permanent families for children that historically are more difficult to permanently place.

Module 2 – Federal and State Laws and Policies Impacting Adoption

Unit 1: Federal and State Laws and Policies Impacting Adoption. The purpose of Unit 1 is to provide participants with the federal and state law and policy that undergirds their adoption efforts.

Module 3 – Child(ren) & Youth Assessment and Preparation

Unit 1: Child(ren) & Youth Assessment and Preparation. The purpose of this module is to develop participants' skill in the areas of assessing, engaging and preparing children for adoption, giving children the knowledge and skill to be prepared to be adopted, and writing a child study.

Module 4 – Family Assessment and Preparation

Unit 1: Family Assessment and Preparation. The purpose of Unit 1 is to develop participants' skill in the area of assessing and engaging and preparing prospective parents for adoption and writing a home study.

Module 5 – Decision Making and Placement Selection in Adoption

Unit 1: Decision Making and Placement Selection in Adoption. The socio-emotional process is complex and requires assessment of child/youth and family strengths, challenges, needs, wants and desires and selecting the family with the best potential to meet the child's needs and desires. The purpose of Unit 1 is to

review these policies and practices, improve decision-making and engagement skills and introduce participants to the state-specific policies, standardized practices and protocol and effective team planning.

Module 6 – Placement Selection in Adoption

Unit 1: The purpose of this unit (and module) is to portray the processes and related knowledge that must be utilized to select the right adoptive family for the child.

Module 7 – The Court Process (Judicial Review)

Unit 1: Adoption and the Court Process. The purpose of this unit (and module) is to portray the court process related to adoptions of children who are under state care.

Module 8 – Title IV-E Adoption Assistance Agreements

Unit 1: Title IV-E Adoption Assistance Agreements. The purpose of this module is to provide adoptions specialists with the knowledge and skill to negotiate and develop Adoption Assistance Agreements.

Module 9 – Post Adoption Services

Unit 1: Post Adoption Services. The purpose of this module is provide participants with the skills in 1) determining the necessary post-adoption services, 2) developing a post-adoption services plan, 3) stabilize crises and develop a crisis contingency plan, and 4) Develop an individualized plan for family support.

Foster Care Licensing Pre-Service Curriculum
(three week specialty track following core training)

Specialty	Week 9	Week 10	Week 11
Licensing	Classroom (4 days) Field (1 day)	Classroom	Classroom (3 days)

Module 1: Introduction to Foster Care Licensing

Module 2: Overview of Licensing Requirements

- **Unit 1: Purpose and Goal of Foster Care Licensing**
- **Unit 2: Licensing Laws and Time Frames**
- **Unit 3: Who Can Become a Foster Parent?**

Module 3: Training Requirements and Responsibilities

- **Unit 1: Training and Other Requirements – First Steps in the Licensing Process**
- **Unit 2: Communication and Training Skills**

Module 4: Collecting and Assessing Information

- **Unit 1: Approval Process**
- **Unit 2: The Initial Licensing Packet**
- **Unit 3: Re-Licensing Requirements**

Module 5: Supporting Foster Parents

- **Unit 1: Florida's Agencies**
- **Unit 2: Foster Care Referrals**
- **Unit 3: Techniques to Manage Problems**

Module 6: Collaboration with Foster Parents

- **Unit 1: Foster Parent Involvement**
- **Unit 2: Children's Behavior**
- **Unit 3: Transitions**

Module 7: Putting It All Together

- **Unit 1: Doing It All At Once**

Florida Abuse Hotline Counselors Pre-Service Curriculum

Module 1: Introduction

Unit 1: An introduction to the course, to establish expectations, and introduce trainers and participants to each other.

Module 2: Overview of Process and Protocol

Unit 1: Gives a broad overview of the importance of the Hotline, its purpose and functions, legal basis and terms, and the basics of the job as Hotline Counselor.

Module 3: Obtaining & Documenting Information Regarding the Six Domains for Calls Involving Children

Unit 1: Allows recall of what has been learned about the 6 domains and practice in classifying information that is gathered during the intake process of the Hotline, according to domain, as well as providing hands-on use of the computerized note-taking tool.

Unit 2: Reviews the interviewing skills learned in the Core training and applies those to the interviewing protocol and unique circumstances of the Hotline.

Unit 3: Provides the opportunity to build interviewing skills for obtaining information by critiquing others in recorded scenarios, as well as practicing these skills in a role play simulation.

Unit 4: Gives opportunity for practice in documenting an intake narrative.

Unit 5: Reviews what has been learned about confidentiality and applies directly to the Hotline responsibilities and tasks. Will be presented by Legal.

Module 4: Information Systems Used by Hotline Counselors

Unit 1: Gives overview and demonstration of the various computer systems that will be used as well as give the first hands-on practice with these systems.

Module 5: Collecting and Assessing Information

Unit 1: Reviews maltreatment knowledge and questions to illicit such information already acquired in Core, as well as review the domains of surrounding circumstances, and child functioning and apply that to screening scenarios.

Unit 2: Reviews the domains of adult functioning, general parenting, and behavior management/discipline, questions to illicit such information, and then apply to screening scenarios.

Unit 3: Reviews the required demographic information to collect, ways to do that while collecting other information and the importance of this information to next steps in the call process.

Unit 4: Builds on what has been learned and apply to establishing jurisdiction when making screening decisions.

Unit 5: Explains what information can be gained by record checks, systems and procedures for doing so, and gives practice in performing record checks.

Unit 6: Delineates when and how to consult with a supervisor.

Module 6: Making the Best Screening/Safety Decision

Unit 1: Builds on the last module and use information gathered to make screening decisions.

Unit 2: Gives practice in documenting screening decisions by entering an intake into the appropriate databases.

Module 7: Closing the Call

Unit 1: Makes the link between the Core concepts of "present danger" or "impending danger" and response priority.

Unit 2: Provides practice in call-closing procedures, including informing the caller of the screening decision.

Unit 3: Provides practice in inputting final information required when closing an intake call.

Unit 4: Applies the procedures for the next steps for closing out an intake, both screened in and screened out and based on response level, as well as for other types of calls/contacts.

Module 8: Vulnerable Adults

Unit 1: Provides opportunity to prepare for taking intakes regarding vulnerable adults who may be the victims of abuse, neglect, or exploitation.

Module 9: Other Contact Types and Situations

Unit 1: Examines contacts that are not made by phone call.

Unit 2: Identifies the differences and procedures for institutional intakes, for children and for vulnerable adults call types.

Unit 3: Identifies what to do with an intake when the computer system is down.

Module 10: Criminal Background Checks

Unit 1: Provides opportunity to identify policies, processes and procedures and apply to performing criminal background checks for Hotline purposes.

Module 11: Putting it All Together Final performance of applying all course skills to Hotline intake scenarios.

New Supervisors Pre-Service Curriculum
(2 weeks)

Module 1: From Peer to Supervisor. The purpose of this module is to define the differences between workers and supervisors, develop strategies for successfully transitioning to supervisor and to understand the competencies and importance of supervisory consultation.

> **Unit 1: The Different Roles and Responsibilities of Worker and Supervisor.** The purpose of Unit 1 is helping participants develop skills and knowledge to successfully transition from worker to supervisor.
>
> **Unit 2: Supervision Fundamentals**. The purpose of Unit 2 is to introduce the participant to the fundamentals of supervision.

Module 2: Understanding Your Supervisory Style. New supervisors obtain their individual MBTI results, learns what will be the impact and influences of their supervisory style with their employees, and how to interact with team members with different MBTI personality styles.

> **Unit 1: The MBTI.** The purpose of Unit 1 is to provide participants with improved understanding of their behavioral style using the MBTI and have a basic understanding of how their style interacts with others.
>
> **Unit 2: The Participant's MBTI and its influence on the supervisory role and approach.** The purpose of Unit 2 is to provide participants with increased understanding of the MBTI and its influence on the supervisory role and approach.
>
> **Unit 3: Transfer of Learning.** The purpose of Unit 3 is to provide participants with improved understanding of their own and their worker's behavioral style using the MBTI and how types of personality may impact/influence their work with families and others.

Module 3: The Supervisor as Consulting Supervisor and Coach. The purpose of this module is to introduce participants to the role of consulting supervisor, define key responsibilities and behaviors and provide transfer of learning opportunities to practice these skills.

> **Unit 1: The Supervisor as Teacher and Consultant.** The purpose of Unit 1 is to increase understanding of teaching, coaching and mentoring as an important role of supervisors.

Unit 2: Consulting Supervision Skills and Coaching. The purpose of Unit 2 is to increase understanding of teaching, coaching and mentoring as an important role of supervisors.

Module 4: Effective Communication

Unit 1: Communication Fundamentals. The purpose of Unit 1 is to teach participants communication fundamentals and provide them with opportunities to practice these skills.

Unit 2: Listening Skills. The purpose of Unit 2 is to teach basic listening skills and tools to participants.

Unit 3: Feedback. The purpose of Unit 3 is to teach participants how to provide timely, honest feedback to workers.

Module 5: Planning

Unit 1: The Planning Framework. The purpose of Unit 1 is to increase a participant's understanding of the planning needs of new supervisors as well as strategies for managing myriad demands placed upon a supervisor.

Unit 2: Deadlines and Performance Goals. The purpose of Unit 2 is to provide participants with knowledge and skills to monitor deadlines and performance goals.

Unit 3: Time Management. The purpose of Unit 3 is to help participants manage their time effectively.

Unit 4: Managing Fidelity to Business and Practice Models. Supervisors must be aware of the key business and practice models related to their work and the work of those they supervisor. This unit discusses those models.

Module 6: The Learning Organization: Approaches for Critical Thinking and Problem Solving

Unit 1: Systems Thinking. The purpose of Unit 1 is to increase a participant's understanding of systems thinking and how it helps workers better assess family dynamics and safety.

Unit 2: Mental Models. The purpose of Unit 2 is to increase a participant's skills, knowledge and application of Mental Models.

Module 7: Managing Relationships

Unit 1: Developing Negotiating Skills. The purpose of Unit 1 is to increase participant's knowledge and skills in negotiation.

Unit 2: Working with Difficult People. The purpose of Unit 2 is to increase participant's skills so that they may effectively work with people who are perceived as "difficult."

Unit 3: Navigating the Bureaucracy. The purpose of Unit 3 is to increase participant's skills so that they may effectively accomplish tasks within the bureaucracy.

Unit 4: Managing the Multi-Generation Workforce. The purpose of Unit 4 is to increase participant's knowledge of the Multi-Generational Workforce as well as skills needed to manage this diversity.

Module 8: Team Building

Unit 1: Characteristics of Effective Teams. Provide knowledge, skill and attitudes related to team building.

Unit 2: Removing Barriers within Teams. Develop capability in facilitating effective teaming.

Unit 3: Team-Focused Behavior. Develop capability in supervising in teams.

Experienced Supervisors Pre-Service Curriculum

Module 1: Context This module focuses on increasing the understanding of the important role supervisors have in ensuring fidelity to Florida's Safety Methodology.

Unit 1: There is one unit, which achieves the module purpose.

Module 2: The Supervisory Focus This module reinforces the important role and responsibilities of supervisors in promoting, monitoring and holding staff accountable for good, family centered practice and fidelity to the Safety Methodology.

Unit 1: Safety. The purpose of Unit 1 is to ensure the fidelity of the Safety Methodology through effective supervision.

Unit 2: Supporting Florida's Family-Centered Practice. This unit helps supervisors align the Safety Methodology with family-centered practice.

Module 3: The Role of Consulting Supervisor The purpose of this module is to introduce participants to the role of consulting supervisor, define key responsibilities and behaviors and provide transfer of learning opportunities to practice these skills.

Unit 1: There is one unit to this module, which achieves the module purpose.

Module 4: Transfer Of Learning This module provides participants with a tool they can use in supporting new child welfare professionals as they acquire skills in their specialization.

Unit 1: There is one unit, which achieves the module purpose.

Leadership Seminar
(5.5 hours, plus pre- and post-classroom assignments)

Module 1: The Context of Your Efforts

Unit 1: This module focuses on providing a brief overview of the context of the Safety Methodology, as well as the important role of leadership to ensuring fidelity to the model.

Module 2: Transfer of Learning

Unit 1: The purpose of this module is to emphasize the important role of the leader in transfer of learning which is the foundation of ensuring that the fidelity of the Safety Methodology is maintained.

Module 3: The Role of Consulting Supervisor

Unit 1: The purpose of this module is to introduce participants to the role of consulting supervisor, define key responsibilities and behaviors, and provide transfer of learning opportunities to practice these skills.

Module 4: Your Leadership Focus

Unit 1: This module reinforces the important role and responsibilities of leaders in promoting, monitoring and holding staff accountable for good, family centered practice and fidelity to the Safety Methodology.

Children's Legal Services (CLS) Pre-Service Curriculum

Module 1: Introduction to the System of Care

- **Unit 1: Introduction to the System of Care**

Module 2: Hotline to Shelter

- **Unit 1: Arriving at a Shelter Determination**
- **Unit 2: Chapter 39 Injunctions**
- **Unit 3: The Shelter Determination**
- **Unit 4: Paternity Issues**

Module 3: Dependency Determination (Arraignment/Adjudication/Disposition)

- **Unit 1: Dependency Petition**
- **Unit 2: Case Plans**
- **Unit 3: Disposition**
- **Unit 4: Mental Health and Developmental Disabilities Considerations**

Module 4: First Judicial Review

- **Unit 1: First Judicial Review**

Module 5: Permanency/2nd Judicial Review

- **Unit 1: Permanency Options**
- **Unit 2: Achieving Permanent Placements**

Module 6: Independent Living

- **Unit 1: Independent Living**

Module 7: Termination of Parental Rights

- **Unit 1: Evaluating Case for Termination of Parental Rights**
- **Unit 2: Process at Point of Decision to Seek TPR**
- **Unit 3: Disposition**
- **Unit 4: Finalization**

Module 8: Appeals

- **Unit 1: Appeals**

Module 9: Foster Care for Young Adults (Over 18)

Module 10: "Catch All" – Remaining Legal Basis Material

Unit 1: Legal Basis – Overview of State and Federal Statutes/Guidelines

Module 11: Litigation

Unit 1: Rules of Evidence
Unit 2: Reoccurring Practice Problems
Unit 3: Opening Statement, Direct & Cross Examination, Closing Argument (Observe Court, Practice)
Unit 4: Child Hearsay

Module 12: Putting it All Together

Unit 1: Putting it All Together

SECTION 4: TRAINING TRACKING

Training events and courses are tracked two ways: 1) the semi-annual training reports from the community-based care providers; and 2) the training tracking module in the SACWIS system.

Semi-annual training reports. Aside from standard, statewide pre-service curricula for newly hired child welfare professionals, training conducted across the state varies among the regions, the contracted community-based care providers, and the sheriffs' offices. Twice a year, the contracted providers and the sheriffs' offices submit a summary of all the training courses they have conducted. Although the Department does not currently request semi-annual training reports for the training Department investigators receive, the Department will request these reports from the regions.

See Appendix E: *Overview of Community-Based Care Training*

Detailed spreadsheets of individual CBC training available on request:

- *2013 Semi Annual Reports January to June*
- *2013 Semi Annual Reports June to December*

Training tracking in SACWIS. In early 2013, a new training tracking feature was implemented in Florida's SACWIS system. Per directive from the Department's central office, all child welfare professionals across the state were mandated to use the system. Each professional is directed to self-report the training he or she has received. Currently, the utilization rate for the training tracking feature is low. The Department plans to engage in on-going efforts to increase usage.

SECTION 5: TRAINING FUNDING

The Department allocates funding specifically for training among Community-Based Care lead agencies, sheriff's offices conducting protective investigations, and Department regions providing direct services. Funds are for the purposes of providing child welfare services staff with the mandated pre-service, and advanced and in-service training that reflects the agency's system of care and meets both agency and individual training needs. Additionally, the Department uses training funds from other grants, such as the Children's Justice Act, in order to meet the specific training needs that support the goals and objectives of the grant program. CBC lead agencies are restricted to using these funds for child welfare education and training services only. To ensure appropriate expenditure of these funds, each agency receiving training funds is required to submit semi-annual training reports.

During State Fiscal Year 2012/13, the Department and sheriffs expended about $3.5 million on training related primarily to child protective investigation and related case management/service provision activities. The CBCs expended about $6.1 million on training related to case management and other aspects of service provision, so the cost of training in total was around $9.6 million. The allocated budget for SFY 2013/14 was similar. Two major factors will affect the anticipated budget/cost of training beginning in SFY 2014/15. First, legislative appropriations to support major new Department initiatives in child protection and welfare will have additional funding available for training. Second, the recently renewed terms and conditions for the state's Title IV-E Demonstration Waiver remove training from the "cap" for administrative claims, and therefore federal FFP may be claimed for allowable training activities. The amount of funding that these changing factors will mean is not yet able to be estimated0.

SECTION 6: FLORIDA'S FIVE YEAR STAFF DEVELOPMENT AND TRAINING PLAN FOR 2015-2019

FLORIDA'S CHILD WELFARE TRAINING SYSTEM FIVE YEARS FROM NOW

OUR VISION

…. is to create a formal statewide training system that supports the three goals of the Child and Family Services Plan as well as the purposeful and continual development and career progression of the Department's child welfare professionals – both employed and contractual – throughout the lifetime of their employment.

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.1: Annual Needs Assessment, Planning and Budget The Department allocates almost all (see note below) child welfare training dollars to the regions, community-based care agencies, and sheriffs' offices to train investigators, case managers, licensing specialists, adoptions specialists, and supervisors. In turn, those entities spend their training budgets as they deem appropriate. Spending on training is on par with national averages. However, it is unknown whether the training budgets adequately meet the training needs. Note: Approximately $1,000,000 is spent on training from the headquarters office, half of which is from the Children's Justice Grant funds to pay for approximately 700 scholarships for attendance to the annual statewide child welfare conference.	A fully funded training system based on the state's child welfare training needs. Training dollars are spent in a purposeful way, leveraging the amount available to achieve the greatest impacts in the areas of greatest need.	1. With input from staff around the state, develop a method for conducting statewide and local assessments (an annual performance needs assessment and an annual data-driven training needs assessment) to identify gaps in child welfare staff skills and knowledge that will inform in-service training, modify pre-service training, and identify emerging needs. *Year one.* 2. Clearly define training activities to be able to accurately capture training expenditures at headquarters, regional offices, community-based care providers, and sheriffs' offices. *Year one.* 3. Develop statewide and local 2-year training plans and training budgets; adjust annually as needed. *Year two and*

Supporting information and data: • According to the *2013 State of the Industry Report* issued by the American Society for Training and Development, as a percent of payroll, direct expenditure on learning was 3.6% in 2012, with an average of $1,195 spent per employee. • On average, over the past three years, the community-based care agencies spent 1.8% of their payroll budget on training (2.08% in 2011, 2.02 percent in 2012, and 1.19 percent in 2013). • On average, over the past three years, the Department's regions have been allocated training budgets that are 3% of the total salary costs. This allocation represents an average spending of $1,551.31 per position. • On average, over the past three years, the sheriffs' offices spend 2% of their total budgets on training. (Spending costs per employee or as a percentage of payroll costs are not available.) See Appendix A1, CBC Training Expenditures and Appendix A2, Training Allocation CPIs		*ongoing.*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.2: Trainer Credentialing Statewide, there are approximately 150 trainers with widely varying degrees of training experience and expertise. Some trainers hold credentials from the former credentialing program. However, Florida does not currently have a credentialing program for child welfare trainers. With attrition, the number of trainers who do not meet any standards will grow. Supporting information and data: • Seventeen percent of child welfare trainers do not hold a formal trainer certification (total number of respondents is 138). • Ongoing professional development for trainers is highly variable around the state. While 39% of the 138 respondents have taken over 6 trainer-related courses in the past three years, 24% report having taken no professional development trainer-related courses over the past three years. • In a 2007 review of child welfare training literature conducted by the Boston University School of Social Work, research indicated that adult learners generally reported higher levels of satisfaction and experienced higher levels of achievement under instructors who are competent	Florida has a statewide network of qualified trainers to deliver pre-service, in-service, specialty track, and emergent needs training for all child welfare professionals (hotline counselors, investigators, case managers, licensing specialists, adoptions specialists, Department attorneys, and supervisors). Ongoing professional development of trainers is required through a recertification process. All trainers meet specified standards and competencies. Trainers use advanced teaching techniques, student engagement, and classroom management techniques, such as: • Place value on the experiences learners bring with them and relate the training to learner experience. • Adjust delivery style to the overall learning needs, skill level, and organizational context of the training group. • Create a supportive environment /	1. Create a statewide workgroup that will use the former certification standards as the basis for the development of a new program. These standards will address initial certification as well as ongoing requirements for recertification. *Year one.* 2. Secure, through the legislative budgeting processing, headquarters office capacity to administer and appropriately support a statewide network of certified trainers. *Year two.* 3. Embed the certification program in administrative code. *Year two.* 4. Administer the program. *Year two and ongoing.*

educators and use advanced practice skills. • Organizations must be sure that the people who deliver training have the competencies of effective adult educators (Williams, 2001). See Appendix B, Trainer Survey Findings	encourage discussion /provide objective feedback. • Facilitate problem solving / stimulate critical reflection. • Provide clear presentations and well organized lectures.	

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.3: Professionally Developed Curricula The new pre-service curricula was developed using professional instructional designers. In-service training for child welfare professionals may come from any source. The state does not have standards for curriculum development. Supporting information and data: In a survey that allowed trainers (138 respondents) to select all responses that applied: • Seventy-six percent indicated that the trainers themselves develop curricula (staff who do not hold degrees in instructional design). • Fifty-six percent responded that training is developed in-house by professional curriculum developers. • Forty-four percent reported that some training development is through contractual arrangement. • Thirty-nine percent reported they use training that is "off-the-shelf" and available for public use. There have been significant advances in the field of child welfare training over the last 25	The headquarters training unit has three full-time instructional designers, including one that specializes in information systems training for SACWIS training. They construct learning experiences that: 1) structure content in a way that best reflects the way the brain processes new information – from simplest terms and definitions to rules and procedures to critical thinking (analysis & problem-solving); and 2) effectively use instructional techniques, such as demonstration, practice, feedback, and structured transfer activities, to reinforce the application of that new information. These instructional designers maintain the pre-service curriculum and develop in-service curriculum for statewide use, as identified through the formal needs assessments and in support of the CFSP goals. The instructional designers provide technical assistance to staff, who develop courses based on local training needs.	1. Request budget allocation for three full-time degreed curriculum developers to be housed at the headquarters office. *Year one.* 2. Recruit and hire for the new positions. *Year one.* 3. Develop standards for curriculum development. *Year one.* 4. Develop curricula as identified by the formal statewide needs assessments and in support of the CFSP goals. *Year two.* 5. Post curricula to the Training Resource Clearinghouse for the network of 150 trainers to use. *Year two.*

years, one of which, most notably, is the use of "a calculated approach to training development focusing on competencies" (Brittain, 2004). Such a formal, "calculated" approach implies a certain skillset which is why the National Staff Development and Training Association (of the American Public Human Services Association) has identified "curriculum designer" as one of the nine positions needed to adequately staff a public welfare training program. Formally trained curriculum designers have the skillset needed to develop learning experiences for adults that match learner needs with appropriate content and instructional methods (Literature review, Boston University School of Social Work, 2007).	The curricula is posted to the web-based Training Resource Clearinghouse (see 1.5 below) and available to all credentialed trainers. Training developers in the regions, community-based care agencies, and sheriffs' departments use basic statewide standards when designing curriculum. Curriculum is routinely shared with the Seminole Tribe of Florida.	

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.4: Research and Policy Development There is no formal, ongoing review of current literature or formal affiliations with child welfare research groups to stay abreast of the latest evidence-based practice recommendations. Likewise, there is no systematic examination or validation of internal practices in comparison to current literature. Training is not informed by these cutting-edge evidence-based findings.	The Continuous Quality Improvement office within the Office of Child Welfare has two full-time staff who conduct formal research and review current literature. These staff members have affiliations with child welfare research groups to stay abreast of latest evidence-based practice recommendations. In turn, the research findings yielded from these activities are used to inform policy and practice; design training informed by research; promote supportive and strategic legislative agendas and requests; and prepare position papers to drive media responses and public relations efforts.	1. Create a research workgroup. Engage universities. *Year one.* 2. Create a research agenda based on continuous quality improvement findings and input from stakeholders and program professionals. Ensure that the agenda links to the CFSP goals and the practice model. *Year one.* 3. Draft research briefing papers and circulate for workgroup review and internal review. *Year two and ongoing.* 4. Publish research briefings. *Year two and ongoing.* 5. Monitor action taken in response to the recommendations, specific to training. *Year three and ongoing.*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.5: Training Resource Clearinghouse / Peer Network Sharing of trainer resources and networking among the trainers varies throughout the state. Department-affiliated trainers in the regions, community-based care agencies, and sheriffs' offices are loosely associated by a statewide peer network for periodic, one-way communication and delivery of information. Trainers at a local level may or may not network and share. Supporting information and data: • In a recent survey, 51% of the 138 trainers who responded expressed high levels of satisfaction with the availability of shared trainer resources (best practices, national literature, curriculum, etc.) while 34% expressed low levels of satisfaction. • Fifty-one percent of the 138 respondents expressed high levels of satisfaction with the opportunities for peer interaction and learning opportunities among child welfare trainers, while 38% expressed low levels of satisfaction.	Across the state, certified trainers view themselves as members of a network of professional child welfare trainers. As credentialed members of this network, they have exclusive access to the Training Resource Clearinghouse that provides a continually expanding library of high-quality, professionally developed training and resource materials. Furthermore, trainers are associated through a network that provides regular two-way communication through various forums (on-line chats, Facebook, and flash surveys for quick field input). Finally, trainers meet face-to-face at least semi-annually for their own professional development, to address issues, and to plan for the future. The Seminole Tribe of Florida is a member of the network, participates in the semi-annual meetings, and uses (and contributes to) the Training Resource Clearinghouse.	1. Using a national review that has already been conducted, work with the University of South Florida to identify curricula to post on the Center for Child Welfare website. Routinely post curricula as it becomes available and alert the trainer network when it is posted. *Year one.* 2. Determine ways to formalize the peer network into a web-based, active provider of technical assistance information and real-time sharing of information. Add the Seminole Tribe of Florida to the network. *Year one.* 3. Subscribe to several child welfare professional journals and become an institutional member of the International Society for Performance & Improvement and the American Society for Training & Development. *Year one.* 4. Establish a workgroup to assist in the planning and delivery of the semi-annual trainer meetings. *Year one and ongoing.*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.6: Leadership and Guidance The current training unit has one supervisor solely dedicated to training and two specialists, each partially dedicated to training. Supporting information and data: The National Staff Development and Training Association (NSDTA) was established in 1985 as an affiliate of the American Public Human Services Association for the purpose of supporting persons responsible for human services training at all levels of government. The mission of NSDTA is to build professional and organizational capacity in the human services field. As one of its functions, the NSDTA researches and makes recommendations for frameworks, models, and competencies required for effective staff development and training programs. Currently, there are 12 "competency clusters" recommended for effective child welfare training infrastructure: 1. Administration 2. Communications 3. Course design 4. Evaluation 5. Group dynamics/process	The training unit has the capacity to administer a statewide training program and uphold an effective and efficient infrastructure for training (pre- and in-service curricula; supervisory and specialty track training; and SACWIS training). The unit provides: • technical assistance to the Department's regions, the community-based care agencies, and the sheriff offices • staff statewide training workgroups who assist with the five-year plan goals • communication to the field to apprise trainers of current trends in training practices • semi-annual meetings for the statewide network of trainers • review of the semi-annual training reports to ensure alignment with the practice model and the CFSP goals • development and administration of the annual needs assessments	1. Request budget allocation for five additional full-time positions to be housed in the training unit at headquarters (one additional specialist, one training administrator, and the three instructional designers mentioned in 1.3).The training unit is comprised of one supervisor; three curriculum developers; one training administrator and three training specialists. *Year three.* 2. Recruit and hire for the new positions. *Year three.*

6. Instructional techniques 7. Learning theory 8. Manpower planning 9. Person/organization interface 10. Research and development 11. Training equipment and materials 12. Training needs analysis		

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING		
Current State	**Future State**	**5-Year Action Plan**
Initiative 2.1: Career Ladders / Specialty Tracks / Career-Long Curricula Career ladders vary. Some areas of the state enjoy well-structured, clear career ladders, while other areas offer mediocre ladders or lack professional advancement opportunities. Some pockets of the state have informal specialty tracks for child welfare professionals. There is no statewide program for specialty learning or certification. All new employees are sent to pre-service training. Beyond pre-service, a wide variety of in-service is offered, depending upon which agency, and where the new employee is employed. There is no statewide systematic training on topics such as psychotropic medications, behavioral health, the Indian Child Welfare Act, and disaster planning. All certified staff must have 20 hours of ongoing education each year (content and topics not specified). Supporting information and data: • A recent report from the Florida legislature's research agency indicated	Florida recruits individuals who are well suited for working in the child welfare system. Supervisors have a variety of tools to use during application reviews and interviews of applicants. New hires are presented with a clear, structured career ladder that specifies general career progression, based on established competencies. This includes learning opportunities for specialty tracks and in-service courses (outlined in Florida statute) to complete during their first years of employment. In-service training requirements tor on-going education include topics such as psychotropic medications, behavioral health, the Indian Child Welfare Act, and disaster planning.	1. Create a workgroup. *Year two.* 2. Explore current career ladders and corresponding in-service training requirements (a standardized core set of long-term, in-service courses determined by the needs of child welfare professional practice, the goals of the CFSP, and findings of continuous quality improvement data - and that range from foundational level to advanced practitioner level within a chosen track) and specialty tracks. *Year two.* 3. Identify a variety of the best recruitment tools and strategies and offer them as examples for use at the regional level. *Year two.* 4. Pursue legislation mandating uniform training requirements and minimum performance expectations for all child protective investigators and case managers in Florida. *Year three and four.* 5. Pursue legislation mandating skills and policy training specific to child abuse and neglect investigations within the first years of employment. *Year three and four.*

that the turnover rate for child protective investigators is 20% and 30% for case managers. Other reports indicate higher rates depending on how turnover is defined. • Of the 138 respondents to the trainer survey, 58% indicated that the career ladder is "excellent" (a very clear, structured career ladder is in place) or "good" (a career ladder is in place but the structure is somewhat lacking). The remainder of the respondents indicated that the career ladder is only "okay" or poor. See also SACWIS findings Appendix D, SARRS Findings and Appendix E Overview of Community-Based Care Training (DCF intends to examine the listing of training topics providing by the community based care agencies to note trends and possible statewide application)		

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING		
Current State	**Future State**	**5-Year Action Plan**
Initiative 2.2: Supervisor Professional Development The Department is currently moving away from a compliance-driven supervision model to a coaching and consulting supervision model. New pre-service curriculum for newly hired supervisors has been developed. There are significant differences in the frequency of supervisor trainings offered statewide. There is no standard in-service supervisor curriculum. Supporting information and data: • Survey responses from 138 trainers indicates that 37% of the training entities statewide offer supervisor-specific training very frequently (over 6 classes per year); 23% offered them frequently 4-6 times per year; and 33% offered them less than frequently (1-3 times per year). • Both child welfare professionals and the literature identify the importance of the supervisory role in achieving desired service and organizational outcomes. The Children's Bureau has identified child welfare supervisors as "a critical focal point for the successful achievement of agency	Supervisors are the linchpin of practice. The instructional designers in the training unit develop advanced supervisor training for experienced staff. The headquarters training unit offers regular "lunch-and-learn" trainings that managers use with their frontline child welfare supervisors. The trainings are reinforced with a variety of fast, easy-to-administer training activities sent out through e-mail and survey tools. These trainings supplement the new supervisor pre-service curricula and focus on topics such as: a) common issues in supervising child welfare staff b) using data to improve the child welfare unit's effectiveness c) effectively providing performance feedback to employees d) recognizing strengths and improvements made	1. Create a workgroup to assist with planning and delivering "lunch and learn" events. *Year two.* 2. Select subject matter experts to work with the instructional designers to develop a standardized advanced supervisor skills curriculum determined by the needs of the Department's professional practice and findings of continuous quality improvement data. Ensure that the curriculum upholds the goals of the CFSP and the practice model. *Year two.* 3. Pursue legislation mandating uniform training requirements and minimum performance expectations for all child welfare supervisors in Florida. *Year three and four.*

goals and caseworker practices that strengthen families." Due to the vital role they play in the child welfare organization, there is also increasing recognition in the literature of the need to provide training to supervisors and to provide extensive support to them as they carry out their roles (Strengthening Child Welfare Supervision, NCWRCOI, 2007).	e) coaching for improvement	

GOAL 3: FULLY INTEGRATE TRAINING INTO THE CONTINUOUS QUALITY IMPROVEMENT PROCESS		
Current State	**Future State**	**5-Year Action Plan**
Initiative 3.1: Continuous Improvement of Training There is no formal evaluation method to assess the quality of training being conducted across the state. Each community-based care agency submits semi-annual reports that capture all training courses. The report does not include evaluative information. The current training tracking system is under-utilized and incomplete. Supporting information and data: When asked to check all that apply regarding how the effectiveness of training programs are evaluated, 137 trainers reported: • 63% checked "some courses have pre- and post-tests • 35% reported "trainees and supervisors are interviewed after the training program" • 88% use evaluation forms • 32% indicate "practice measures are captured before and after the training program	One of the training unit's specialists is responsible for tracking and reviewing statewide programs to ensure they meet established criteria for: a) quality; and b) support of the CFSP goals and objectives. The training unit has established university partnerships to conduct level two (learning) and three (behavior) evaluations of large-scale curricula such as pre- and in-service and those designed to support major system or methodology changes.	1. Increase capacity and reporting capabilities of existing training tracking system. Amend provider contracts to include mandatory usage of the system by each employee. *Year one and two.* 2. Establish quality criteria for training programs. *Year three.* 3. Establish criteria for determining whether trainings support the CFSP goals and objectives. *Year two.* 4. Initiate the bid process to identify potential university partners to conduct evaluations of large-scale curricula. *Year one.* 5. Create "annual training review" procedures for reviewing a sample of courses developed at the local level for quality and support of the CFSP goals and objectives and review of the training program in general. *Year four.*

GOAL 3: FULLY INTEGRATE TRAINING INTO THE CONTINUOUS QUALITY IMPROVEMENT PROCESS		
Current State	**Future State**	**5-Year Action Plan**
Initiative 3.2: Strengthen the Link Among Training, Data, and Quality Assurance Only pockets of the state have processes for systematically using quality assurance review findings and other assessment data to inform training.	Established statewide processes for systematically using quality assurance findings and other assessment data to inform training.	1. Examine practices around the state. *Year one and two.* 2. Identify promising practices. *Year two.* 3. Share and promote promising practices. *Year two and ongoing.*

Attachments:

Appendix A1 CBC Training Expenditures

Appendix A2 CPI Training Allocation

Appendix B Trainer Survey Findings

Appendix C Practice Model

Appendix D SARRS Findings

Appendix E Overview of Community-Based Care Training

Note: Community-Based Care Training Information details available on request:

2013 Semi-Annual Reports January to June

2013 Semi-Annual Reports June to December

Florida's Child and Family Services Plan 2015-2019

Training Plan

Appendix A1. Community-Based Care Training **Expenditures**

	BBCBC	CBCB	CBCCF-OO	CBCCF-Sem	CFC	ChildNet	CNSWFL	CPC	ECA-H	ECA-PP
TRPIS Training Expenditures - **2013**	437,820	159,564	297,532	53,673	306,112	448,366	359,781	181,954	424,416	351,202
Case Management	13,657,177	8,870,272	22,317,356	4,655,967	13,198,242	22,408,108	12,774,668	10,988,060	27,503,247	22,627,128
% Case Mgt to Training	3.21%	1.80%	1.33%	1.15%	2.32%	2.00%	2.82%	1.66%	1.54%	1.55%
GRAND TOTAL	31,789,118	21,045,773	49,801,481	11,223,190	38,349,055	57,783,137	29,315,743	29,547,199	65,518,756	60,261,169
% Total expenditures to Training	1.38%	0.76%	0.60%	0.48%	0.80%	0.78%	1.23%	0.62%	0.65%	0.58%
TRPIS Training Expenditures - **2012**	439,325	215,133	292,443	86,829	336,285	497,345	328,085	109,470	482,220	518,585
Case Management	13,718,929	9,112,446	22,547,430	5,711,757	12,809,834	22,404,625	11,225,796	10,752,704	22,856,245	30,589,271
% Case Mgt to Training	3.20%	2.36%	1.30%	1.52%	2.63%	2.22%	2.92%	1.02%	2.11%	1.70%
GRAND TOTAL	31,236,620	20,561,192	51,261,915	12,865,908	38,444,996	61,371,183	26,154,807	28,851,681	56,007,847	66,004,970
% Total expenditures to Training	1.41%	1.05%	0.57%	0.67%	0.87%	0.81%	1.25%	0.38%	0.86%	0.79%
TRPIS Training Expenditures - **2011**	440,833	271,390	324,766	94,662	296,955	631,336	309,336	148,080	483,090	526,687
Case Management	13,062,889	9,608,833	23,048,710	5,686,090	13,276,457	23,140,836	10,205,183	10,309,251	21,557,835	28,430,397
% Case Mgt to Training	3.37%	2.82%	1.41%	1.66%	2.24%	2.73%	3.03%	1.44%	2.24%	1.85%
GRAND TOTAL	30,571,802	21,172,819	52,094,641	12,477,876	37,805,269	64,831,613	23,660,312	27,968,012	52,922,620	64,994,792
% Total expenditures to Training	1.44%	1.28%	0.62%	0.76%	0.79%	0.97%	1.31%	0.53%	0.91%	0.81%

	FFN-Lakeview	FSSNF	Heartland	KCI	KFF	OurKids	PSF	St Johns	UFF	YMCA	Total
TRPIS Training Expenditures - **2013**	538,522	317,155	319,572	512,114	15,235	475,950	333,629	36,826	376,448	145,607	6,091,477
Case Management	16,182,455	15,613,143	15,827,788	23,170,451	3,104,257	35,234,234	11,736,996	2,160,529	12,285,844	11,641,757	305,957,679
% Case Mgt to Training	3.33%	2.03%	2.02%	2.21%	0.49%	1.35%	2.84%	1.70%	3.06%	1.25%	1.99%
GRAND TOTAL	38,137,028	48,999,876	40,770,853	43,230,881	6,260,164	94,804,085	28,115,849	4,494,764	25,149,569	24,304,434	748,902,124
% Total expenditures to Training	1.41%	0.65%	0.78%	1.18%	0.24%	0.50%	1.19%	0.82%	1.50%	0.60%	0.81%
TRPIS Training Expenditures - **2012**	543,616	283,637	268,647	544,057	13,155	343,528	425,373	41,646	378,106	121,059	6,268,543
Case Management	16,266,973	15,349,892	16,380,772	23,057,973	2,910,231	36,280,238	11,225,474	2,119,443	12,681,664	12,186,745	310,188,442
% Case Mgt to Training	3.34%	1.85%	1.64%	2.36%	0.45%	0.95%	3.79%	1.96%	2.98%	0.99%	2.02%
GRAND TOTAL	36,826,633	46,899,132	41,685,079	42,742,986	5,832,408	94,905,616	29,158,160	4,704,547	24,257,426	24,448,783	744,221,890
% Total expenditures to Training	1.48%	0.60%	0.64%	1.27%	0.23%	0.36%	1.46%	0.89%	1.56%	0.50%	0.84%
TRPIS Training Expenditures - **2011**	472,069	127,174	346,253	590,471	8,831	699,249	368,233	19,147	182,225	120,800	6,461,588
Case Management	15,293,187	13,599,123	17,501,216	23,312,369	2,464,066	41,304,479	11,707,959	2,071,213	12,616,380	12,289,098	310,485,570
% Case Mgt to Training	3.09%	0.94%	1.98%	2.53%	0.36%	1.69%	3.15%	0.92%	1.44%	0.98%	2.08%
GRAND TOTAL	35,654,108	43,026,142	42,413,723	44,266,851	5,380,926	99,443,737	28,564,514	4,616,482	23,663,255	23,944,122	739,473,614
% Total expenditures to Training	1.32%	0.30%	0.82%	1.33%	0.16%	0.70%	1.29%	0.41%	0.77%	0.50%	0.87%

% Case Mgt to Training Dollars		% Total Exp to Training Dollars	
0.49%	3.33%	0.24%	1.50%
0.45%	3.79%	0.23%	1.56%
0.36%	3.37%	0.16%	1.44%
1.19%		0.81%	
2.02%		0.84%	
2.08%		0.87%	

Florida's Child and Family Services Plan 2015-2019
Training Plan
Appendix A2. CPI Training Allocation

Child and Family Services Plan Child Protective Investigations Appropriations History					
Approved Operating Budget as of July 1	**Fiscal Year**				
Program Activity	**2009-2010**	**2010-2011**	**2011-2012**	**2012-2013**	**2013-2014**
DEPARTMENT					
CHILD PROTECTION - INVESTIGATIONS (DEPARTMENT)*	$ 99,252,777	$ 99,791,110	$ 100,673,075	$ 109,896,757	$ 111,777,077
CHILD PROTECTION - INVESTIGATIONS (DEPARTMENT) - Salaries and Benefits Category ONLY*	$ 85,576,323	$ 86,262,481	$ 87,370,189	$ 90,470,889	$ 92,038,373
CHILD PROTECTION - INVESTIGATIONS TRAINING (DEPARTMENT)	$ 2,761,077	$ 2,758,794	$ 2,758,794	$ 2,533,297	$ 2,533,297
SHERIFF OFFICES					
CHILD PROTECTION - INVESTIGATIONS (SHERIFF)	$ 47,491,157	$ 47,491,154	$ 47,491,154	$ 46,985,592	$ 49,975,592
CHILD PROTECTION - INVESTIGATIONS TRAINING (SHERIFF)	$ 991,046	$ 993,328	$ 993,328	$ 919,825	$ 919,825
Grand Total	**$ 150,496,057**	**$ 151,034,386**	**$ 151,916,351**	**$ 160,335,471**	**$ 165,205,791**
*NOTE: Child Protection - Investigations (Department) appropriations do not include the following indirect cost (overhead) rates:	16.50%	16.09%	15.77%	12.84%	12.84%
state CPIs (1633 positions) $1,551.31 per position			3%	3%	3%
sheriff			2%	2%	2%
Source: ASB Master Report as of April 11, 2014					

Child Welfare Trainer Survey: April 4-10, 2014

1. What is your level of satisfaction with the availability of interaction and learning opportunities with child welfare trainers across the state and nation?

Answer Options	Response Percent	Response Count
Unsatisfied	19.6%	27
Somewhat satisfied	18.1%	25
Satisfied	11.6%	16
Very satisfied	5.1%	7
Extremely satisfied	45.7%	63
answered question		138
skipped question		0

2. What is your level of satisfaction with the availability of shared trainer resources (best practices, national literature, curriculum, etc.)?

Answer Options	Response Percent	Response Count
Unsatisfied	16.7%	23
Somewhat satisfied	17.4%	24
Satisfied	15.2%	21
Very satisfied	6.5%	9
Extremely satisfied	44.2%	61
answered question		138
skipped question		0

3. What trainer certification credentials have you received in the past? (check all that apply)

Answer Options	Response Percent	Response Count
Formal certification through a credentialing entity	82.6%	114
Informal certificate of completion of a train-the-trainer	67.4%	93
I have not been certified as a trainer	9.4%	13
I do not know if I have certification credentials	0.7%	1
answered question		138
skipped question		0

4. In the past three years, how many courses have you taken on one or more of the following: principles of adult learning; instructional design; curriculum development; the

Answer Options	Response Percent	Response Count
1-3	23.2%	32
4-6	13.8%	19
Over 6	39.1%	54
It has been more than 3 years since I have taken a	14.5%	20
I have never taken a training course described above	9.4%	13
answered question		138
skipped question		0

5. How does your agency obtain new curriculum as training needs emerge? (check all that apply)

Answer Options	Response Percent	Response Count
We have degreed curriculum designers or instructional	55.8%	77
We write curriculum as the need arises, but we do not	76.1%	105
We contract outside our agency to have curriculum	43.5%	60
We use curriculum already available in the public domain	39.1%	54
answered question		138
skipped question		0

6. How often is supervisor-specific training provided?

Answer Options	Response Percent	Response Count
1-3 training classes per year	33.3%	46
4-6 training classes per year	22.5%	31
Over 6 training classes per year	37.0%	51
I am not aware of training provided solely for supervisors	7.2%	10
answered question		138
skipped question		0

7. How is the effectiveness of your training program evaluated? (check all that apply)

Answer Options	Response Percent	Response Count
Some courses have pre and post tests	62.8%	86
Trainees and supervisors are interviewed after the	35.0%	48
Practice measures are captured before and after the	32.1%	44
Evaluation forms are completed at the end of the course	88.3%	121
I am not aware of how the training program is evaluated	2.2%	3
answered question		137
skipped question		1

8. How often is training provided to external child welfare partners?

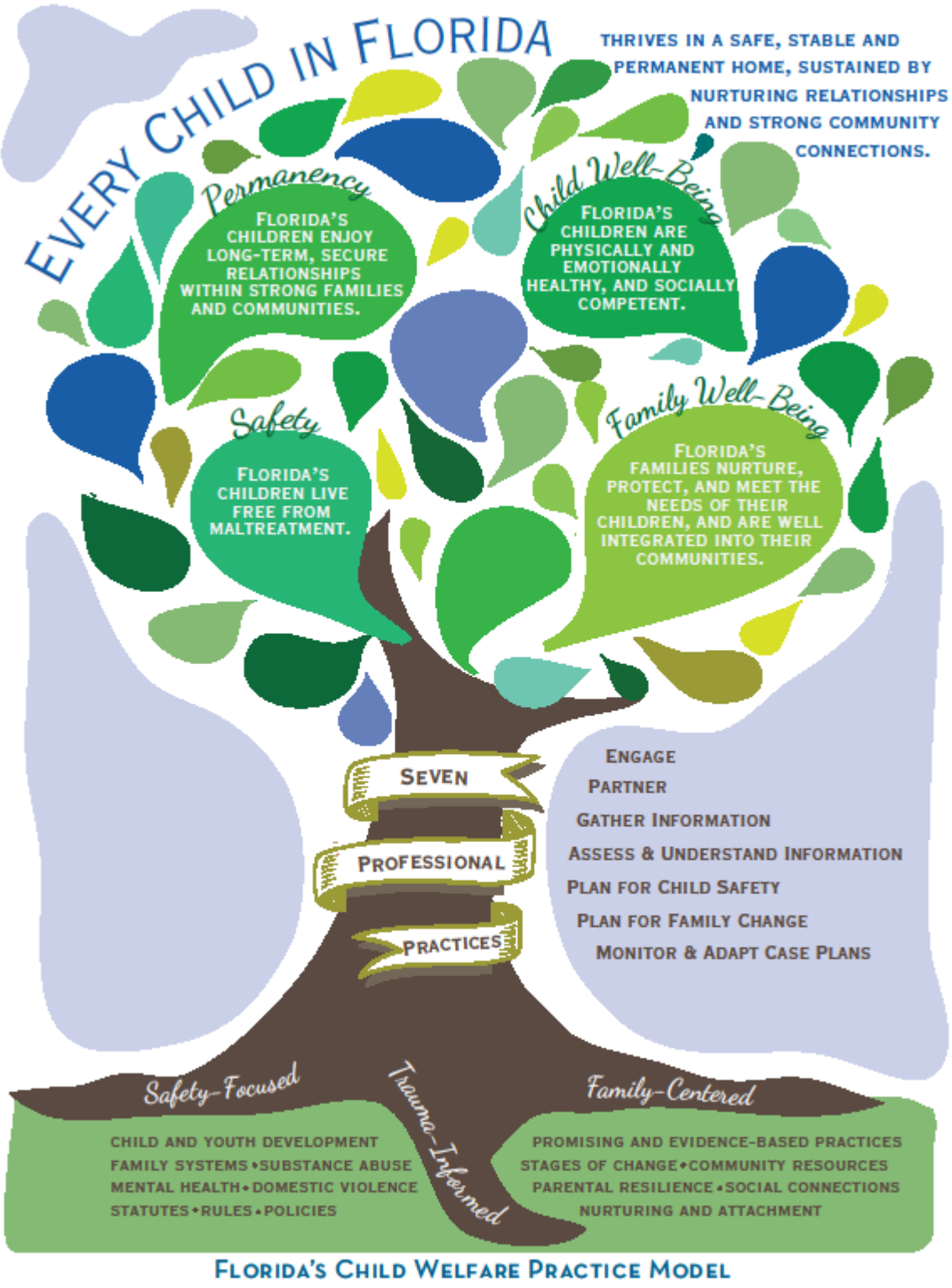
Answer Options	Response Percent	Response Count
1-3 times per year	15.2%	21
4-6 times per year	18.8%	26
Over 6 times per year	62.3%	86
I am only aware of training provided for staff within my	3.6%	5
answered question		138
skipped question		0

9. For which of the following child welfare partners does your agency provide training? (check all that apply)

Answer Options	Response Percent	Response Count
Relative / Non-relative caregivers	30.4%	42
Foster parents	58.0%	80
Judges / Court staff	40.6%	56
Child welfare service providers (including tribes)	81.2%	112
Attorneys (including agency, parent, and child attorneys)	52.9%	73
Guardians ad Litem and child advocates	63.8%	88
I am only aware of training provided for staff strictly	8.0%	11
answered question		138
skipped question		0

10. What is your assessment of the career ladder for child protective investigator or case manager advancement opportunities?

Answer Options	Response Percent	Response Count
Poor (no opportunities for advancement)	2.9%	4
Somewhat poor (rare opportunities for advancement)	18.8%	26
Okay (advancement opportunities are available but are	20.3%	28
Good (a career ladder is in place but the structure is	12.3%	17
Excellent (a very clear, structured career ladder is in	45.7%	63
answered question		138
skipped question		0



FLORIDA'S CHILD WELFARE PRACTICE MODEL

Florida's Child Welfare Practice Model

Vision

Every child in Florida thrives in a safe, stable and permanent home, sustained by nurturing relationships and strong community connections.

Goals

Florida's child welfare professionals seek to achieve these goals:

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

Practices

To achieve these goals, Florida's child welfare professionals use a safety-focused, family-centered and trauma-informed approach that includes these key practices:

- **Engage the family:** Build rapport and trust with the family and people who know and support the family. Empower family members by seeking information about their strengths, resources and proposed solutions. Demonstrate respect for the family as the family exists in its social network, community and culture.
- **Partner with all involved:** Form partnerships with family members and people who know and support the family. Partner and share information with relative caregivers and foster and adoptive parents. Include parent and other caregivers in case decision-making. Lead and facilitate partnership with all involved parties to achieve optimum communication, clear roles and responsibilities, and mutual accountability.
- **Gather information:** Gather information from the family members and other team members throughout the course of interventions to gain insight into solutions that might work for family members. Update information as underlying issues, including trauma histories, are identified and as the family situation changes.
- **Assess and understand information:** Assess the sufficiency of information gathered. Identify and, whenever possible, reconcile unsupported impressions and observations or unverified statements regarding family functioning. Ensure all team members have a shared understanding of both risk and safety information and how this information informs interventions.
- **Plan for child safety:** Develop and implement, with the family and other partners, short-term actions to keep the child safe in the home or in out-of-home care. For a child in temporary care, identify the circumstances within the child's family that must exist for the child to be returned home safely with an in-home safety plan.
- **Plan for family change:** Work with the child, family members, and other team members to identify appropriate interventions and supports necessary to achieve child safety, permanency and well-being. Identify services to help the child recover from the effects of child maltreatment and trauma, and to restore typical development to the extent possible. Seek to identify what is needed for the family members and their support network to succeed in maintaining positive changes over the long term. Seek the caregivers' expertise in case planning and service delivery.
- **Monitor and adapt case plans:** Link family members to services and help them navigate formal systems. Troubleshoot and advocate for access to services when barriers exist. Modify safety actions and family case plans as the needs of family members change. Support the child and family members with transitions, including alternative permanency options when reunification cannot occur.

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THE SEVEN PROFESSIONAL PRACTICES: *What* child welfare professionals do.

THE SAFETY METHODOLOGY: *How* they do it.

THE GOALS AND VISION: *Why* they do it.

SEVEN PROFESSIONAL PRACTICES

Operationalized Using the Safety Methodology

Engage: The family is the primary point of communication, involvement and decision-making. The *Information Collection Protocol* for investigators and *Standards of Intervention* for case managers provide uniform processes that result in the ability to engage with the family and those who know the family. The uniform processes give parents information that empowers them, and seeks assistance from the family to gather sufficient information to complete the *Family Functioning Assessment* and (for unsafe children) the safety planning, *Family Functioning Assessment - Ongoing* and case planning. Engagement is essential to the development of the *Case Plan*, which includes goals for what must change, related to enhancing *Caregiver Protective Capacities* and the identification of treatment services. The case manager continues to engage the family to facilitate the needed change.

Partner: Partnering occurs throughout the time a child welfare professional works with the family. Child welfare professionals partner 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 progress evaluation. The partnering process promotes commitment and accountability of the family and all team members toward common goals for the family.

Gather information: Sufficient, relevant information-gathering is the most essential ingredient for effective decision-making. Information is gathered through the information standards, referred to as the *Six Information Domains*, which frame what must be known about children and caregivers to inform effective decision-making. These *Six Information Domains* live within the *Family Functioning Assessment*. The *Six Information Domains* are: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline. Through the collection of this information, the child welfare professional "creates a picture" of the pervasive functioning occurring among adults and children within the family. The "picture" represents a merging of crucial information which reveals: the presence or absence of danger threats to child safety; the vulnerability of children; the level of caregiver protective capacities; the sufficiency of safety plans; the evaluation of case plan progress; and the assessment of risk. Information-gathering begins at the Florida Abuse Hotline and continues during the investigation and throughout ongoing case management for unsafe children.

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The Seven Professional Practices:
Operationalized Using the Safety Methodology

Assess and understand information: When relevant, sufficient information is gathered, assessed and analyzed to inform the danger assessment of the children and the actuarial risk assessment of future harm. Impending danger is qualified and understood through meeting all five *Danger Threshold Criteria*: (1) the child is vulnerable, (2) family conditions are out of control, (3) family conditions are likely to have a severe effect, (4) the danger is imminent, and (5) the danger is observable. When information in the *Six Information Domains* clearly supports an active impending danger threat that meets the *Danger Threshold Criteria*, and there is no one in the household with the caregiver protective capacities to manage the danger, the child is determined to be unsafe. A clear understanding of family functioning informs case plan outcomes developed to change behavior by enhancing diminished caregiver protective capacities. Several assessment tools are used throughout the life of the case: *Present Danger Assessment; Family Functioning Assessment*; the SDM® *Risk Assessment Tool; Family Functioning Assessment - Ongoing; Ongoing Family Functioning Progress Update;* SDM® *Family Risk Re-Assessment* and SDM® *Family Risk Reunification Assessment.*

Plan for child safety: There are two times when safety planning is needed. When a child is found to be in present danger, a *Present Danger Plan* is put in place to control present danger threats and to allow time for sufficient and relevant information collection through the *Family Functioning Assessment* process. When an investigator concludes at the end of the *Family Functioning Assessment* a child is unsafe, an *Impending Danger Safety Plan* is developed. Developing a sufficient *Impending Danger Safety Plan* to control and manage impending danger that is the least intrusive is completed through an immediate intervention called *Safety Planning Analysis.* Safety plans are managed by the agency. When a case is transferred from investigations to ongoing case management, the management of the *Impending Danger Safety Plan* is transferred at the same time and continues to occur through the life of the case. In addition, the *Safety Planning Analysis* is used for children with an out-of-home Impending *Danger Safety Plan* to create *Conditions for Return* for these children to return home with an in-home *Impending Danger Safety Plan.*

Plan for family change: Information gathered through the *Family Functioning Assessment - Ongoing* results in the development of case plan outcomes related to what must change to demonstrate enhanced *Caregiver Protective Capacities* addressing impending danger threats and *Child Needs.* The *Case Plan* includes specific, measurable, attainable, reasonable and timely outcomes that are developed jointly with the family, and the services associated with the outcomes. It is the "roadmap" or method by which change will be addressed.

Monitor and adapt case plans: The *Ongoing Family Functioning Progress Update* is a formal and ongoing intervention that occurs on a regular basis following the development of the family's *Case Plan.* It is intended to provide a standardized approach to measuring progress for enhancement of diminished *Caregiver Protective Capacities* as they relate to the impending danger threats and *Child Needs*, safety plan sufficiency and motivational readiness to change. Case plans are adapted as progress is made to further promote change. Caregiver progress is reflected and documented in the updated *Six Information Domains*, which inform the *Ongoing Family Functioning Progress Update.*

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Florida's Statewide Automated Child Welfare Information System (SACWIS)

Training Needs Identified by Administration for Children and Families

Below is a summary of the SACWIS Assessment Review Report (SARR) findings concerning Florida Safe Families Network (FSFN) training. Attached to this summary is an excerpt of the report ("Attachment A – SARR Training Findings" pages 35-36) with the details of each finding and accompanying recommendations.

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SARR – Findings / Training Issues:

A number of issues were identified relating to training following the review of Florida's SACWIS system. Recommendations included: modifications of current system design and functioning, mandating and enforcing the completion of necessary FSFN data fields and related documentation requirements, and the training and support of staff for navigation and use of the FSFN system. Specific training recommendations included, with noted SARR finding referenced:

#3(A): Workers must be provided training to increase awareness of, and ability to use FSFN features.

#12(B): Provision of training as appropriate and needed to ensure effective use of FSFN

#13(B): Training related to effective use of Family Assessments

#17(B): Training related to use of meeting modules to support key case staffing activities, such as Family Team Conferences

#29(A): Training that FSFN is the official system of record and intended to support business functions of the Community-Based Care Agencies

#32(B): Training related to the system's automated features

#48: Training regarding the non-use of ancillary data systems

Page 30 (Agency Training Plan)

FSFN Training will have three primary areas of focus:

1) **Pre-Service Training:** Review and modification of current pre-service training materials to ensure newly hired staff are receiving adequate FSFN instruction during their standard required coursework

2) **Web Resources and Support:** Provide relevant ongoing web-based support by review and modification of existing FSFN resources and soon to be completed FSFN Casework Policy and Practice Guide

3) **In-Service Training:** Provide additional in-depth FSFN instruction to existing child welfare professionals, with specific attention given to: (1) executive leadership/administrators; (2) development of FSFN "Super-Users" who can act as an internal resource to their specific organizations and provide ongoing training and support to their agency-specific staff and (3) remedial training for existing FSFN users focusing on key features and expectations. The table provided below offers additional detail on the statewide in-service training plan to be developed and delivered.

Attachment A – SARR Training Findings

Finding	Recommendation
12(B) - A number of workers used calendars to track events for which FSFN provided ticklers. Other staff were unaware of existing FSFN reports.	12(B) – Florida must provide training as appropriate and needed to ensure effective use of FSFN. To ensure training is successful and the information retained by staff, the State must provide on-going training and establish training evaluation procedures
13(B) – Field staff describe the Family Assessment as a "cookie cutter approach" and note that it is not designated to promote individualized assessments.	#13(B) Field staff describe the Family Assessment as a "cookie cutter approach" and note that it is not designed to promote individualized assessments
#17 (B) – Family Team Conference (FTC) specialists, who are responsible for coordinating these key meetings, are dependent upon the Meetings Module to fulfill their responsibilities and noted a number of needed improvements including: • Functionality so that case managers can request FTCs • Screens and reports to track FTC activities such as 1) FTC Referrals, 2) family preparation for the FTC, and 3) the efforts of specialists to track or attempt to contact FTC participants. • Ticklers to remind case managers and specialists of scheduled FTCs. • Sufficient space to record FTC outcomes.	17 (B) – In order for FSFN to support Florida child welfare business processes, FSFN must support the directive implementing collaborative meetings, such as the FTC, with appropriate tools and reports.
#29(A) – N – The case plan and related documents, and FSFN features to support the case plan are not used consistently by CBCs. In many cases, ancillary systems are preferred to FSFN to perform case management tasks. For example: • The OurKids network of agencies does not use the FSFN case plan; they use an external case plan. They noted that judges and attorneys also do not like the FSFN case plan and that families have difficulty comprehending it. • OurKids and other CBCs also use Agency Secure Knowledge (ASK) to document cases. Every new case from March 2008 to the present day is maintained in ASK. • OurKids uses an external checklist at service initiation that is not in FSFN. • Some agencies use products such as Documentum to scan in critical records that are maintained separately from the FSFN official case record. This information is only	29 (A) – FSFN's case plan functionality must accommodate the needs and business processes of the CBCs. FSFN must contain the official case record used by all CBCs in the State. Child Welfare workers should not resort to ancillary systems and other documentation external to FSFN to conduct case management activities as then FSFN does not contain a complete history of case activities.

Finding	Recommendation
available to the agency collecting it; it will not be available if the child is served by different CBC. • The case plan summary is not consistently used, even though this more user-friendly document was designed to promote case plan usage. Workers also noted that providers do not display on the summary although there is a reserved space for this data. • Big Bend uses an ancillary system for all ICPC forms and templates for children placed out of State; the data must be re-entered into the ancillary system to populate these documents. • Some workers did not use the FSFN ticklers to schedule and manage their work. Instead, they would manually enter the same information on paper calendars so they could see their workload at a glance. • Independent Living workers at United for Families, Inc. use an ancillary system for youth over 17. • Case plan text boxes were not large enough to enter needed narrative. Workers must either re-write narratives and exclude details to fit them into the available space, or retain the information in external files and systems. • Teen Normalcy Plans, which are done yearly, are not fully accommodated by FSFN. Workers can only log plan dates, such as the date the Normalcy Plan staffing occurred, but not the details of the actual staffing and resulting plan.	
#32 (B) – Workers were unaware that FSFN provides automated support to help them efficiently complete case plans by transferring information form an approved case plan to the updated version of the same plan.	32 (B) – Workers require a better understanding of the system's automated features. DCF should provide refresher training to current workers, just-in-time training for new workers, and periodically evaluate the effectiveness of the FSFN training program
#48 – C – Although FSFN has screens and functionality to maintain and update foster care and adoptive home information, the functionality is inconsistently used by the CBCs and, as noted under requirement #45, the field uses ancillary stem so this critical data does not reside in the FSFN statewide database.	48 – All critical data must be directly entered into and managed by FSFN to ensure the statewide database contains complete, timely, and accurate data. It is not acceptable to enter the information into ancillary systems for later export to FSFN.

Nineteen of the 20 community-based care lead agencies submitted the required training report; the Community Partnership for Children did not submit a report.

I. Categories of Trainings

Although the Training Report is designed for uniformity in reporting, there are still some reporting differences. For example, some agencies did not consistently include a course description; therefore, unless it was apparent by the course title, it was not possible to categorize the training. Some trainings fall under multiple categories. With this in mind, what follows is a best effort to categorize all of the training topics.

Adoption (18)
Aging Out (2)
Basics/Refresher course (11)
Behavior Management (6)
CAPTA (2)
Case Planning (1)
CBC policies/orientation/ DCF Security (9)
Certification (56)
Child Abuse and Neglect/ Disclosure of Abuse (18)
Child death (1)
Child Development (16)
Community services/engaging the community (11)
Computer programs/Apps (20)
Conferences/symposiums, etc. that dealt with varied topics (36)
Consultation Training (11)
Continuous Quality Improvement (3)
Cross-over Youth (7)
Cultural sensitivity/diversity (12)
Customer Service (1)
Deaf or hard of hearing (5)
Diligent Search (3)
Documentation (3)
Domestic Violence (19)
Education (37)
Ethics (2)
Exit Surveys (1)
Extended Foster Care/ Independent Living (41)
Families (27)
Foster Parenting /QPI (33)
Frequent Visitors (2)
FSFN (58)
Funding (14)
Group Care (4)

Health (98; of the 98, 6 dealt with developmental disabilities, 32 dealt with mental health, and 28 dealt with substance abuse)
Housing (2)
Human Resources (10)
Human Trafficking (17)
ICPC and OCS Training (2)
Immigration (2)
Incident training (1)
Judicial review (1)
Leadership (10)
Legal/ Legislation (20)
Missing children (3)
Permanency (10)
Placement Transitions (14)
Prevention (3)
Referral process (1)
Relative Caregiver (1)
Road to Independence (2)
Runaways/Homeless (2)
Safety (27)
Safety Methodology/ Planning (126)
Self-Care (15)
Service Request (3)
Siblings (2)
Skills (59; of the 59, 23 dealt with interviewing/communication skills and 8 dealt with courtroom skills)
SSI/SSA / Master Trust (3)
Suicide prevention (6)
Therapies (8)
TPR (1)
Train the Trainer (3)
Trauma/ trauma informed care (26)
Unified Home Study (5)
Values Training (1)
Visitation (5)
Waivers (1)
Miscellaneous (42)

II. Breakdown of Settings

Children's Network of Southwest Florida (CNSWFL) did not include a description of setting. OurKids did not consistently include a description of setting.

Classroom (495)
Online (182)
Webcast (71)
Conference (65) (Note: This number is skewed because some agencies listed each workshop at the summit as separate trainings and some listed the summit as a single training.)
Conference call (5)
Workshop (9)
Field (8)
Video (4)
Office (3)
Other, such as conference rooms, remote locations (45)

III. Breakdown of Audience

CNSWFL listed agencies that attended, but did not breakdown the audience into positions (such as investigator and case manager); therefore, they are not included in this breakdown. Additionally, the numbers are skewed because some agencies listed each workshop at the summit as separate trainings and some listed the summit as a single training.

ACH (10)
Adoption (20)
Caregivers/group home staff (62)
Child Welfare Professionals/Entire System of Care (17)
CHS (16)
CM (556)
Contracts and compliance (6)
CWS (7)
DCF (24)
FSC (37)
GAL (35)
HR (14)
IL (17)
Intake (5)
Lead agency/lead agency staff (105)
Legal (51)
Licensing (82)
New employees (8)
PI (103)
Providers/Partners/Community (39)
QM (11)
Rev Max/Finance (15)

Self (6)
Social workers/social services (8)
Supervisors/Leadership (265)
Other (79)

IV. Agency Training Report Compliance

Big Bend CBC did not include the total cost of the services.

ChildNet-Broward, ChildNet-Palm Beach, and FFN did not list the cost of each training individually, but rather listed it as a total.

CNSWFL did not use the uniform training report and did not include all of the required information, including the setting and a breakdown of the audience into positions.

Eckerd Community Alternatives (ECA)-Pasco Pinellas, with one exception, listed the total cost of each training as $0.

Family Support Services of North Florida and Kids First Florida listed the total cost of each training as $0.

OurKids did not consistently provide a course description and cost of training.

Brevard Family Partnership, CBC Central Florida (CBCCF)-Orange Osceola, CBCCF-Seminole, Devereux CBC, ECA-Hillsborough, Heartland For Children, Kids Central Inc., Partnership for Strong Families, Sarasota YMCA-Safe Children Coalition, and St. Johns Family Integrity Program (FIP) *all filled out the training report in its entirety.

*St. Johns FIP report only contained pre-service training. It is unknown whether that is all the training they provided during the reporting period or whether there is another report for in-service training that was not submitted.

Chapter XI. Florida's Title IV-E Foster Care Waiver Demonstration Project

In October 2006 Florida received flexibility through a five-year federal waiver so funding could follow the child instead of the placement of the child. As the only state with such a broad federal waiver, Florida has dedicated resources to keeping more families together and helping parents change their lives and make their homes safe so they can keep or be reunified with children. The flexibility puts funding in line with the program goals of maintaining the safety and well-being of children and enhancing permanency by providing services that helped families remain intact whenever possible. The Department was authorized to continue its participation in the Waiver Demonstration Project through September 2018.

The first five years of the Waiver demonstration shows a complex picture that includes some positive and optimistic trends, such as the shift in expenditures from out-of-home care to prevention and in-home services, and in child outcomes related to permanency, safety, and well-being. However, many challenges persist regarding child well-being indicators and at the practice level. These remaining challenges at the practice level are not surprising, given that child welfare systems present a challenging environment in which to implement best or innovative practices, due to their organizational complexity and the varying needs of children and families served in these systems (Aarons &Palinkas, 2007). Refer to the IV-E Waiver Demonstration Evaluation Final Evaluation Report located athttp://centerforchildwelfare.fmhi.usf.edu/Datareports/IVEReport.shtml

As many studies have demonstrated, the development and validation of evidence-based practices in mental health, substance abuse, and child welfare has not been matched by effective implementation of these practices in community settings (Aarons, 2005; Simpson, 2002). These persistent barriers pointed to the need for Waiver renewal, with a focus on the process of implementation of evidence-based and promising practices during both child protective investigations and in child welfare case management practice and services.

Florida's flexible Title IV-E funds will allow the Department and its partner lead agencies to create a more responsive array of community-based services and supports for children and families. Funding supports child welfare practice, program, and system improvements that will continue to promote child safety, prevent out-of-home placement, expedite permanency and improve child and family well-being.

This strategic use of the funds will allow community-based lead agencies to implement individualized approaches that emphasize both family engagement and child-centered interventions. The Waiver demonstration project has and will continue to serve as a catalyst for systemic improvement efforts.

A statewide steering committee is in place to guide and oversee the implementation of the extended waiver period. Throughout the initial five year demonstration period and continuing, stakeholder buy-in and participant collaboration are vital components for the continued success of Florida's demonstration project. Great efforts have been occurring to make sure that Florida's community is aware of the Waiver demonstration.

While changes in and an expansion of the community-based service array have occurred, adequate capacity and accessibility does not exist across the entire state specifically related to in-home services for families diverted from out-of-home care and adult and child specific community services and supports that help to promote the safety and well-being of families. See Florida's Child Welfare Services Gap Analysis Report. [1]

The Waiver extension focuses on aspects of well-being that are crucial to child and family development. Florida will test the hypothesis that capacity building, system integration and leveraging the involvement of community resources and partners yield improvements in the lives of children and their families.

Florida's Child Welfare Practice Model is rooted in principles and practices that are safety-focused, family centered and trauma informed. These will be achieved by focusing on seven general professional practices (see Chapter I) and directed toward the major outcomes of safety, permanency, and child and family well-being. As in all aspects of social services, particularly child welfare, an integrated and collaborative approach with multiple partners and stakeholders is essential.

The Department is changing the way that DCF conceptualizes and executes its mission by reengineering and improving the capabilities of staff, operational processes, and supporting technologies. The goal of this multi-year initiative is to transform the role of the Florida Abuse Hotline, investigation and case management, so that each component of the system works as an integrated unit, equipped to gather better information, relay information faster, conduct more quality investigations, gather a more complete picture of the child and family, and offer a more effective engagement strategy to ensure the child and family's safety and independence. The Florida "Safety Methodology" is the state of Florida's integrated approach to

- Initial identification of potentially unsafe children by the Florida Abuse Hotline;
- Further assessment of safety and safety decision making by investigators;
- Ongoing safety management and service provision to enhance parental protective capacities (emotional, cognitive and behavioral), address and enhance child well-being needs (emotional, behavioral, developmental, academic, relationships, physical health, cultural identity, substance abuse awareness, and adult living skills)

[1] April 2014. http://centerforchildwelfare.fmhi.usf.edu/Publications/GAP_Report040814.pdf.

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

For additional information of the Safety Methodology refer to Chapters III and V.

Under the Waiver demonstration, the state plans to expand the array of community-based services and programs provided by Community-based Care Lead Agencies or other contracted service providers using title IV-E funds pursuant to this waiver. (See the discussion of CBC and service array components in Chapter III.) Additionally, the Department has aligned many of the CFSP goals, objectives and outcomes with the Waiver demonstration. The flexibility afforded by the Waiver demonstration provides Florida the ability to expand services and supports so that children may remain safely in their own homes, have permanent and stable families, and have improved well-being. (Refer to Chapter V.)

Expanded services, supports, and programs may include, but are not limited to:

- Development and implementation of family-centered evidence-based programs and case management practices to assess child safety; support and facilitate parents and caregivers in taking responsibility for their children's safety and well-being; enhance parent and family protective factors and capacity; develop safety plans; and facilitate families' transition to formal and informal community-based support networks at the time of child welfare case closure.
- Early intervention services for families to prevent crises that jeopardize child safety and well-being.
- One-time payments for goods or services that reduce short-term family stressors and help divert children from out-of-home placement (e.g., payments for housing, child care).
- Evidence-based, interdisciplinary, and team-based in-home services to prevent out-of-home placement.
- Services that promote expedited permanency through reunification when feasible, or other permanency options as appropriate.
- Improved needs assessment practices that take into account the unique circumstances and characteristics of children and families.
- Long term supports for families to prevent placement recidivism.
- Strategies that increase children's access to consistent medical and dental care; improve adherence to immunization schedules and well-child check-ups; and holistically address the physical, social/emotional, and developmental needs of children.

- Development and deployment of statewide metrics to measure performance in educational outcomes, including, high school graduation/GED completion rates, receipt of developmental screens and early intervention services as needed by children birth to three, increased enrollment of young children in quality early childhood programs, increased school enrollment and attendance, and improved school stability.
- Implementation of evidence-based practices to increase the effectiveness of mental health and substance abuse screening and treatment for parents, as well as strategies to improve timely access to and engagement in these services.
- Development of resource family recruitment and training strategies that attract capable and effective foster parents, "professionalize" the role of foster parents, emphasize foster parent co-parenting as a mechanism to promote reunification with biological parents, and promote normalcy for children in foster care.

The evaluation will test the hypotheses that an expanded array of community-based care services available through theflexible use of Title IV-E funds will:

- Improve physical, mental health, developmental, and educational well-being outcomes for children and their families.
- Increase the number of children who can safely remain in their homes.
- Advance the achievement of permanency through reunification, permanent guardianship, or adoption.
- Protect children from subsequent maltreatment and foster care re-entry.
- Improve resource family recruitment, engagement, and retention.

Florida is looking forward to maintaining the momentum that it has achieved in reducing entry into out-of-home care. Extension of the Title IV-E Waiver demonstration project for another five years will support the current redesign of intake, investigations and case management; and provide for services that will make our children, youth and young adults formerly in foster care successful citizens.

Chapter XII. Monthly Caseworker Visits

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

Florida will use the caseworker visit grant funds to support monthly caseworker visits with children who are in out-of-home care. Although the funding is blended in with other child welfare funds, these fundswill help to enhance the quality and frequency of the visits with children. The minimum standard for caseworker contacts with children in the Florida Administrative Code requires a face-to-face contact with the child occurs no less than once every 30 days. In some situations, the face-to-face contact with the child is once every seven days for a period of time such as when initially placed with a relative. Frequency of child contacts is based on many factors such as level of risk, presenting issues in the case, or current circumstances in the child's life. These funds provide the opportunity to contact a child more often in a setting that is most favorable for the child and for the caseworker visits to be well planned and to focus on pertinent issues related to case planning and service delivery.

The Department will continue to emphasize the importance of child visits occurring in the child's residence. This also affords the flexibility for multiple staff and service providers involved with the child and family to make visits with the child and family, as appropriate or delegated in the case plan; thus, improving decision-making on child safety, permanency and well-being.

Florida is in the initial implementation stage of putting into operation a new statewide practice model, often referred to as Florida's Safety Methodology. The new practice model is guided by implementation science and the support of national experts from Casey Family Programs, the National Resource Center for Child Protection and the Children's Research Center.

The model is an overarching process that requires safety assessment and safety management at all stages of a child welfare case, from screening [a call to the Hotline] through case closure. It provides a common language and set of constructs for determining whether or not a child is safe or unsafe. It establishes a protocol for information collection in six domains which are assessed throughout the life of the case to determine child safety:

1. What is the nature and extent of the maltreatment?
2. What circumstances accompany the maltreatment?
3. How does the child function day to day?

4. How does the parent or caregiver responsible function day to day?

5. What are the parents' or caregivers' responsible overall parenting practices?

6. How does the parent or caregiver responsible discipline the child?

The change in the practice model focuses on understanding what family conditions create danger threats, what essential protective interventions are needed, and what family resources and family solutions can help resolve danger threats. The model includes all actions and decisions required throughout the life of a case to:

- Assure that an unsafe child is identified, appropriate safety decisions are made, and ameliorative actions are taken to protect the child;

- Support and facilitate the parent or caregiver responsible in taking responsibility for the child's protection, whenever possible;

- Reconfirm the child's safety at home or in out-of-home care throughout the life of the case; and

- Achieve the establishment of a safe, permanent home for the unsafe child.

Child welfare professionals must have specific skills that are core tenants of the Department's practice model. The skills are:

a. Engagement

The ability to continually build rapport and trust during every contact with the family and other persons who support the family as the six information domains are assessed. This includes the ability to empower the family through seeking information as to family strengths, resources, and solutions. It includes the ability to demonstrate respect for the family members as they exist in their social network, community, and culture.

b. Teamwork

The ability to identify formal and informal partners who have the knowledge and information needed about the family and/or family conditions. The ability to provide team leadership and facilitation to achieve communication, clear understanding of roles and responsibilities, accountability and consensus.

c. Information Gathering

The ability to collect information from the family, collaterals, team members, and other persons about the six information domains.The ability to update information as underlying issues, including trauma, are identified and as the family situation changes.

d. Assessment and Understanding

The ability to assess information gathered for sufficiency, to identify unsupported observations or unverified statements, and to reconcile information inconsistencies. The ability to ensure that all team members have a shared understanding of the collected information, what it means, and how it should be the basis for safety and case planning.

e. Planning

The ability to develop and implement short-term actions to supplement caregiver protective capacities in order to keep a child safe in the home or in out of home care. For a child in care, identify when parent progress will be sufficient to return the child with an in-home safety plan. Work with the child, family, and other team members to identify the appropriate interventions and supports necessary in a case plan to build parent or caregiver protective capacities. Seek to identify what will need to happen in order for the family and its support network to succeed with maintaining changes over the long term. When a child is in out of home care, planning includes attention to child needs for safety and stability in care, family connections, success in school, support for any transition and overall healthy development. When the child can't be reunified with his or her parent(s), planning involves alternative ways to achieve permanency.

f. Case Plan Monitoring and Modification

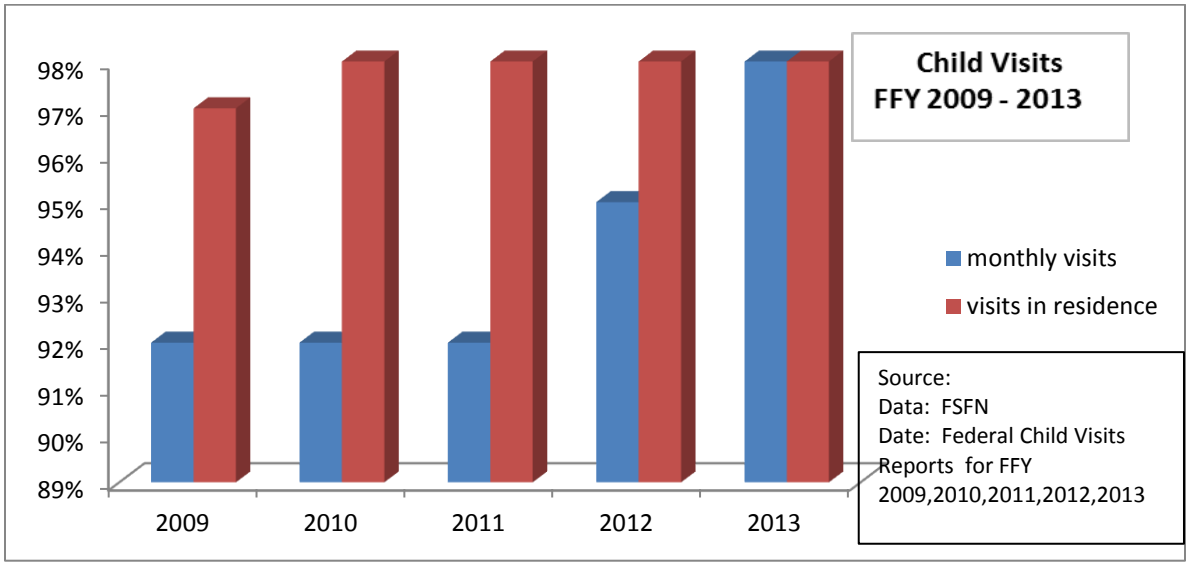
Provide linkages to services and help the family navigate formal systems. Troubleshoot and advocate for access when barriers exist. Modify safety actions and case plans as needs change. Support the child and the family with transitions, including alternative permanency options when reunification will not occur.

The shift in practice is a major cultural change. The emphasis on both pre-service and in-service training as well as mentoring and coaching for caseworkers will promote better trained staff and improve retention and improve child and family outcomes. The blending of Monthly Caseworker Visit Grant with other child welfare funds supports training, recruitment and retention activities. Florida is implementing initiatives, i.e., loan forgiveness and tuition exemption, to recruit employees with a social work degree. Additionally, the newly created Florida Institute for Child Welfare is looking at ways to recruit and retain child welfare professionals with social work degrees or other related degrees such as psychology, child development, sociology, etc. Furthermore, specialized training focused on serving a specific population like medically fragile or sexually exploited is under development. The specialized training is statutorily required.

The quality of visits will continue as a focus in the upcoming five years. The quality of visits should improve as case managers will be expected to use critical thinking skills as they address case plan progress, child's progress, development, and health and

education during visits. Supervisory consultation will re-enforce critical thinking and application. Please refer to Chapter IV, Assessment, for additional information on the quality of visits for SFY 2012-13. Florida's QA/CQI plan includes a review of visits with child, family, parents (mother and father) and assesses the quality of these visits. Refer to Chapter XIV, Continuous Quality Improvement for additional information.

Figure 1. Caseworker Visits



For each Federal Fiscal Year (FFY) 2012 – 2014, 90% of children in out-of-home care must receive a monthly caseworker visit. Beginning with FFY 2015, 95% of children in out-of-home care must receive a monthly caseworker visit. Florida has met or succeeded the targets for monthly visits with children in out-of-home care over the past five federal fiscal years. Additionally, starting in FFY 2012 and thereafter, states are required to conduct at least 50% of the monthly caseworker visits in the child's residence. Florida has continuously exceeded the target of 50%.

Chapter XIII. Adoption Incentive Payments

Adoption Incentive Award

As described in the Final Report, Florida received an Adoption Incentive Award for each of the last five years and all of the 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 Florida has completed over 3000 adoptions during each of the last five years. During State Fiscal Year 2013/14, an estimated 34,100 adopted children received maintenance adoption subsidies with the average subsidy of $4,600 annually. The Department anticipates continuing net increases in subsidy costs over the next several years, for two reasons:

1) though about 1800 children age out and no longer require subsidies each year, new families adopting and needing subsidy will greatly outnumber this decrease, and

2) the legislature approved an increase in subsidy amount for new subsidy recipients several years ago and therefore the average amount of subsidy will gradually increase up to the new limit of $5,000.

To meet this expanding need, any future incentive funds will continue to be applied toward subsidies.

Expenditure of Funds

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

Chapter XIV. Florida's Continuous Quality Improvement (CQI) System

1. Overview

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

2. Foundational Administrative Structure

The Department of Children and Families is located within the executive branch of Florida state government, and the Secretary of Department of Children and Families is responsible for all operations. The secretary is appointed by the governor. Florida law requires that the Department, in consultation with the community-based care (CBC) lead agencies establish a quality assurance program for privatized services. The state's quality assurance program is based on standards established by the Adoption and Safe Families Act as well as by a national accrediting organization such as the Council on Accreditation of Services for Families and Children, Inc. (COA) or the Commission on Accreditation of Rehabilitation Facilities (CARF).

In 1999, the Florida legislature outsourced the provision of foster care and related services statewide to encourage communities and other to participate in assuring that children are safe and well-nurtured. Although services were privatized, the law specifically states the Department retains responsibility for the quality of contracted services and programs and must ensure that services are delivered in accordance with applicable federal and state statutes and regulations.

CQI is an umbrella that encompasses many case review and trend reporting activities. Activities are implemented through contracts with community-based care (CBC) lead agencies, the state's annual CQI/QA Plan; "Windows into Practice" Guidelines; monthly

conference calls with regional Department QA managers, sheriff QA managers, and community based care QA managers; quarterly meetings with Department QA managers, sheriff QA managers, and community based care QA managers; Children's Legal Services case reviews; Sheriff case reviews; contract oversight monitoring; scorecards; and quantitative data trend reporting.

The state office is responsible for establishing CQI requirements, standards, and training. Regions and CBCs are required to develop quarterly schedules, to conduct case reviews for all cases identified in the sample each quarter, and to follow the "Windows into Practice" Guidelines for conducting reviews. All CQI managers for CBCs and regions participate in quarterly CQI meetings and periodic conference calls to address systemic issues and ensure statewide consistency to the CQI process. The Annual QA Plan outlines state requirements for CQI activities. An annual standards review "tweaking workgroup" is held to review and modify standards for CPI and case management services as needed. Specifically, the Department addresses CQI through the following:

- Child Welfare QA: The Office of Child Welfare oversees the statewide QA system that includes case file reviews, qualitative case reviews, trend reporting, performance scorecards, statewide data reporting, and training.
- Children's Legal Services (CLS) is the Department's law firm representing the State of Florida in child welfare matters. CLS has one designated attorney responsible for QA activities. CLS has implemented a QA system focused on child safety in the legal staffing process, timeliness of court action, the quality of legal pleadings, court orders and court room skills. Supervisors, managers, regional and state directors review monthly random samples of legal work; make court room observations; and monitor legal tracking data. Monthly quality control feedback to attorneys drives performance. Every member of the firm is encouraged to monitor individual and unit progress through access to daily tracking, summary and detail listing reports in the CLS section of the Florida Safe Families Network. Every six months, a state panel evaluates the entire process, sets new goals and gives guidance to the regions and circuits through a series of on-site reviews.
- Sheriffs: Florida sheriffs are "constitutional" Florida offices; that is, the positions are established as part of the Florida State constitution. They serve as the chief law enforcement officer in their respective counties. Each county sheriff's office is an independent agency and the Sheriff is an elected official. In six counties, sheriffs are authorized by s. 39.3065(3)(d), Florida Statutes (F.S.), to develop their own quality assurance review system to assess the quality of work performed by child protective investigators. Sheriffs have designated QA positions responsible for daily oversight and peer reviews and use a QA tool approved by the Department.

- Data Reporting and Analysis: Trend Reporting is provided on numerous child welfare requirements so that managers are provided information to spot patterns, or trends in child welfare practice. The CPI scorecard is used to measure the standards of the Department's child protective investigations across the state. This scorecard looks at nine important measures to ensure a quick response time, appropriate case reviews and successful outcomes for children and families. The CBC Scorecard was developed in conjunction with the community-based care lead agencies across the state. These nonprofit organizations contract with the state to handle all prevention, foster care, adoption and Independent Living services to children and families in the child welfare system. The scorecard evaluates the lead agencies on 12 key measures to determine how well they are meeting the most critical needs of these at-risk children and families.

- CBC Lead Agency Accreditation: The Department is requiring lead agencies to pursue accreditation through the Council on Accreditation (COA) or the Commission on Accreditation of Rehabilitative Facilities (CARF). Seventeen of the twenty CBCs are accredited through COA and one is accredited through CARF. The accreditation process involves a detailed review and analysis of an organization or program's administrative functions and service delivery practices.

- Contract Oversight Unit: There are designated staff at the state and regional level that are responsible for conducting contract monitoring annually at each CBC. The contract oversight unit focuses on compliance requirements in state law and administrative code. There are designated contract managers for each CBC who are expected to take action when a CBC fails to fully implement contract oversight requirements.

The Department demonstrates implementation of CQI/QA processes through the designation of a CQI/QA division and allocation of staff to support on-going activities; the allocation of QA positions to the six regions for CQI/QA activities at the local level; and contractual requirements with sheriff's and CBCs.

Standardized activities for qualitative data and information include monthly and quarterly trend reports; score cards for CBCs and CPIs (including sheriffs); weekly key indicator reporting by leadership; and a variety of ad-hoc data reports that address targeted areas of concern. Standardized activities for qualitative case reviews include annual review planning; annual review of standards and processes; quarterly reviews for CPI (including sheriffs) and case management; quarterly and semi-annual reporting; quarterly training for QA reviewers; monthly conference calls with QA managers; quarterly meetings with QA managers; and state requirements for follow-up action at the local area. There are standardized tools for child protective investigations and case management. Furthermore, the Department requires all data from targeted case reviews and QSRs to be entered into the Department's web based tool. The sheriffs

operate pursuant to Florida Statutes and Grant agreements with the Department, and follow a standardized tool.

The quarterly meetings and routine conference calls with all QA managers for the CBCs, sheriffs, and Regions help guide standardized implementation of the CQI/QA process. The Florida CQI/QA Plan and "Windows into Practice" Guidelines outline implementation requirements. Completion of case reviews, in-depth reviews with stakeholder interviews, data reporting, and performance reporting document successful implementation.

2.1 Statutory Requirements

The specific authority for the Florida CQI system is established in state law as follows: Section 20.19 (1) (b), F.S., requires that the Department develop a strategic plan for fulfilling its mission and establish a set of measurable goals, objectives, performance standards, and quality assurance requirements to ensure that the Department is accountable to the people of Florida.

- Section 409.1671(2)(a), F.S. requires the department to retain responsibility for the quality of contracted services and programs and shall ensure that services are delivered in accordance with applicable federal and state statutes and regulations.
- Section 409.1671(4)(a), F.S., requires the quality assurance program to be based on standards established by the Adoption and Safe Families Act as well as by a national accrediting organization such as the Council on Accreditation of Services for Families and Children, Inc. (COA) or CARF—the Rehabilitation Accreditation Commission.
- Section 39.201 (4)(b), F.S. requires the Department to monitor and evaluate the effectiveness of the department's program for reporting and investigating suspected abuse, abandonment, or neglect of children through the development and analysis of statistical and other information.
- Section 39.201 (7), F.S., requires the Department's quality assurance program to review calls, fax reports, and web-based reports to the hotline involving three or more unaccepted reports on a single child, where jurisdiction applies, in order to detect such things as harassment and situations that warrant an investigation because of the frequency or variety of the source of the reports. A component of the quality assurance program must analyze unaccepted reports to the hotline by identified relatives as a part of the review of screened out calls.
- Section 39.301 (11), F.S. requires the department to incorporate into its quality assurance program the monitoring of reports that receive a child protective investigation to determine the quality and timeliness of safety assessments, engagements with families, teamwork with other experts and professionals, and

appropriate investigative activities that are uniquely tailored to the safety factors associated with each child and family.

- Section 39.303 (11), F.S. requires the Department of Health child protection team quality assurance program and the Department of Children and Family Services' Family Safety Program Office quality assurance program to collaborate to ensure referrals and responses to child abuse, abandonment, and neglect reports are appropriate. Each quality assurance program must include a review of records in which there are no findings of abuse, abandonment, or neglect, and the findings of these reviews must be included in each department's quality assurance reports.

- Section 39.3065 (2), F.S. requires the Department to retain responsibility for the performance of all child protective investigations.

- Section 39.3065 (3)(d), F.S., requires the Sheriff's program performance evaluation to be based on criteria mutually agreed upon by the respective sheriffs and the Department of Children and Family Services. The program performance evaluation is required to be conducted by a team of peer reviewers from the respective sheriffs' offices that perform child protective investigations and representatives from the department.

- Section 39.3065 (3)(d), F.S., requires the Department to submit an annual report regarding quality performance, outcome-measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, and to the Governor no later than January 31 of each year the sheriffs are receiving general appropriations to provide child protective investigations.

2.2 CQI Personnel

The state's CQI system utilizes personnel assigned to regional managing directors, Sheriffs, and community-based care lead agencies.

- DCF State Office: Florida has designated a CQI/QA manager to oversee child welfare CQI/QA activities. The CQI umbrella includes the Data Analysis and Reporting Unit and Training Unit. The child welfare Data and Reporting Unit is overseen by a by a supervisor who provides direct supervision of five data analysts. The Training Unit is overseen by a supervisor who has direct supervision of two child welfare specialists.

  The state level manager position is required to demonstrate the abilities to be highly responsible and dependable and to work independently with limited supervision. This work includes the ability to gather and analyze information, solve complex problems and concepts, and make decisions based on available information, mature judgment and the overall policy direction set by the legislature and the Department leadership. This position must

demonstrate advanced writing and analytical skills; demonstrate strong project management and organizational skills necessary to coordinate and manage projects involving multiple activities and entities; possess strong interpersonal skills demonstrated by the abilities to accept and give constructive feedback in a professional manner, facilitate and manage meetings, and effectively participate in meetings with Department leadership, state officials, and partners; demonstrate strong presentations skills - both public speaking and related document preparation and have the ability to clearly define practice and policy issues in child welfare and identify options for policy solutions through a collaborative process; ability to work as part of a team to solve complex problems.

- DCF Regional Offices: The Department has designated twenty-four specialists for case reviews and six specialists for child fatality reviews in the six regions. These staff are responsible for conducting case reviews of child protective investigation cases and child fatality cases. Florida law requires that all state personnel have approved position descriptions. Agencies have the authority to set minimum requirements for positions.

  State QA personnel are specialized positions requiring knowledge child welfare, quality assurance systems and data management. Incumbents in these positions must demonstrate the ability to provide team leadership in the QA review processes including analysis of federal measures, technical assistance papers and other federal rules related to the CFSR process. Staff must also have the ability to analyze QA and system data and prepares reports for Department leadership.

  Regional QA positions are required to demonstrate the abilities to be highly responsible and dependable and to work independently with limited supervision and have the ability to gather and analyze information, solve complex problems and concepts, and make decisions based on available information, mature judgment and the overall policy direction set by the legislature and the Department leadership. Incumbents must demonstrate strong project management and organizational skills necessary to coordinate and manage projects involving multiple activities and entities; possess strong interpersonal skills demonstrated by the abilities to accept and give constructive feedback in a professional manner, facilitate and manage meetings, and effectively participate in meetings with Department leadership, state officials, and partners ; demonstrate strong presentations skills - both public speaking and related document preparation and have the ability to clearly define practice and policy issues in child welfare and identify options for policy solutions through a collaborative process; ability to work as part of a team to solve complex problems.

A Bachelor's Degree for DCF QA positions is a minimum qualification. Specific child welfare subject matter expertise gained through a minimum of five years of experience in the management and oversight of statewide QA systems. DCF Regional QA staff meet the above requirements although it may not be included in their position descriptions. Staff in the Data Analysis and Reporting Unit must possess a Bachelor's Degree and demonstrate specific expertise in data systems including Microsoft ACCESS and SPSS gained through a minimum of five years of experience with data and QA systems.

- Sheriffs: The sheriffs in the six counties (Pasco, Pinellas, Manatee, Broward, Hillsborough, and Seminole counties) that conduct child protective investigations have dedicated CQI/QA staff responsible for daily oversight and peer reviews. The sheriffs are authorized by s. 39.3065(3)(d), F.S., to develop their own quality assurance review system to assess the quality of work performed by child protective investigators. Florida Statutes requires that program performance evaluation be based on criteria mutually agreed upon by the respective sheriffs and the Department. Sheriffs are required by Grant Agreement to conduct annual program evaluation.

  Sheriffs are elected officials and have the authority to develop position descriptions within their organization. For Sheriffs, Florida Law requires program performance evaluation to be conducted by a team of peer reviewers from the respective sheriffs' offices that perform child protective investigations and representatives from the department. DCF regional QA staff participate on Sheriff peer reviews.

- Children's Legal Services: Children's Legal Services has a dedicated CQI/QA manager who is responsible for the legal review of judicial cases utilizing case reviews and trend data. The Children's Legal Services QA manager is a lawyer with expertise in child welfare legal requirements.

- CBC Lead Agencies: CBC lead agencies have QA staff who implement the services side of case reviews. The CBCs are required by contract to follow the uniform standards when conducting case reviews. Additionally, they must follow standards and sample sizes as outlined in the "Windows into Practice" guidelines. The Guidelines are incorporated by reference into all community based care lead agency contracts. A Bachelor's Degree is required for these positions.

2.3 Uniform Standards, Review Tools, and Data Collection

The Department has established a uniform set of standards for child protective investigations and case management that must be used in all reviews. These standards focus on child welfare practice and ensure QA reviews assess critical standards that affect child safety, permanency and well-being of children. The

Department utilizes a standardized tool for case management and child protective service case reviews. The state conducts quarterly CQI/QA meetings and routine conference calls to ensure CQI/QA reviewers across the state interpret the standards and apply the process consistently. The "Windows into Practice" outlines the process to be used by for investigations and case management services reviews.

Beginning in FY 2014/2015, the state will use the Child and Family Services Review (CFSR) items and stakeholder interview guide for qualitative case reviews. The state had previously used the Quality Service Review (QSR) process for qualitative case reviews. The CFSR findings will be combined with existing quantitative data (e.g., FSFN production reports) in order to provide meaning to the regularly reviewed performance data. CFSR results will be used to learn and understand systemic issues, themes, and patterns that may not be readily identified from regularly produced data on all open cases.

The "Windows into Practice" requires standardized data collection formats in addition to automated web based review tools so the Department can analyze data and identify trends statewide. Additionally, the state has an established a methodology for case samples and provides for regional discretion in selecting special populations or topics for review. The Department requires all findings and ratings to be entered into the DCFQA web portal review tool in order for the Department to have immediate access to case review data and information. [1]

Children's Legal Services has implemented CQI activities that are tied to attorney performance reviews. This process follows a standardized set of legal metrics that all attorneys must ensure are incorporated into their daily legal work. The contract oversight unit utilizes standardized compliance checklists to conduct on-site reviews of cases and other information.

2.4 QA Policies

Florida outlines requirements for case review QA activities in the annual quality management plan known as the "Windows into Practice" Guidelines". The annual plan provides Department leadership a high level roadmap of the child welfare CQI/QA process. The "Windows into Practice" guidelines provide requirements for sample sizes, use of standards, report templates, and other information needed to ensure a statewide approach is implemented. Florida utilizes QA Standards for Case Management, QA Standards for Child Protective Investigations and, effective FY 2014/2015, the CFSR items for qualitative reviews and stakeholder interviews. Quality Services Review Protocol to ensure uniform application of case specific reviews. Requirements for data

[1] [1] Electronic versions of the Quality Assurance standards for Child Protective Investigation and Case Management case reviews, Quality Service Reviews, and various tools and guidelines including sampling are located on Florida's Center for Child Welfare Practice.

and analysis, case record review, and feedback and adjustment is included in the guidelines. These guidelines are a requirement in all CBC lead agency contracts. In addition:

- CLS utilizes the requirements for performance outcomes as documented in their CQI Handbook. The contract oversight unit utilizes the Contract Oversight Operation Procedure to implement annual on-site reviews.
- The state ensures consistent application through requirements in CBC lead agency contracts.
- The sheriffs are authorized by s. 39.3065(3)(d), F.S., to develop their own QA tool and protocols. The sheriff QA tool is approved by the Department.
- The states policies, operating procedures, and practices are accessible to all CQI staff and individuals participating in CQI activities via the Center for Child Welfare at the University of South Florida. New employees are made aware of the QA process through pre-service training. The Center acts as the learning center and repository for child welfare training, announcements of events and policies, etc.

2.5 Training and Professional Development

The Florida Child Welfare CQI/QA Model requires all QA reviewers to successfully complete training specific to conducting case reviews. To assure reviews and subsequent data collection are consistent, and to foster inter-rater reliability, all staff who conduct QA reviews must be "certified" as a QA reviewer. This requires reviewers participate in a specialized training curriculum and pass a competency assessment. The purpose of the training is to ensure CQI staff have the analytical skills to conduct reviews consistently and with integrity across the state. The QA training was developed under the direction of the state office, to prepare regional and CBC-based QA staff to conduct quality reviews using uniform QA standards and review procedures.

Beginning in FY 2014/2015 the state will expand the use of stakeholders (foster parents, tribes, Guardian ad Litem, school personnel, judges, etc.) to conduct stakeholder interviews. Foster parents and other stakeholders will continue to be engaged for special reviews.

3. Quality Data Collection and Analysis and Dissemination of Quality Data

The regions must submit an annual report to the Department's central office 30 days after the end of the fiscal year that addresses findings and trends in the practice areas related to investigations (background screening, information collection, identification of danger threats, etc.)

CBCs are required by contract to submit an annual report to the Department's central office 30 days after the end of the fiscal year that addresses findings and trends in the following practice areas: assessments; family engagement; service planning and provision; promoting case progress; and supervisory review and oversight.

For Sheriffs, the Department of Children and Family Services is required to submit an annual report regarding quality performance, outcome-measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, and to the Governor no later than January 31 of each year the sheriffs are receiving general appropriations to provide child protective investigations.

The Contract Oversight Unit conducts case file reviews and submits a report to management at least annually for each CBC. The review focuses on compliance requirements in state law and administrative code. There are designated contract managers for each CBC who are expected to take action when a CBC fails to fully implement CQI or contract oversight requirements within their area of responsibility or fails to take immediate action when issues are identified.

Quantitative data reports are critical to daily, weekly, and monthly management oversight. The department uses AFCARS and NCANDS data elements from FSFN in creating many of these reports. By using the data elements, and not the actual AFCARS and NCANDS extracts, the state is able to provide more detailed and real time reports. These reports have been designed to allow for viewing of data trends over time and comparison of the data across geographic areas. The reports allow the user to obtain a longitudinal view of information at the county, circuit, region, CBC, and statewide levels. Most reports have the capacity to display 24 months of information in a chart view, although many contain more than 24 months. It should be noted that the numbers in these reports may vary slightly from comparable reports available through the Florida Safe Families Network. This is due to the different run dates and slight adjustments to the report algorithms. The reports are available for download on the Florida Center for Child Welfare .

The accuracy of quantitative reports is critical to on-going assessment of Florida's child welfare system. There are Topic Papers, User Guides, and Desktop Guides to ensure the accuracy of data entered into in FSFN. A screen shot of tools is provided for the main page, topic papers, and guidebooks. The AFCARS corrective action plan provides detailed activities underway to address data integrity.

The Department utilizes child welfare quality assurance data and a set of quantitative data reports to monitor process and outcome measurement for children and families. Quality assurance qualitative data is compiled using the Quality of Practice Standards for Child Protective Investigations, the Quality of Practice Standards for Case Management, and the Quality Service Review Protocol. QA information is used by the regions and CBCs on a quarterly, semi-annual, and annual basis. QA data allows practitioners to gain a better understanding of the story behind the quantitative data.

Both sets of data are used to improve practice. Additionally, QA staff has access to numerous quantitative trend reports and are able to download QA data into a CVS file for further sorting and analysis. The Department strives to ensure qualitative data is accurate through on-going review of all items and discussions on conference calls and in quarterly meetings. Qualitative standards have very tight rating guidelines but there is an element of professional judgment in each review.

The Department utilizes a "Scorecard" targeted at measuring success of the child welfare system. The Scorecard is updated monthly and evaluates the lead agencies on 12 key measures to determine how well they are meeting the most critical needs of these at-risk children. The Scorecard is produced monthly. The Scorecard's indicators were selected, among the many indicators available, to provide balance among the goals of safety, family preservation, permanency, well-being, and cost. The CPI Scorecard is used to measure the standards of our child protective investigations across our regions.

On a weekly basis, the assistant secretary for operations sends a Weekly Key Indicators Report to the DCF regions and CBC lead agencies for an on-going look at performance on numerous key indicators related to the safety, permanency, and well-being. A weekly healthcare and education report is provided to regions and CBC lead agencies that to promote use of the healthcare and education tab in the state SACWIS system.

The state monitors information through the use of reports. The Weekly Key Indictor Report is sent to regional leadership weekly for follow up actions to improve practice.

A variety of reports are completed for discussion with regional leadership. Reports are scheduled to run daily and are used by CPIs and sheriffs. The data available in these reports include:

<u>Children Active Receiving In-Home or Out-of-Home Services (CARS Daily)</u>

- Children not seen in 25 days or more
- Children whose photograph is overdue or due in less than 10 days
- Children who have had an attempted visit where the "reason not seen" is not documented
- Children who have a "reason not seen" documented but the attempted visit date is blank

<u>Child Investigation and Special Conditions Status Reports (CSA Daily)</u>

- Intakes not linked
- Investigations not commenced

- Investigations Open Between 25 and 30 Days
- Investigations Open Between 31 and 50 Days
- Investigations Commenced But Not Submitted
- Investigations Commenced After 24 Hours
- Investigations With Victims Not Seen
- Investigations With Victims Not Seen in 24 Hours
- Investigations Awaiting Supervisory Review
- Investigations Awaiting 2nd Party Review
- Investigations Open 40+ Days Without a Disposition Having Been Submitted
- Investigations Open Greater Than 50 Days
- Investigations Awaiting Supervisory Approval for Closure
- Investigations Closed With Case Status Open

Florida helps ensure the accuracy of data through a series of exception and management reports that are provided to lead agency and program staff on a regular basis. These reports include both summary data and detailed client and case data that allow the user to drill down and identify areas of concerns and take corrective action.

The weekly Psychotropic Medications List Errors report provides a listing of children prescribed psychotropic medications, with detail regarding whether or not proper consent has been obtained and documented in FSFN. Monthly, a report is produced that matches children in out-of-home care against Medicaid prescription reimbursement data for a three month period. The report is used by case managers as a tool for reviewing and improving the overall quality and accuracy of data in FSFN. The Department periodically sends memorandums to underscore the importance of data integrity in this area.

NYTD Exceptions is a monthly report listing data elements that are missing from the NYTD file that must be completed in order to avoid financial penalties.

The Eligibility Report Statewide provides monthly summary and list detail on the IV-E and TANF eligibility of children served.

The federal Data Quality Utility (DQU) and Data Compliance Utility (DCU) tools are used to assess the readiness of the file before each submission and identify areas to target for follow-up consultation. The state data profile is reviewed when submitted and shared with program office management. AFCARS Errors and Exceptions are identified

through a bi-weekly report that provides detail on critical AFCARS data that is missing, appears inaccurate or has not been entered in a timely manner. CBCs use this report to review and make corrections to the data in FSFN where appropriate. A summary by CBC is sent to the field every other week.

The Department also runs the Timeliness database that calculates the timeliness of data entry on both removals and discharges. For every element included in the report a listing file is provided for records that need to be brought into compliance, highlighting what is missing on the row, as well as summary tabs for each of the individual elements. Frequency reports are run to see if the number of adoptions who are receiving a subsidy and the number of adoptions who show having a special need align. Once the report is finalized for submission, the full statewide report is split out so each CBC has an individual report with all of its records. The summary report, showing the results of each individual element included in the report, is sent to leadership and staff in the field. The CBC-specific listing files are loaded to the DCF Web Portal where they can be retrieved by the field and cleaned up.

- The Weekly Healthcare Report provides a snapshot of the medical, dental and immunization information entered in FSFN for children in out of home care as of the date listed on the report. The data in this report comes from the Medical Profile and Medical History tabs in the Medical/Mental Health module of FSFN.

- The Weekly Psychotropic Medication Report includes all children active in an out-of-home care placement on the date of the report. The medications data in this report is based on children documented in FSFN as having an active prescription for one or more of the psychotropic medications listed in the report. The report helps case managers manage the psychotropic medication needs associated with children and management can track trend data for sudden changes in prescription practices.

- The CBC and CPI Scorecards are produced monthly for review and discussion by CBCs, regional leadership, and Department management to promote strategies for improvement. The Scorecard's indicators provide balance among the goals of safety, family preservation, permanency, well-being, and cost. CBCs and Regions are ranked and the Scorecards are published.

- The quarterly Federal Permanency Measures Report summarizes performance on the permanency measures that make up the four federal permanency composites at the state, circuit, region and lead agency level. This allows for detailed data analyses at the local level.

- The Quarterly Child Fatality Report provides trend information for calendar years 2007-2011 for all child deaths reported to the Florida Abuse Hotline regardless of finding.

- The Annual Independent Living Advisory Council Report and Annual Report on Oversight Activities and Outcome Measures outline trends for children in the independent living program. This report is widely disseminated for use at the local level to address practice issues.

Children's Legal Services (CLS) represents the State in court for the protection and well-being of abused and neglected children. The effective and efficient performance of these duties is vital to the lives of many of Florida's most vulnerable citizens. CLS currently tracks the filing and court approval of the written case plan and twelve month permanency hearings. Additionally, they provide notice of hearing to foster parents and caregivers pursuant to statute. Timely filing of case plans is required by statute and is part of daily CLS responsibilities. Children who have a goal of reunification beyond 12 months from removal are part of a report in FSFN used routinely by CLS attorneys and it is part of the performance metrics described below. The data is accessible to anyone in CLS and individual CLS supervising attorneys, managing attorneys and Regional Directors have regular meetings where the data is disseminated and discussed. The CLS quality improvement model has developed performance measures that align with the goals and objectives of safety, permanency, and well-being; efficiency; litigation skills and court room performance. To achieve continuous improvement, the measurements are tied to important policy processes and involve all levels of the organization. All levels, from front line staff, to statewide managers are accountable based on their individual and group performance. Each individual's personal evaluation puts them on notice of the measures of quality and timeliness necessary to achieve satisfactory or commendable levels. Using the personal evaluation process allows the quality improvement model to harness the effectiveness of tools employed by human resources.

Florida has submitted four federally compliant National Youth in Transition Database (NYTD) surveys (spring 2011, fall, 2011, spring, 2012, and fall 2012). All NYTD survey results are stratified to the local level and are made available to each of local community based care (CBC) lead-agencies through Five Points administered secure database log-on functionality. Review and analysis of the survey results is conducted at the CBC lead agency level to ensure that service structure for current and former foster care youth is being tailored to meet specific identified local needs. All NYTD data is compiled and made available to Department and CBC staff for review and assessment of service needs in their respective area of the state. The Department also produces the My Services Report for children 13-17. All reports are posted on the DCF internet site and data stratified by CBC is available via secure log-in.
http://www.myflfamilies.com/service-programs/independent-living

4. Case Record Review Data and Process

4.1 CPI Rapid Safety Feedback Case Reviews

In 2014, the Department implemented a new case review process for Child Protective Investigations. The process is called Rapid Safety Feedback. In the past, the sample for QA case reviews was pulled from recently closed investigations. Because the cases were closed, the Department was unable to redirect an investigation when additional investigative activities were needed. In addition, the sample sizes were selected from the universe of investigations of children when national research confirms children less than four years of age are the highest risk population.

The new Rapid Safety Feedback case reviews target open investigations because this affords an opportunity to identify activities that need additional attention before final decisions are made and an investigation is closed. A key component of the system is the "rapid feedback" case consultation. This requires the QA staff to provide coaching to CPI Supervisors and CPIs through a consultative process that will encourage critical thinking and help improve skills related to the identification of present and impending danger threats, safety planning and management, information collection, assessment and decision making. The Department will target approximately 2,880 open cases each year. The profile includes all children under the age of four where at least one prior report was received on the victim child or other victim child under the age of 4 (0 to 3 years and 364 days).

Sample Size: The number of review standards was reduced from 64 to 14, which will allow the QA specialists to increase the number of cases reviewed. It was determined each review will take 5-6 hours to complete. The sample sizes below should be viewed as targets for regions. Regional QA specialists become involved in a variety of case review activities each week outside the scope of this process. Therefore, the table below is provided as a guideline for regions, and it is acknowledged that targets may not be met at all times.

The sample will be selected using the business objects report entitled "The Daily Child Investigations and Special Conditions Listing V2.2" and is available within the FSFN Ad Hoc Shared Folder>Ad Hoc Investigations Status Folder. The report was developed to default to the profile needed for the QA sample selection but can be expanded for other uses by regional managers. The default profile includes all children under the age of four where the following is present:

(a) Parent or caregiver is under age 27;

(b) At least one prior report was received on the victim child or other victim child under the age of 4 (0 to 3 years and 364 days);

(c) The active investigation contains the alleged maltreatments of family violence threatens harm and substance misuse; and

(d) The investigation is open not less than 25 days and not more than 35 days.

In order to obtain the minimum number of cases to be reviewed, the sample criteria will be stratified as follows:

(a) 1st: The default sample and there is one caregiver under age 27, current report under investigation alleges Family Violence and Substance Misuse, report includes at least one child under 4 with a prior report alleging anything, and the current report is open between 25 and 35 days;

(b) 2nd: The default sample, but the prior history can be on any child in the home;

(c) 3rd: The default sample, but with no prior history on any child in the home;

(d) 4th: The default sample, but the current report under investigation alleges Family Violence only; and

(e) 5th: The default sample but the current report under investigation alleges Substance Misuse only.

If the first cut does not yield sufficient numbers, we then move to the changes noted in the second cut, and then the third cut, e.g., family violence with prior history on any child in the home, and then family violence and no prior history on any child in the home.

4.2 Sheriff Case Reviews

For each Sheriff's Office, 65 cases are reviewed annually by a team of QA reviewers consisting of the other 5 Sheriff's Offices peer reviewers and 2 DCF designated QA reviewers. These reviews are conducted between August and December each year. Although there are similarities, the tools are different that those used by the state QA reviewers. The peer reviews conducted by the sheriffs are guided the Peer Review Tool. To conduct the review they are required to pull a sample of cases received after January 1st which are closed prior to June 30th from which 65 cases are randomly chosen to represent 1/2 judicial cases and 1/2 non-judicial cases. Cases found in the sample that are transfer cases or which have OTI interviews of family members are excluded. The report of the 65 cases reviewed in each of the counties is shared with the other Sheriff's Offices and through their respective CPS administration within the Sheriff office.

Information gathered during these peer reviews regarding procedures, service provision, forms and other relevant program improvements made during the past year are shared among the Sheriff's Office's team members to bring back to administration. Exit presentations are completed at each site summarizing the team's observations and areas for improvement with the site's determination of meeting attendees from their organization.

4.3 Case Management Case Reviews

Case management case reviews are conducted utilizing the QA Case Management Standards. Once all cases have been reviewed, CBC QA staff analyze the data collected and identify trends, effective practices, and areas of concern; synthesizing the information to demonstrate and discuss CBC practices and performance. Debriefings are held with a larger audience within each CBC and the process will vary.

In addition to case file reviews, QA reviewers are required to conduct a CFSR review on a minimum of two cases each quarter. The CFSR items helps CBCs assess the effectiveness of their service delivery system and the interventions provided to the families they serve. CFSR results are used to learn and understand themes and patterns that may not be readily identified from regularly produced data on all open cases.

In addition to the standardized case record reviews, CBCs are also conducting supplemental case record reviews in prescribed categories on a quarterly basis. These reviews include the following targeted areas:

Quarter 1 – July 1 through September 30 Psychotropic Medications

Quarter 2 – October 1 through December 31 Independent Living

Quarter 3 – January 1 through March 31 Adoption

Quarter 4 – April 1 through June 30 Education

For all reviews, if at any time the reviewer notes significant safety concerns, the QA manager must immediately report such findings to the agency responsible for action and resolution. The reviewer must document the RFA referral and subsequent actions in FSFN. These requirements are documented in the "Windows into Practice".

Adjustments are made at the local level based on de-briefings and feedback provided by the QA reviewer. Improvements to practice are demonstrated through trend data.

Each quarter, the child welfare data office provides the CQI/QA central office an extract from the FSFN with a universe of all case management cases. The central office provides the CBCs with the extract for the month before the beginning of a new quarter. For example, a June extract is provided for quarter 1 reviews, July –September.

Sample extract: The extract will consist of all children who were service recipients during a defined selection period.

- Sample Population: The sample population is as of the sample date, all children in open cases who were service recipients for at least one day during the selection period, and who have been a service recipient for at least six (6) months as of the sample date or service recipient end date, and who do not meet any of the discard criteria below. This includes children who were receiving in-

home services, who were in out-of-home care, or any combination of these during the period under review. The following are specifically INCLUDED in the sample and do not constitute grounds for discard and replacement:

- Cases under out of county supervision will be INCLUDED in the sample population and assigned to the CBC of the primary worker.
- Cases under in-home supervision (non-judicial and judicial) and in out-of-home placements are INCLUDED in the sample population.
- Cases where Florida is the sending state on an Interstate Compact placement.
- All children are assigned to a CBC's sampling population based on the CBC assignment of the primary worker as of the sample date or the service recipient end date, whichever is earlier. Each quarter, the CBC QA manager will identify cases from the extract and assign their required number of QPS reviews. Two (2) cases from the sample will be identified for a Quality Services Review (QSR).
- The sample for QPS and CFSR reviews should include, as much as possible, an equal share of In-Home service cases (non-judicial and judicial) and Out-of-Home service cases. After this initial stratification, the CBCs may choose to stratify their samples further if they need to focus their reviews in specific areas of local practice.
- Decisions to discard a randomly selected case from the sample list must be approved by the CBC QA manager, who must also document the basis for the decision as it relates to the discard criteria.
- CBCs may choose to draw additional cases for their own review purposes in any random, stratified or purposive manner. For example, if they want to do expanded reviews by subcontractor or other factors, they may select more cases from the extract. However, these extra cases should be properly identified as such in the QA web-based tool, and they will not be used for statewide reporting.
- CBC QA managers must track the cases reviewed from quarter to quarter, discarding duplicate cases from subsequent samples, and conduct various data analyses. The CBC QA managers will ensure the list of cases selected for the QSR is unduplicated and make another random selection if the same case is identified for both review processes.

The central office QA Database Administrator routinely downloads reports to analyze and assess the data. Should there be any discrepancies found or if a user has contacted the Database Administrator to report an error found after the final review was completed, the Database Administrator then works with the computer programmer to make the appropriate code change to the data within the tables of the portal. The QA Database Administrator works directly with the regional and CBC QA managers to

address data integrity issues. These activities are not currently outlined in formal policies and procedures.

5. Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process

Internal and external stakeholders include, but are not be limited to: the child welfare network (i.e., dependent children and their families; policy and training specialists; operations and management administrations; law enforcement; tribes, Child Protection Teams; CLS; GALs; school systems; medical community, mental health community, substance abuse community, legislature, and the general population.

The Department defines external stakeholders as dependent children and their families; law enforcement; child protection teams; teachers and school personnel; mental health and substance abuse providers; GALs; the legislature; contract providers; the Seminole tribe, and the general public. Internal stakeholders include DCF employees (program specialists, general counsel, children's legal services, child protective investigators, and DCF managers).

The Department organizes and displays qualitative and quantitative child welfare information to internal and external stakeholders via the Department's website and the University of South Florida, Center for Child Welfare. These sites give stakeholders wide access to numerous reports concerning quality assurance reviews, routine data reports, score cards, performance measures[2]; performance planning reports[3]; and other quantitative and qualitative reports[4] including data sharing agreements with Guardian ad Litem (GAL), Department of Juvenile Justice (DJJ), Agency for Health Care Administration (AHCA), Agency for Persons with Disabilities (APD), and Department of Education (DOE).

These agreements range from manual monthly file exchanges to sophisticated interfaces with the FSFN that transmits automated electronic data. For example, the Department and the Office of the State Courts Administrator (OSCA) have entered into an Interagency Agreement to share data from and between the FSFN, interstate compact, the Florida Dependency Court Information System, and the Judicial Inquiry System. This data-sharing agreement facilitates the efficient performance of the statutory and constitutional duties of the court system, and is being further developed to inform the courts' CQI initiatives. There are monthly meetings with the judiciary through the Court Improvement Process to discuss on-going and emerging child welfare issues. These meetings include representatives from the courts, Department of Education, and Guardian ad Litem.

[2] http://www.dcf.state.fl.us/newsroom/docs/quickfacts.pdf
[3] http://www.myflfamilies.com/about-us/planning-performance-measures
[4] http://centerforchildwelfare.fmhi.usf.edu

In addition to the above, the Deputy Secretary for Operations sends a Weekly Key Indicators report to all Department leadership.

The Seminole, Poarch, and Miccosukee tribe have access to all internet sites. However, the Seminole tribe is more actively involved with the Department and participates in routine conference calls and at least one meeting annually at the Child Welfare Summit.

The department shares information through monthly VTCs with Regional Managing Directors, quarterly meetings with Regional Managing Directors, monthly conference calls with QA managers, monthly operations calls with the private sector, quarterly meetings with regional managers, quarterly meetings with QA managers, monthly conference calls with regional Family and Community Services Directors, and monthly meetings with the courts via the Court Improvement Program. These meetings and conference calls include discussions around data analysis, trend data, performance, and performance goals for child welfare. During these meetings and conference calls participants share promising practices that have made a positive impact on practice.

In addition, the Department disseminates a series of management reports on a regular basis to ensure regions and CBCs have current information to address current or emerging issues. The Weekly Key Indicator Report provides an on-going look at performance on numerous key indicators related to the safety, permanency, and well-being. This report is sent to the regions and CBCs each week with a brief analysis. The Assistant Secretary for Operations utilizes this report in weekly discussions with regional leadership.

The Weekly Healthcare Report provides a snapshot of the medical, dental and immunization information entered in FSFN for children in out of home care as of the date listed on the report. The data in this report comes from the Medical Profile and Medical History tabs in the Medical/Mental Health module of FSFN. The Weekly Psychotropic Medication Report includes all children active in an out-of-home care placement on the date of the report. The medications data in this report is based on children documented in FSFN as having an active prescription for one or more of the psychotropic medications listed in the report.

The CBC and CPI Scorecards are produced monthly for review and discussion by CBCs, regional leadership, and Department management to promote strategies for improvement. The Scorecard's indicators provide balance among the goals of safety, family preservation, permanency, well-being, and cost. CBCs and Regions are ranked and the Scorecards are published.

The quarterly Federal Permanency Measures Report summarizes performance on the permanency measures that make up the four federal permanency composites at the state, circuit, region and lead agency level. This allows for detailed data analyses at the local level. The Quarterly Child Fatality Report provides trend information for

calendar years 2007-2011 for all child deaths reported to the Florida Abuse Hotline regardless of finding.

The Annual Independent Living Advisory Council Report and Annual Report on Oversight Activities and Outcome Measures outline trends for children in the independent living program. This report is widely disseminated for use at the local level to address practice issues.

Regions and CBCs have local processes in place whereby they use data to drive operations and management activities. At the state level, the agency head and leadership meets with regional leadership and CBC CEOs quarterly to discuss performance. Examples of trend reports include the Three-year comparison and adoption trends. The CBC contracts include performance requirements with minimum targets. These requirements underscore responsibilities of CBC leadership. At the regional level, the CPI Scorecard data is discussed weekly with leadership.

Child welfare information is accessible through the Departments' internet site and the University of South Florida (USF) Center for Child Welfare internet site. The Department welcomes comments and suggestions for improving the accessibility of information on the website. If anyone uses assistive technology and the format interferes with someone's ability to access information on the Department's website, they are encouraged to notify the Department at webmaster@dcf.state.fl.us for assistance. The State contracts with the University of South Florida to operate the Florida's Center for Child Welfare web site. This is an effective way to communicate child welfare information to anyone interested and includes every program component within the child welfare system. The Center web site was recently updated with an improved organization of information intended to make it more user friendly thereby encouraging more staff and stakeholders to take advantage of all of the information available to them. In November, 2012, USF reported 30,997 average daily "hits" and 1,266 unique "not duplicated" users contacted the Center during the same month. Each quarter USF facilitates a customer satisfaction survey to obtain feedback on the website. The Department and the Center for Child Welfare utilize Twitter, Facebook, U Tube, and a blog to provide varied, accessible communication methods for a variety of audiences. The Center sends out blast emails to all users when there are announcements or new information posted.

To reach a broader audience, the Department has established two websites: Fostering Florida's Future http://www.fosteringflorida.com/ and Partners for Promise http://flpartnersforpromise.com/ Both of these communication methods encourage participation from stakeholders and communities. In addition, the Department has established a Facebook and Twitter account to communicate with the public.

There is currently no formal evaluation of these communication methods to determine if they are reaching stakeholders, families, and youth. However, all sites have a substantial number of "hits" each month.

Regions and CBCs are required to conduct analysis of QA findings on a quarterly basis (or more often if needed) and to provide feedback to operations and management staff in real-time. QA reviewers must conduct debriefings to provide feedback to supervisors and other management level staff immediately following completion of case reviews and QSRs.

At a higher level, the Office of the State Court Administration (court improvement program), other child welfare stakeholders, and department staff meet monthly to share information and troubleshoot problems. These ongoing meetings include staff from Guardian ad Litem, Department of Education, DCF attorneys, and parent attorneys. CIP staff also serve on a variety of multidisciplinary groups on an ongoing basis, including the Trauma-informed Care Workgroup, the Interagency Educational Workgroup, the Fostering Achievement Fellowship Program, the Tribal-State Workgroup, the Statewide Independent Living Advisory Committee, the State Child Abuse Death Review Committee, the Steering Committee on Families and Children in the Court, and the Florida Bar Rules of Court Procedure Committee. Information and issues from these CIP partnerships are addressed at the monthly interagency meetings. In addition, there is a monthly Dependency Court Improvement Panel conference call among judges, OSCA, DCF, CBCs, and other stakeholders to address dependency issues.

Feedback is incorporated through system wide practice change. For example, the current "Transformation Project" will address substantial changes to the child welfare system based on analysis of data and feedback from workgroups representing the hotline, child protective investigations, sheriffs, and case management. This process has been very collaborative with weekly and monthly meetings with field staff and supervisors. As a result, the Department will make practice changes in every area of child welfare.

Planning and adjustment for CQI/QA activities is completed each year through an established workgroup known as the "Tweaking Workgroup". QA managers from the Regions and CBCs assess current CQI/QA processes and standards in order to improve/refine them for the coming year. For example, in 2012 the "Tweaking Workgroup" identified new CQI/QA activity that is now implemented throughout the state. This activity requires supplemental reviews to be completed each quarter for CBCs. Each CBC will review an additional 10 cases each quarter within in a specified practice area.

In 2012, the Department launched a redesign project to permanently improve the child welfare system. With support from the governor, legislature, and private providers, the Department embarked upon a multiyear transformation project for child protection and community-based care services. There are weekly, monthly, and quarterly meetings with Department staff and stakeholders to plan system wide changes. Specific to CQI/QA, a Charter guides activities and establishes the process and goals for development of CQI/QA fidelity tools for the new Safety Decision Making Methodology for the Hotline, CPI, and Case Management. This workgroup is developing and

implementing a framework for on-going evaluation of Florida's child welfare system that uses new qualitative review tools and performance metrics to critically examine the quality of information gathering, assessments, safety planning, and service delivery. The new framework will include activities that will engage managers, staff, families and stakeholders; provide targeted, ongoing feedback on practice and outcomes; and include mechanisms for incorporating that feedback into improved practice.

Due to privatization in Florida, it is critical that CQI projects involve community stakeholders. For example, as a result of a QA review of residential group care the Department entered into a contract with the Annie E. Casey Foundation, to assess Florida's use of residential group care. Provider organizations were brought in to review data and help plan further assessment activities. The Department worked with the Florida Coalition for Children to identify a small provider group who will work with the Department and Annie E. Casey on the development of survey tools.

In 2012, the Department began implementation of the Child Protection Transformation Project. CQI/QA data will be used to assess fidelity to the model in 2013. CQI/QA staff from the regions, CBCs, and Sheriffs are participating in all policy decisions related to implementation. For example, the Secretary has placed special emphasis on foster care recruitment and adoptions. The Secretary's wife, Tanya Wilkins, leads this initiative as the chief advocate (an unpaid position appointed by the Governor). Mrs. Wilkins has monthly meeting with the state foster parent association and other key leadership to discuss initiatives and data and determine appropriate strategies for policy. The special QA review of foster parent investigations has led to policy change in the way reports to the Hotline are handled. The Department has completed a recent QA review of foster parent turnover and that information will be used by the regions and CBCs to address issues with foster parent recruitment and retention. A review is being planned to address practice related to transition planning when children are moved from one placement to another including home or a relative. This information will be used to set a baseline so that improvements in practice can be gauged.

Each year the Department works in collaboration with local DCF regions and CBCs to ensure data informs goals and strategies at the local level. CBCs are require to develop annual CQI/QA plans to address field practice. Regional DCF QA goal and strategies are incorporated into training and local staff meetings. Examples include the group care project, emphasis on foster parent recruitment and adoptions, and investigations of foster parents.

Regional and CBC QA staff debrief their CQI/QA findings with field staff upon completing reviews, which should result in improved field practices at the service delivery level. This practice has improved the understanding of case worker responsibilities. The Regional Managing Directors have tremendous responsibilities associated with local stakeholder collaboration. Child welfare quantitative and qualitative data is readily available for use in community meetings. This data can be

presented by region, county, and judicial circuit and is very useful for local community planning activities.

QA data from the Quality of Practice Reviews and QSRs are used at the local level to inform practice changes. The exit debriefing process with CPIs, case managers, and supervisors changed in 2011 due to staff feeling as if they were being "dinged" by QA reviewers. The new process focuses on guidance, mentoring and training for line staff and has had a positive impact on field staff.

The targeted special QA reviews help guide policy and training dialog when quantitative data and anecdotal stories raise issues of concern. Examples include the special QA review of foster parent investigations which led to policy change in the way reports to the Hotline are handled. The Department has completed a recent QA review of foster parent turnover and that information will be used by the regions and CBCs to address issues with foster parent recruitment and retention. A review is being planned to address practice related to transition planning when children are moved from one placement to another including home or a relative. This information will be used to set a baseline so that improvements in practice can be gauged.

The data informs the Department as to which areas of practice are in need of improvement and which areas are doing well both locally and from the statewide perspective. The CQI/QA annual "Tweaking Workgroup" provides a forum for discussions of improvements to the CQI/QA process. For the 2012/2103 review cycle, several changes were made to clarify standards and ensure the standards were sufficient to address practice requirements.

The State provides Ethical Guidelines that address potential conflicts of interests, but the State does not provide policy that directly prohibits reviewers from reviewing and rating, or participating in any QA on cases in which they had prior involvement. "Windows into Practice" does, however, specify that the CBC Manager must assign cases to certify reviewers employed by the CBC lead agency and not contracted case management organizations under contract with the CBC.

The State does not currently have a conflict of interest policy related to this area of practice.

SECTION 6: FLORIDA'S FIVE YEAR CQI PLAN FOR 2015-2019

FLORIDA'S CHILD WELFARE CQI SYSTEM FIVE YEARS FROM NOW

OUR VISION….

…. is to create a child welfare continuous quality improvement system that identifies, describes and analyzes child welfare system strengths and problems and implements improvements through a coordinated approach to use quantitative and qualitative data to inform goals and strategies for policy, field practice, training, and overall system improvement.

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GOAL 1: STRENGTHEN THE CQI FOUNDATIONAL STRUCTURE

STRENGTHS:

- Florida statutes designate DCF as the State agency with authority and oversight over the implementation of a CQI system
- Florida implements this authority with policy, Windows into Practice, the DCF Office of Child Welfare Annual Quality Management Plan, grant agreements with the Sheriff Departments, and CBC contracts
- Written job descriptions for CQI staff require specific education, knowledge, and skills necessary to accomplish CQI duties
- Florida requires all CQI staff to participate in specialized training and CQI staff must pass a competency assessment
- Florida's CQI polices, operating procedures, and practices are accessible to all CQI staff and individuals participating in CQI activities via the Center for Child Welfare at the University of South Florida. The Center acts as the learning center and repository for child welfare training, reports, polices, etc.
- Florida demonstrates the capacity and resources to support the operation of a comprehensive CQI process with dedicated staff at the state and regional level, as well as all CBC's and the Sheriff Departments.

GOAL 1: ENSURE CONFORMITY WITH TITLE I-B AND IV-E CHILD WELFARE REQUIREMENTS USING A FRAMEWORK FOCUSED ON SAFETY, PERMANENCY, AND WELL-BEING THROUGH SEVEN OUTCOMES AND SEVEN SYSTEMIC FACTORS		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.1 Adopt New QA Review Items The state currently uses a set of review items that are not in complete conformity with the new Child and Family Service Review (CFSR) items. For in-depth reviews, the state uses the Quality Service Review Protocol. Supporting Information: • CFSR Technical Bulletin #7 (Cover Letter) March 2014 • CFSR Technical Bulletin #7 March 2014	The state uses the CFSR items for case reviews and the CFSR web based tool for in-depth reviews.	**Year 1** 1. Case review items are revised to comport with the CFSR Items. 2. QSR is eliminated and the CFSR case review is fully implemented.

Initiative 1.2 CFSR Review Process Administration for Children and Families conducts the case review process for CFSR. Supporting Information: • CFSR Technical Bulletin #7 (Cover Letter) March 2014 • CFSR Technical Bulletin #7 March 2014	The state will conduct the case review process of the CFSR. This supports the state's capacity to self-monitor for child and family outcomes, systems functioning and improvement practices.	**Year 1** 1. Letter of Intent submitted to the Children's Bureau. 2. Statewide Assessment and Integration with the CFSP to evaluate performance on CFSR outcomes and systemic factors. 3. Develop sampling methodology and sample sizes for review and approval by the Children's Bureau. 4. Provide CFSR training for all CBC and region QA reviewers using the Children's Bureau training. 5. Develop 3rd party review process and identify 3rd party reviewers. 6. Train 3rd party reviewers to ensure consistency of reviews. 7. Develop Conflict of Interest statement for all reviewers to sign. **Year 2** 8. Participate on joint federal-state team to interview stakeholders and assess the state's functioning on the seven system factors. 9. Send case review schedules to the Children's Bureau for the period of April 1-September 30, 2016. 10. Conduct case reviews during the period of April 1-September 30, 2016. 11. Submit results to the Children's

		Bureau by November 15, 2016.
Initiative 1.3: Program Improvement Plan After a CFSR is completed, states develop a Program Improvement Plan (PIP) to address areas in their child welfare services that need improvement. Source Documents: Federal 45 CFR 1355.35	No change	**Year 3** 1. Develop a PIP following instructions issued by the Children's Bureau on all "areas needing improvement". 2. Incorporate elements of the PIP into the goals and objectives of the CFSP and address its progress in implementing the PIP in the Annual Progress and Services Report (APSR) (45 CFR 1355.35(f)).

GOAL 2: STRENGTHEN THE CQI FOUNDATIONAL STRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 2.1: Update Sheriff Grant Agreements The sheriffs in six counties (Pasco, Pinellas, Manatee, Broward, Hillsborough, and Seminole counties) are authorized by s. 39.3065(3)(d), F.S., to develop their own quality assurance review system to assess the quality of work performed by child protective investigators. Florida Statutes requires that program performance evaluation be based on criteria mutually agreed upon by the respective sheriffs and the Department. Sheriffs are required by Grant Agreement to conduct annual program evaluation.	A statewide standardized system for child welfare CQI activities that includes the entire child welfare continuum from intake through Sheriffs and state operated child protective investigations and case management services.	**Year 1** 1. With input from Sheriffs and regional child protection staff align Sheriff QA case reviews with state child protection QA case reviews. 2. Update the grant agreements for the Sheriffs in Pasco, Pinellas, Manatee, Broward, Hillsborough, and Seminole counties. 3. Provide access to the Department's QA web portal to the Sheriffs. **Year 2** 4. Explore legislative changes that would require Sheriffs to operate a QA system within the framework of the Department's requirements.

Grant agreements are out dated and need to be reviewed and revised to incorporate requirements for Sheriff's QA staff to follow the "Windows into Practice" Guidelines, participate on monthly conference calls and quarterly CQI meetings with the state office. Sheriff Peer Review Reports cannot be compared to state operated activities and outcomes as the items are different. The Department does not have immediate access to Sheriff QA data that is maintained by each Sheriff entity. Supporting information: [5] • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.		

GOAL 2: STRENGTHEN THE CQI FOUNDATIONAL STRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 2.2: Formalize Position Descriptions for QA reviewers The state does not require formalized position descriptions for QA reviewers that outline the minimum education and experience needed for the position, and duties and responsibilities.	Statewide standardization of position descriptions so that staff performing case reviews have uniformity in duties and responsibilities and management has a clear path for recruiting employees with the necessary education, knowledge, skills, and abilities.	**Year 1** 1. Establish a workgroup to review position descriptions of QA staff and make recommendation of core requirements. 2. Solicit feedbacks on core requirements from all affected parties (regions, Sheriffs, and CBCs). 3. Finalize requirements in Sheriff Grant agreements and CBC contracts.

[5] Supporting documents from Children's Bureau available on request.

GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES		
STRENGTHS: **Florida captures and analyzes quantitative and qualitative data from case reviews and the SACWIS system.**		
Current State	**Future State**	**5-Year Action Plan**
Initiative 3.1: Statewide Reporting of Trends and Practices Statewide reporting of trends and practices of qualitative and quantitative information does not occur. Supporting information: • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	The state produces an annual comprehensive child welfare evaluation report that incorporates data from a variety of sources (CPI and Sheriff reviews; child fatalities; independent living; extended foster care) and a full assessment of systemic factors (case review system; QA system; staff and provider training; service array and resource development; agency responsiveness to the community; and foster and adoptive parent licensing; recruitment; and retention).	**Year 1** 1. Identify funds and designated personnel to participate in research, analysis and report writing. a) Produce annual reports for practice areas including child fatalities, independent living, extended foster care, CLS reviews, and Sheriffs. 2. Develop a project implementation plan that establishes short and long term goals and strategies. Map out a process for an annual assessment of the following: a) case review system; b) QA system; c) staff and provider training; d) service array and resource development; e) agency responsiveness to the community; and f) foster/adoptive parent licensing; recruitment and retention

GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES.		
Current State	**Future State**	**5-Year Action Plan**
Initiative 3.2: Collection of Data on Service Array The state does not have a process for identifying and assessing service gaps and how services are individualized. Supporting information: • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement.	A service gap analysis annually to identify service needs.	**Year 1** 1. Identify funds for annual service gap analysis. 2. Complete RFI for state term contract. 3. Implement a process for how CBCs will use the information to make local system changes.
Initiative 3.3: Data Integrity The state does not have a process for formal data integrity including a written manual or protocol that establishes a process for monitoring data quality and reliability. There is not a process address data quality and reliability issues. Supporting information: • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement	Data integrity is an accepted practice by line staff and processes are in place to continually monitor and address data integrity issues.	**Year 1** 1. Establish a workgroup for data experts from the central office, Sheriffs, CBCs, and case management organizations. 2. Develop a plan for implementation of a data integrity strategy. 3. Submit legislative budget request for FSFN data integrity officers. **Year 2** 4. Develop a series of reports for critical data integrity issues and a corrective action plan to ensure action is taken to correct

GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES.		
Current State	**Future State**	**5-Year Action Plan**
		deficiencies.
Initiative 3.4: Foster Care Recruitment and Retention The state does not have a process to monitor recruitment and retention plans and efforts. The state does not gather, track, and monitor cross jurisdictional cases. Supporting information: March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement	An assessment of foster care recruitment and retention is completed annually and the state takes immediate action to address system issues.	**Year 2** 1. Identify funds for annual assessment of foster care recruitment and retention. 2. Complete RFI for state term contract. 3. Implement a process for how CBCs will use the information to make local system changes.

GOAL 4: STRENGTHEN THE QA CASE REVIEW AND PROCESS		
STRENGTHS: • Florida's case review system assesses practice by regularly scheduled case specific reviews in all geographic areas. • The case review instruments collect data, assess agency performance, and reflect systemic factors in key child welfare areas. • Florida's Windows into Practice provides written guidance regarding case elimination. • Florida's CQI staff are trained and certified to perform case record reviews.		
Current State	**Future State**	**5-Year Action Plan**
Initiative 4.1: Stakeholder Participation The CQI system does not require stakeholders to participate on QA reviews. Although foster parents have participated on two statewide QA reviews, they do not participate at the local level. Qualitative reviews do not include any of the community stakeholders who could bring a different perspective to system issues. Supporting information: • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	Community stakeholders routinely participate in qualitative case reviews and stakeholder interviews to assess local community systems. Stakeholders include, but are not limited to, policy and training specialists; operations and management administrators; foster parents; Foster Parent Association; law enforcement; Tribes; Child Protection Teams; CLS; GALs; school systems; university Schools of Social Work; community alliances; mental health professionals; substance abuse professionals; and legislative staff.	**Year 1** 1. Create local stakeholder groups with people that are interested in participating in QA reviews. 2. Develop roles and responsibilities of stakeholders when participating on a QA review. 3. Develop a short training program for stakeholder participants. **Year 2** 4. Implement stakeholder participation statewide.

GOAL 4: STRENGTHEN THE QA CASE REVIEW AND PROCESS		
Current State	**Future State**	**5-Year Action Plan**
Initiative 4.2: Second Level QA Reviews Florida permits case reviews to be conducted by the CBC lead agencies with responsibility for oversight of the service provision. The state does not have a process for 2nd level reviews. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	The state has a 2nd level review process that ensures data integrity of information obtained through case reviews.	**Year 1** 1. Collaborate with the state QA team representing the regions, CBCs, and Sheriffs to develop a second level review process. 2. Incorporate the second level review process into the "Windows into Practice" guidelines.
Initiative 4.3: Conflict of Interest Statements The state does not require conflict of interest statements for reviewers. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an	All staff that conduct case reviews complete a conflict of interest statement that ensures the reviewer does not have a conflict or perceived conflict with the organization under review.	**Year 1** 1. Establish a workgroup to develop a proposed conflict of interest statement. 2. Solicit review and approval of the statement by the statewide QA managers representing the Sheriffs, regions, and CBCs. 3. Formal review by the Office of

GOAL 4: STRENGTHEN THE QA CASE REVIEW AND PROCESS		
Current State	**Future State**	**5-Year Action Plan**
area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.		General Counsel. 4. Include in the Windows into Practice" guidelines. **Year 2** 5. Incorporate into QA certification training.
Initiative 4.4: Case Elimination Protocol Florida does not have an established case elimination protocol for CPI and Sheriff case reviews. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	There is a standardized case elimination protocol for child protective investigations and case management.	**Year 1** 1. Establish a workgroup that includes regions, CBCs, and Sheriffs to develop a proposed case elimination protocol. 2. Solicit review and approval of the protocol by the statewide QA managers representing the Sheriffs, regions, and CBCs. 3. Include in the Windows into Practice" guidelines.

GOAL 5: ENHANCE FEEDBACK AND ADJUSTMENT ACTIVITIES		
STRENGTHS: • Florida organizes and displays quantitative and qualitative data via the DCF websites and the Center for Child Welfare at the University of South Florida. • Florida presents data to internal and external stakeholders.		
Current State	**Future State**	**5-Year Action Plan**
Initiative 5.1: Use of data to inform planning, monitoring and adjustment at all levels of the Department The state does not have a coordinated strategy to use quantitative and qualitative data to inform goals and strategies for policy, field practice, training, and overall improvement of the child welfare system. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	The state has a child welfare continuous quality improvement system that identifies, describes and analyzes child welfare system strengths and problems and implements improvements through a coordinated approach to use quantitative and qualitative data to inform goals and strategies for policy, field practice, training, and overall system improvement.	**Year 1** 1. Establish an inter-departmental workgroup tasked with establishing a formal process for annual planning 2. Planning includes a review of data from systemic factors; quantitative and qualitative data; and child welfare reports. 3. Share information with stakeholders and solicit feedback. 4. Revise the child welfare strategic plan to address activities needed.

GOAL 5: ENHANCE FEEDBACK AND ADJUSTMENT ACTIVITIES		
Current State	**Future State**	**5-Year Action Plan**
Initiative 5.2 Stakeholder Feedback The state does not have a formal process to gather and use feedback from all stakeholders in Florida's planning and adjustment of the child welfare system. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	The state obtains feedback from stakeholders annually and uses the information in planning and adjustment of the child welfare system.	**Year 2** 12. Identify funds for the facilitation of six regional stakeholder groups and development of a formal report that can be used for statewide planning. 13. Complete RFI for state term contract. 14. Identify child welfare practice experts to participate in the stakeholder meetings. 15. Incorporate CFSR stakeholder interview findings into the final report.
Initiative 5.3: Research and Policy Development There is no formal, ongoing review of current literature or formal affiliations with child welfare research groups to stay abreast of the latest evidence-based practice recommendations. Likewise, there is no systematic examination or validation of internal	Research findings are used to inform policy and practice; design training informed by research; promote supportive and strategic legislative agendas and requests; and prepare position papers to drive media responses and public relations efforts.	**Year 3** 1. Create a research workgroup. 2. Create a research agenda based on continuous quality improvement findings and input from stakeholders and program professionals. Ensure that the agenda links to the CFSP goals and the practice model. 3. Draft research briefing papers and

GOAL 5: ENHANCE FEEDBACK AND ADJUSTMENT ACTIVITIES		
Current State	**Future State**	**5-Year Action Plan**
practices in comparison to current literature. Supporting information: • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.		circulate for workgroup review and internal review. 4. Publish research briefings. 5. Monitor action taken in response to the recommendations.
Initiative 5.4: University Partnerships The state maintains a partnership with the University of South Florida but has not fostered research projects through the Schools of Social Work at state universities. Supporting information: • Inability to produce in depth program evaluation.	The state has established relationships with schools of social work within the state university system. Program evaluation and research are an integral part of on-going program evaluation to improve child welfare practice.	**Year 1-5** Collaborate with the state university system to develop a partnership for program evaluation and research.

Chapter XV. John H. Chafee Foster Care Independence Program (CHCIP) and Education and Training Vouchers (ETV)

The Chafee Foster Care Independence Program (CFCIP) and Educational Training Vouchers (ETV) programs are in place to help ensure that youth and young adults who are involved in, or who have aged out of, the foster care system have access to the tools they need to make a successful transition towards self-sufficiency. Florida continues to provide a robust array of services to current and former foster care youth, designed to assist youth in transition to self-sufficiency.

Currently the Florida Department of Children and Families provides placement and services to an estimated 3,800 youth between the ages of 13 and 17 that are residing in a licensed out-of-home care placement. All of these youth are currently defined as being eligible to receive Independent Living services and supports in the form of life skills training and academic planning and support services. There are an additional estimated 6,000 former foster care youth that have aged out of the Florida foster care system that are between the ages of 18 and 22 years of age that could be eligible to receive Independent Living services and supports based on their status as a former Florida foster care youth.

The Florida Department of Children and Families through contracted Community-Based Care (CBC) lead agencies (see Chapter III) offers a wide array of services and direct support payments to current and former foster care youth that are designed to promote the acquisition of general life skills, educational and employment attainment, maintenance of housing, and development of permanent connections. Through statutory requirements, the use of ongoing surveys, and linkages to committees, workgroups, and youth based organizations that have knowledge of the needs and whose membership consists of current and former foster care youth, the Department and the state's CBC lead agency service providers continually engage and receive feedback from current and former foster care youth as to the availability and quality of Florida Independent Living Services, including John H. Chafee Foster Care and Independence Program (CFCIP), Educational Training Vouchers (ETV) program, and extended foster care.

Statutory Requirements

Programmatic and Oversight Requirements

Florida has effectively codified all programmatic and general oversight requirements associated with the John H. Chafee Foster Care and Independence Program (CFCIP) and Educational Training Vouchers (ETV) program within Florida Statue and Florida Administrative Rule. Florida has very detailed and highly structured statutory requirements that establish required Independent Living programs, client eligibility requirements, payment calculations, payment disbursement requirements, payment

amounts, as well as rights of a client to appeal a denial or termination of services. Each of the following sections of Florida Statute address requirements associated with required services and delivery of these services to current and former foster care youth:

- Section 39.013, F.S., Procedures and jurisdiction; right to counsel
- Section 39.6035, F.S., Transition plan
- Section 39.6251, F.S., Continuing care for young adults
- Section 39.701, F.S., Judicial review
- Section 409.145, F.S., Care of children; quality parenting; "reasonable and prudent parent" standard.
- Section 409.1451, F.S., The Road-to-Independence Program
- Section 409.1452, F.S., Collaboration with Board of Governors, Florida College System, and Department of Education to assist children and young adults who have been or are in foster care

The "Nancy C. Detert Common Sense and Compassion Independent Living Act" was passed during the 203 Florida Legislative Session and was effective 1/1/2014. The Department is in the process of promulgating updated rules in support of the significant changes included in this act. The changes to Florida Administrative Code are primarily focused on developing rule in support of Florida's new non-title IV-E funded extended foster care program. The Department anticipates authorization to promulgate updated rules by the summer of 2014.

Description of the revised program approach based on the legislation, as well as components that were not changed, is included in the rest of this chapter. Extended foster care requirements are included in s. 39.6251, F.S. Continuing care for young adults. Services and supports for young adults, as well as aftercare services, are included in s. 409.1451, The Road-to-Independence Program, which includes some elements of the previous program. Specifically, youth aged 18-22 who had been receiving services prior to the effective date of this legislation have been grandfathered into the prior Road to Independence Program. This grandfathered program is clarified and detailed by Florida Administrative Code in force until replaced (65C-31 F.A.C., Services to Young Adults Formerly in the Custody of the Department).Programmatic changes in support of revised statutory requirements were begun upon the effective date.

Requirements Related to Case Management and Caregiver Activities, and Judicial Oversight

Section 409.145, Florida Statute (F.S.), requires that all life skills training for current foster care youth ages 13 through 17 be identified and developed by the child, case

manager and the child's foster parent or group home provider utilizing a collaborative case management to develop an individualized plan. Identified needs are then documented and the training associated with the needed life skill is conducted via an "in-the-home" training model that is delivered by the child's foster parent or group home provider. This approach is designed to create a more normal and organic format for the development and acquisition of necessary life skills in comparison to more traditional classroom and test based life skills acquisition programs.

Section 409.145(2), F.S., establishes requirements that caregivers (foster parents and group home providers[1]) participate in all case planning activities, including life skills development, and that caregivers ensure that all children in their care between the ages of 13 and 17 learn and master independent living skills. Per s. 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 who have received life skill training after the ages 13 years of age but who are not yet 18 years of age.

Section 39.6035, F.S., requires that specific transition plans be developed for those youth that are going to age out of the foster care system. Transition plans are developed in collaboration with the child and caregiver and any other individual whom the child would like to include and these plans may be as detailed as the child chooses. These plans are designed to supplement standard case planning activities and are subject to court review. The activities addressed within these plans must provide specific options for the child to use in obtaining specific services and required items that must be covered by the plan include issues associated with housing, health insurance, educational attainment, and workforce support and employment services. The plan must also consider establishing and maintaining naturally occurring mentoring relationships and other personal support services. This transition plan must also include the required discussion about health care decisions and offer the ability to the child of creating a health care surrogacy document (as required by the Fostering Connections Act).

Section 39.701(3)(a)4, F.S., requires a judicial review 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. Section 39.701(3)(d)4, F.S., requires that the issue of 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 child affirm that they understand they are aware of their service eligibility and how to apply for services should they choose to do so.

[1] Per 409.145(3), F.S. "Caregiver" includes a person with whom the child is placed in out-of-home care or a designated official of a licensed group care facility. In the Department's system of care, "out-of-home care" usually includes both licensed care such as family foster homes and residential group homes, and unlicensed care such as relative/kinship.

Young adults who at the age of 18 were residing in licensed foster care placement have the option to enter Florida's non-Title IV-E funded extended foster care program. Section 39.6251, F.S., details the initial eligibility, continuation of services, case management standards and program exit and reentry requirements. Contained within section 39.701(4), F.S., are the judicial oversight requirements associated with the program which require the engagement of young adults in case planning and the life skill development. Young adults who have chosen to reside in extended foster care are required to have their case reviewed by the court a minimum of once every 6 months.

For the Road to Independence program, requirements associated with eligibility, application for aid, agreements, disbursement of payments, renewal, and appeal or denial of postsecondary educational stipend payments are established within s. 409.1451(2), F.S. This section further provides stipend amounts, including for various categories of participant that the amount is equivalent to the basic foster care room and board rate defined in s. 409.145, F.S., is negotiated, or is a flat monthly rate provided in statute. Room and board in this context is defined in the Department's financial system as "Deposits for housing and utilities; Safe housing; Sufficient food to meet the young adult's nutritional requirements; and utilities, including electricity, gas, water, and garbage collection."[2] Section 409.1451(3), F.S. defines eligibility and assistance for aftercare services.

Section 409.1452, F.S., establishes requirements that the Department begin the process of working with the Florida Board of Governors, the Florida College System, and the Florida Department of Education to establish academic support systems. These systems are to provide a comprehensive support structure that helps assist children 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. By the beginning of the 2014-15 academic year, all Florida public postsecondary institutions will have the ability to engage former foster care youth in campus based academic support services, intended to improve former foster care student retention and graduate rates.

Services for Youth and Former Foster Care Young Adults

The highly detailed structure of Florida's statutory and regulatory requirements have helped the state develop an Independent Living program that annually engages a large number of current and former foster care youth. For example, over the course of the 2011-12 State Fiscal Year (SFY) more than 5,000 Florida foster care youth (those under age 18) received pre-independent living services and CFCIP eligible case coordination and life skills training. At least 3,400 former foster care young adults (over age 18) received CHIP and ETV services and supports over the same time frame. A longitudinal analysis of the percentage of youth that participated in particular Independent Living service programs also shows the significant proportion who benefit

[2] Chart 8 System, OCAs for PESS, including EFPES

from these services. Below is a table that provides the percentage of young adults that took advantage of at least one of one Florida's educational stipend programs during State Fiscal Year 2012-13. The percentage of former foster care youth who received at least one positive payment over the course of the state fiscal year ranged from 76% for 18 -19 years olds (who aged out in SFY 2011-12) to 33% for 22 year olds (who aged out in SFY 2007-08).

Former Foster Care Youth Receiving at Least One Educational Support Payment During the 2012-13 SFY by the SFY that the Young Adult Aged Out of the Foster Care System	
SFY That a Child Aged Out	Percentage of Young adults that received at Least one Education Support
2007-08	33%
2008-09	42%
2009-10	55%
2010-11	71%
2011-12	76%
Data Source: Florida Department of Children and Families, Office of Child Welfare, Ad-hoc 2-18-2013	

Current and Former Foster Care Youth Surveys[3]

Florida's aggressive use of youth and young adult based surveys helps engage current and former foster care youth. This provides youth and young adults with the opportunity to provide direct insight in how to convert statue, rule, policy, and case management activities into client services, and how effectively services meet the needs of the clients. Florida has worked diligently with Connect by 25 to develop a comprehensive survey system that allows the Department and Community-Based Care lead-agencies to assess how current and former care youth view and utilize available Independent Living services and how well these meet the youths' needs and support their transition towards self-sufficiency. Florida currently operates three separate surveys that are being conducted on a routine basis as outlined below.

[3] Survey results are posted on the Department's internet site, http://www.myflfamilies.com/service-programs/independent-living/reports-and-surveys.

My Services (2011-current)

My Services is a 200+ question online survey that is administered by Connected by 25 on a biannual basis (spring and fall) that attempts to survey all foster teens (ages 13-17) The survey provides general information on how well teens are being prepared for adult self-sufficiency as well as how they view the overall quality of services that are being provided by the foster care system. Categories and questions covered by the survey include:

- Case management practices and general documentation requirements
- Educational attainment services and progression planning
- Employment preparation and employment supports
- Financial literacy training, Life skills training
- General foster care support and quality
- Ability to participate in normal teen activities
- Health/dental care service
- Involvement with the Juvenile/Criminal Justice system
- Preparation for aging out of the foster care system

Federal National Youth in Transition Database (2011-current)

The National Youth in Transition Database (NYTD) survey is an 88 question federally required survey. The federal NYTD survey is administered every other year by Connected by 25 to current and former foster teens in predetermined cohorts of 17, 19, and 21 years in a online format. The objective of the survey is to gain a better understanding of how this population is moving towards achieving the goal of adult self-sufficiency. Categories and questions covered by the survey address areas related to health, housing & transportation, education, employment; and involvement with the Juvenile/Criminal Justice System.

Florida National Youth in Transition Database (2011-current)

In an effort to ensure that all of the federally required NYTD survey populations were being properly tracked, Florida made the decision to have Connected by 25 administer the federal NYTD survey on an annual basis to all former foster care youth (ages 18-22) who could be located and were willing/able to complete the 88-question survey. The Florida NYTD survey is administered annually (each spring) by Connected by 25 in an online format and mirrors the categories and questions covered by the federal NYTD survey.

Current and Former Foster Care Youth Committees, Workgroups, and Advocacy Groups

A strength that drives helps to drive youth participation and engagement is the state's strong connection with youth advocacy groups and organizations. Florida continues to engage with four primary organizations that help to support the engagement and provide a voice to youth, service providers, and advocates

Independent Living Services Advisory Council

The Independent Living Services Advisory Council (ILSAC) was created in 2002 by the Florida Legislature. The Advisory Council is codified in s. 409.1451(7), F.S. ILSAC has the responsibility for reviewing and making recommendations concerning the implementation and operation of the independent living services for current and former foster care youth, including problems or barriers and successes. Recommendations may include Department and/or legislative action. Each year the Advisory Council prepares and submits a report to the Florida Legislature and the Department on the status and needs of services for current and former foster care youth statewide. In its annual report for 2013, ILSAC made several recommendations to the Department. The full annual report and the Department's response are attachments to the Final Report for 2010-2014, as ILSAC is also one of the Department's designated Citizen Review Panels for CAPTA purposes. Copies of annual reports and other information is located on the Department's Independent Living internet site, http://www.myflfamilies.com/service-programs/independent-living

ILSAC membership consists of representatives from the Department of Children and Families headquarters and region offices, Community-Based Care lead agencies, Department of Education, Agency for Health Care Administration, State Youth Advisory Board, Workforce Florida, Inc., Statewide Guardian ad Litem Office, foster parents, recipients of the Road-to-Independence Program funding, and other advocates for foster children. Other appointed members include representatives from faith-based and community-based organizations, mentoring programs, higher education and the judicial system.

Florida's Children and Youth Cabinet's Youth Commission

Through direct participation on Florida's Children and Youth Cabinet's Youth Commission, current and former youth in foster care are given the opportunity to develop and advocate on a variety of issues that directly impact state agency efforts such as the Child and Family Services Reviews process and the agency improvement planning efforts.

Florida Youth SHINE

Florida Youth SHINE continues to engage current and former youth in foster care across the state of Florida. In 2013, the twelve chapters held numerous local meetings

and have partnered with, or served as representatives on, local Youth Advisory/Advocacy Boards.

Youth SHINE is a source of important qualitative data regarding service delivery to youth; for example, see the information from one quarterly meeting included as Attachment A to this chapter. The Department utilizes such information to drive service implementation for the young adult. At one quarterly meeting, a wide array of college practices that may impede the progress of the foster care student was discussed. One issue raised was that young adults have to provide a copy of their tuition waiver to the cashier's office every semester. The Department brought this issue to the Florida Reach Network[4], which has been able to express to statewide postsecondary partners the impact that this practice has on the young adults ability to timely register for the course that they may need. As a result, postsecondary institutions are making adjustments to internal procedures to provide a better level of service for young adults.

The Florida Youth Leadership Academy

The Florida Youth Leadership Academy VII is scheduled to meet in the spring of 2014. Youth participating in the program will focus on developing leadership and advocacy skills designed to help engage foster care youth in business, government, and education. The program is jointly sponsored by the Department of Children and Families and Connected by 25.

Program Design and Delivery

As previously mentioned, the "Nancy C. Detert Common Sense and Compassion Independent Living Act" went into effect January 1, 2014. This legislation is designed to radically alter the way in which current and former foster care youth develop the necessary skills needed to make the successfully transition towards adulthood are cared for, and how they access Independent Living services. Although some aspects of the existing program were retained, the legislation has modified all components of Florida's Independent Living services. These modifications include but are not limited to: transformation of independent living services for ages 13-17 into the Florida Quality Parenting Initiative, extension of foster care, increased Postsecondary Education Support and Services and aftercare services.

Florida's Quality Parenting Initiative and Life Skills Training and Academic Supports for Foster Care Teens

Florida's Quality Parenting Initiative (QPI) empowers Florida's foster care parents and group home providers to become more engaged in the child welfare planning and service delivery process. Begun during the implementation of the Florida Program Improvement Plan in response to the findings of Round 2 of the Child and Family Services Review process, QPI is a critical component of Florida's redesign of its

[4] http://www.floridacollegeaccess.org/2014/05/19/florida-reach-network-helps-foster-youth-achieve-higher-education/

Independent Living services. QPI is designed to help develop new strategies and practices, rather than imposing a predetermined set of "best practices." The core premise is that the primary goal of the child welfare system is to ensure that children have effective, loving parenting. The best way to achieve this goal is to enable the child's own parents to care for him or her. Otherwise, the system must ensure that the foster or relative family caring for the child provides the loving, committed, skilled care that the child needs, while working effectively with the system to reach the child's long-term goals.

One of the key elements to the design of this program is transition of the role of the foster parent and group home provider from that of a temporary caregiver towards that of permanent support for the child. Creating an environment that allows for the natural development of connections between children and caregivers should help to ensure that former foster care youth have access to programs and services as well as the permanent bonds that all youth need as they work on making a successful transition towards adulthood.

QPI recognizes that the traditional foster care "brand" has negative connotations and this deters families from participating and becoming fully engaged in the foster care system. The key elements of the QPI process are:

- To define the expectations of caregivers;
- To clearly articulate these expectations; and then
- To align the system so that caregivers can meet the expectations.

Areas of the state that have implemented QPI principals have experienced improvement in outcomes such as:

- Reduced unplanned placement changes;
- Reduced use of group care;
- Reduced numbers of sibling separation: and
- More successful improvements in reunification.

As directed in the 2013 legislation (s. 409.145(2), F.S.), "quality parenting" affects the delivery of services to current and future foster care youth requiring caregivers to ensure that the children ages 13-17 in their care are receiving the necessary life skills training that they will need to function in the adult world. This mandated approach also supports foster care youth in receiving the necessary academic supports and planning needed to successfully complete high school and prepare for employment and postsecondary education opportunities, by providing a strong shared transition methodology that includes collaborative planning between the youth and their assigned

caregiver, and by requiring caregivers to support the child's school success in various specific ways.

Life skills and academic goals are created through collaboratively engaging the child, case manager, and caregiver in development plans that meet the near and long term goals of the child. Caregivers are required to engage the child in activities that will help foster the development of the needed life skills or academic supports and report the results of these efforts to the case manager. The case manager then consolidates this information within Florida's Statewide Automated Child Welfare Information System (SACWIS) for inclusion at the child's next judicial review.

Per s. 409.145(4)(d), F.S., foster parents and group home providers are required to receive a supplemental payment that is equal to the current established board rate. Section 409.145, F.S. currently establishes that the minimal allowable monthly board rate for children between the ages of 13-21 is $515 with the additional requirement that this total be adjusted each December to reflect changes in the based upon the Consumer Price Index for All Urban Consumers, U.S. City Average, All Items, not seasonally adjusted, or successor reports. Furthermore, the caregiver is also due a supplement to the board rate, based on 10% of the board rate, for each child age 13 – 17 to whom the caregiver provides independent life skills and normalcy supports. Guidance has been provided to the CBCs to utilize state funds to finance this requirement.

Florida Extended Foster Care

In support of the development of more permanent bonds for Florida's former care youth, the "Nancy C. Detert Common Sense and Compassion Independent Living Act" contained provisions that require the Department to develop and implement an extended foster care program for youth between the ages of 18-21 (up to age 22 for youth with disabilities). The program does not currently utilize Title IV-E funds but instead uses a combination of Chafee Foster Care Independence Program (CFCIP) funds and state funds. The program has as one of its key components that young adults who wish to stay in the foster care system should have their current placement viewed as the preferred placement for the young adult. Should the young adult's current placement not be available or be practical, it is the responsibility of the CBC 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 retraining, and judicial review are also required. To retain eligibility for participation in the program young adults must be:

- 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; or
- 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 hoped that the development of necessary permanent connections, which all youth need as they transition towards adulthood, will be more available to Florida's former foster care youth. In addition, the formation of an extended care methodology has emerged to identify how to care for young adults beyond age 18. The direct care provider in collaboration with the caregiver have embarked on providing a more collaborative living environment that takes into consideration the "level of care and agreements" that need to exist when a young adult resides in a natural parenting situation. This has led to the development of housing agreements and roommate agreements with clearly defined goals of transition and appropriate adult behavioral mechanism, which gives the direct care provider a greater opportunity to assist the young adult to learn and utilize skills such as positive relationship development, community resource utilization, effective communication and conflict resolution, which are necessary skills in the transition framework to adulthood. Since the effective start date of the program was January 1, 2014, the Department has not yet developed performance measurements.

Road-to-Independence Program

Postsecondary Education Services and Support (PESS)

Postsecondary Education Services and Support (PESS)effectively replaces the former "Road to Independence" program (RTI), effective January 1, 2014, though the section of Florida Statute still retains that heading. Both young adults and service providers indicated that the overall performance of the RTI program was poor. This was largely due to the fact there was little accountability for young adults continuing high school or working in a program to complete a high school equivalency (GED). Young adults completing secondary education comprised a large percentage of the total number of youth enrolled in RTI.

The RTI program for young adults enrolled in postsecondary education more closely mirrors normalcy, i.e., the situation for non-foster care peers attending college. The new PESS program is very similar to the "old" RTI, but with the modification that only young adults enrolled in eligible post-secondary institutions are now eligible for this program. So as not to derail the plans of those young adults enrolled in RTI and making progress in completing secondary education as of December 31, 2013, Florida has grandfathered their ability to remain in RTI. However, should they fail to achieve the required benchmarks of academic progress, they will be terminated from RTI. Thereafter, these young adults may enter extended foster care while completing secondary education, if under the age of 21, and they will be eligible for PESS funding upon completion of their secondary educational goal. In other words, if a young adult

grandfathered in to the old RTI program ceases eligibility for any reason, that young adult will then be eligible for each of the new programs, based on meeting the eligibility criteria for each. Additionally, a young adult grandfathered into the old RTI program has the right to opt out in favor of enrollment in any of the new programs.

Prior experience and statistical evidence have also shown that requiring young adults to maintain a standard full-time enrollment in postsecondary education can be detrimental to the completion of their education. Many of these young adults struggled to complete secondary education; others need to work to supplement the financial assistance; others are parenting one or more children. Therefore, in PESS, a young adult is only required to enroll in 9 credit hours, which Florida defines as "full time" for this program. Of course, 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., 9 credit hours or the vocational school equivalent, may continue receiving PESS provided the academic advisor approves that student's completion of fewer credit hours.

A student is eligible to remain in PESS, or to reenroll in PESS, at any time until the 23rd birthday. Participation in the program is approved on an annual basis, based on the enrollment date of each individual. The young adult is then eligible to renew the annual award provided he or she remains enrolled full-time (unless granted an exception from full-time enrollment) and maintains standards of academic progress as defined by the educational institution.

A young adult is eligible to receive PESS payments and also remain in extended care, provided the eligibility requirements of both programs are met. For a dual-enrolled young adult, the PESS payments are made to the young adult's caregiver, to be used for the benefit of the young adult. Early indicators show that this payment structure is serving as an incentive for young adults in post-secondary educational institutions to leave extended care, as the young adults will then have greater control over the funds, statutorily set at a flat $1256 monthly. But even then, the Community-Based Care agency (CBC) is required to make direct payments to the young adult's housing and utility providers until such time that the CBC determines the young adult can successfully manage the full amount of financial assistance on his or her own. This provision is designed to prevent squandering of the funds, which experience has shown leads to evictions, possible homelessness, and ultimately a withdrawal from the educational institution. When a young adult is determined to be able to handle the funds competently, the CBC will then be able to send them the money directly.

Further description and details about PESS begins on page 14.

Aftercare Services

Aftercare Services are temporary services and/or financial payments designed to prevent homelessness and to meet the immediate needs of young adults formerly in foster care. These services, including financial assistance, are designed to serve as a

"bridge" between continuing care and full independence. A young adult is eligible to receive Aftercare Services if he or she was in a licensed placement on the 18th birthday and is not receiving either extended care, pursuant to s. 39.6521, F.S., or PESS, pursuant to s. 409.1451, F.S. The Department interprets the statute on Aftercare Services as also prohibiting receipt of these services by any young adult still receiving old RTI program benefits.

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

- Mentoring and tutoring
- Mental health services and substance abuse counseling
- Life skills classes, including credit management and preventative health activities
- Parenting classes
- Job skills training
- Counselor consultations
- Financial literacy skills training and
- Temporary financial assistance for necessities, including but not limited to, education supplies, transportation expenses, security deposits for rent and utilities, furnishings, household good, and other basic living expenses.

Secondary Education, RTI, and Extended Foster Care

Prior to January 1, 2014, part of the program for young adults included the provision of non-ETV-funded educational stipend payments toward completing secondary and GED educational programs. Young adults were required to provide proof and maintain full-time enrolment (part-time for students with a diagnosed disability) in an eligible secondary educational program. Award amounts were determined by an annual needs assessment (maximum allowable award $1,256 per month) and all awards were subject to annual review and renewal that required that the student submit an updated needs assessment, provide documentation that they continued to be enrolled, and that their academic program considered them to making adequate academic progress. For those young adults completing their secondary education, award payments were generally created out of some combination of CFCIP and other state funds, although it is possible that an award could have been fully funded by either CFCIP or other state funds based on the availability of CHIP funds and/or the status of the young adult.

These supports are still available for young adults "grandfathered" after the implementation of the 2013 legislation described above. However, this use of a direct payment program has been replaced by the "extended foster care" approach which requires the children aging out of licensed care remain in continuing (or extended) care

unless the children opt out of this program. For the youth who has not yet completed a secondary educational program, continuing care is the only long-term option.

The purpose of this design is to encourage the young adult to remain in a supportive environment. However, for the youth who has completed secondary education, the option upon aging out is to remain in extended care while pursuing work, or work-related activities; or, if the youth is ready to enroll in a post-secondary education program, that youth may additionally pursue funding through the Postsecondary Education Services and Support program (PESS), or opt out of extended care and receive direct funding through PESS.

For students who choose a postsecondary education program, applying for admission, enrolling and attending requires a close attention to timelines and completion of task on top of their regular schoolwork and other obligations. Therefore, by moving young adults away from direct payment program associated with secondary school attendance towards that of more supportive living arrangements, the percentage of former foster care young adults between the ages of 18 and 19 years of age who have completed secondary education should improve. In addition, it gives the case management provider the opportunity to work with the youth on self-assessment, researching of educational options and defining the transitional framework of moving on to different challenges in life. This will elevate the level of practical hands on and emotional support that the youth will need while they journey thru the collegiate experience.

While the overall performance of the RTI program was not at the desired level, there are a number of young adults enrolled in RTI that experience success. It is for this reason that a decision was made to allow young adults that entered the RTIS program prior to January 1, 2014 to continue within the program so long as they are able to maintain their eligibility. As such, it is entirely possible that a select group of young adults could continue to receive services and payments though RTI up to 2018.

Postsecondary Education Services and Support Program Details

A young adult who has completed high school or has an equivalent credential and who pursues postsecondary education, whether academic or vocational, may be eligible for additional financial support. This is also available for a young adult who is not receiving any assistance from the CBC, provided the young adult meets the PESS eligibility requirements.

Eligibility requirements include:

- young adults who turned 18 while residing in licensed care and who have spent a total of six months in licensed out-of-home care; or
- who were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption.

And,

- who have earned a standard high school diploma, or its equivalent, and
- are enrolled in at least 9 credit hours and attending a Florida Bright Futures eligible educational institution.

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 attend fewer than 9 credit hours.

Once eligibility is established, the young adult qualifies to receive a monthly stipend of $1256. The disbursement process of the stipend is determined by the young adult and the CBC. In some cases, the youth may choose to have the service provider make all housing and utility payments for the youth. Any remaining funds are to be disbursed to the young adult. This arrangement may continue until the young adult and the service provider have determined that the young adult has inherited a certain level of money management capabilities that deems it appropriate for the young adult to receive the full disbursement directly. The eligibility requirement also requires the young adult to apply for financial aid through the Free Application for Federal Student Aid system. This methodology of service gives the service provider and the young adult the ability to develop communication strategies about budgeting, financial projections and navigating the college experience with a strong financial outlook.

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 post-secondary school that is not a Bright Futures school, e.g., an out-of-state school. An annual federal Educational Training Voucher (ETV) educational stipend payment of up to $6,250 may be available, provided the chosen academic institution meets ETV eligibility requirements. ETV may also be available for a young adult attending a post-secondary institution only part-time.

Students receiving the PESS post-secondary educational stipend may also be in extended foster care. 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. Young Adults are also permitted to transfer from the previously grandfathered program of RTI to the PESS framework of services.

Students must maintain a reasonable standard of academic progress in order to remain enrolled in this program. In the event that the young adult should fall below academic progress as defined by their postsecondary education institution, the young adult with be given a probationary period to maintain eligibility. This methodology gives the service provider the opportunity to work with the young adult to foster high academic aspirations and develop long term planning skills for post-secondary education with clear emphasis on academic preparation. The intent of the legislature and this methodology of services are to support students in choosing, applying and continuously attend postsecondary

education. It gives case workers the opportunity to explore the option of an educational case management framework that helps young adults to explore academic rigor, apply for financial aid, apply a transitional educational framework, re-engage young adults that have missed out on the postsecondary option in the past and most important, help young adults with adjusting to and completing their postsecondary experience. The expectations of this program are that the designated service provider will empower, assist and provide hands-on guidance for the young adult to achieve success in the postsecondary arena.

Delivery of Services

As described in Chapter 1, the Department contracts with local Community-Based Care (CBC) lead agencies that have administrative responsibility for all Independent Living services and receive the relevant funding per contract. The CBC that had case management responsibility for a child who aged out of the foster care system, was adopted, or was placed into a permanent guardianship retains responsibility for the young adult regardless of where the child moves within the state. However, should a young adult who resides out of the area serviced by the CBC require assistance, the CBC having care responsibility must contact the CBC where the child resides for assistance as needed.

CBCs are able to access technical assistance related to programmatic and financial activities through the Department's Office of Child Welfare and the Lead Agency Fiscal Accountability Unit. The Department also monitors overall CBC performance related to the delivery and administration of CFCIP services through the Contract Oversight Unit.

Funding and Fiscal Tracking

Within the Florida SACWIS, in conjunction with other financial and accounting systems, are a number of Other Cost Accumulator (OCA) codes that allow CBC service providers to align payments for Independent Living services and supports with the appropriate federal or state funding source. Expenditures are monitored for potential anomalies by the Department's Lead Agency Fiscal Accountability Unit and, as needed, reconciled by the CBC lead agency. In addition, youth who apply for ETV funds must complete a needs assessment to ensure that ETV payments do not exceed the student's estimated cost of attendance as determined by the student's academic institution.

As noted earlier, Florida provides CFCIP services to youth currently residing in the foster care system who are between the ages of 13 and 17, and has the statutory authority to provide services to young adults between the ages of 18-22. However, the current design of the Florida's extended foster care program does not allow the use of additional available Title IV-E funds.

Collaboration with Other Private and Public Agencies

The Department engages a wide range of state agencies through the Independent Living Services Advisory Board (ILSAC). As described previously in this chapter, ILSAC

membership includes representatives from CBC lead agencies, Department of Education, Agency for Health Care Administration (AHCA), State Youth Advisory Board, Workforce Florida, Inc., Statewide Guardian ad Litem Office, foster parents, recipients of the Road-to-Independence Program funding, and other advocates for foster children.

Chapter VIII describes the connection between the Department's responsibilities for foster youth and the health care under the purview of AHCA in the section titled "Healthcare Transition Planning for Youth Aging Out of Foster Care."

In addition, the Department maintains a working relationship with a number of youth advocacy groups in support of Independent Living services and supports. For example, the Department works with Connected by 25 to conduct Florida My Services, Florida National Youth in Transition Database, and federal National Youth in Transition Database surveys.

Due to the strong emphasis on academic involvement and completion set forth in the legislation, we have seen increased partnerships between the service providers and their local college and vocation providers. There are also new platforms of service provisions being created to adjust to the extension of care, primarily housing, employability and educational guidance methodology. The Community Based Care model of services have become inclusive of their different local housing providers, including but not limited to apartment owners, housing authorities and low to moderate housing providers.

An exciting initiative (per s. 409.1452, F.S, effective 7/1/2013) is direct collaboration between the Department, the Florida Board of Governors, the Florida College System, and the Florida Department of Education to establish academic support systems that provide a comprehensive support structure that helps assist children and young adults that choose to attend college with the opportunity successfully transition from the foster care system to a publicly supported postsecondary educational program. Modeled on aspects of California's Guardian Scholars Program, Florida's Campus Coach Program provides Florida with a real opportunity to begin positively impacting former foster care youth college experience by ensuring that these students are provided with the opportunity to engage in on campus academic support services in an effort to improve student retention and completion rates for former foster care students.

As youth transition to adulthood, there are many services and supports needed that are not within the scope of those provided through child welfare. This makes partnership with other agencies providing such services even more critical. The Department partners directly with different colleges and universities, Guardian Ad Litem programs, the Agency for Persons with Disabilities (APD), Office of the Public Guardian, Department of Economic Development, Department of Education, and the Agency for Health Care Administration, to make them aware of direct needs of our population. We also collaborate on developing a menu of service interventions that will assist with the accomplishment of service delivery in the different regions.

One statewide example of a service partnership is the Department's collaboration with APD and the Office of Public Guardian to increase the availability of public and private guardians for young adults that have been deemed incapacitated by the courts. This was a health care maintenance issue that was brought to our attention during one of the quarterly meetings with the Florida Youth SHINE Group (for example of input from this group, see Attachment A of this chapter). Many examples of service partnerships or collaborations at the local level also exist:

- One CBC (Family Support Services of North Florida), in collaboration with community partners, creates and implements enrichment activities for teens such as SPLASH (SCUBA Promotes Life goals And Supports Healthy Living. This program is accomplished in partnerships with Florida State Parks, University of North Florida, the University of Miami and the Professional Association of Diving Instructors. Passport to Leadership is a 6-month program concentrating on leadership skills, employment skills, community volunteerism and education planning, accomplished in partnerships with Disney's Epcot, Vistakon, City of Jacksonville, and WorkSource.

- Jacksonville's System of Care Initiative (JSOCI), funded by a planning grant from the Substance Abuse & Mental Health Services Administration (SAMHA), is working to transform Jacksonville's mental health services into a coordinated system of care to better meet the needs of youth with serious emotional disturbances and the related needs of their families. The grant funds wraparound services to children, youth and families that are involved in multiple systems, including the Department of Juvenile Justice, foster care, homeless youth, early learning programs and childcare.

- Another CBC, Community Partnership for Children, and the local Children's Home Society, Junior Achievement of Volusia County, Florida United Methodist Children's Home and the Center for Business Excellence have joined together to develop Career of Choice. Career of Choice is a unique enterprise developed to stimulate and motivate foster youth ages 15 to 17 to strive for employment in their chosen career. It will provide on-site tours of facilities and presentations of specific careers by employees in that field.

- Formal working agreements are in place between the Heartland for Children (HFC) CBC lead agency and several housing authorities to clarify roles and facilitate collaboration on Florida Housing's Permanent Housing Initiative, serving Special Needs Households. In an effort to further support interagency efforts with housing and homelessness service providers, HFC staff participates in the Polk County Homeless Coalition and the Circuit 10 Permanent Supportive Housing workgroup.

- Children's Network of Southwest Florida participates in the Mentoring for Educational Success Project. Its mission is to expose youth in licensed and non-

licensed foster care to post-secondary education and increase awareness and the desire to further their education beyond high school. The program operates twice a year during Fall and Spring sessions at FGCU (Florida Gulf Coast University). The program targets youth 13 to 22 years old currently or formerly in the child welfare system. The mentees are matched with a social work student at Florida Gulf Coast University who serves as a Mentor. Other business community involvement includes assistance with housing, banking, driving school and start-up supplies for the independent living population. Grants have been received to finance move-in essential household items for youth leaving foster care.

- The ChildNet CBC has made multiple applications to the federal Housing and Urban Development department (HUD) under its Family Unification Program (FUP). The most successful of these resulted in the receipt of housing subsidies valued at approximately $1.8 million dedicated exclusively to meeting the needs of either child welfare families seeking reunification of their children or teens transitioning out of the local child welfare system, an award which was the largest in the nation. ChildNet is also seeking to develop in Palm Beach Florida Housing Finance Corporation Memorandums of Understanding for Special Needs Housing Services with major affordable housing developers.

Educational and Training Vouchers (ETV) Program

Florida's ETV program is administered by the Community-Based Care (CBC) lead agencies. Florida currently administers three separate programs that utilize ETV funds, some of which are also administered using CFCIP and state funds as described previously. General eligibility requirements for all three ETV programs require that a young adult:

- Have aged out of licensed care after having accrued a minimum of six month within an out-of-home care setting between the ages of 0 and 17; or
- Was at least 16 years of age and was adopted 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;
- Have completed standard high school diploma or its equivalent;
- Have been admitted for enrollment as a full-time student or its equivalent in an eligible postsecondary educational;
- Applied, with assistance from the young adult's caregiver and the community-based lead agency, for any other grants and scholarships for which he or she may qualify;

- Completed an error-free Free Application for Federal Student Aid (FAFSA) application; and
- Signed an agreement to allow the department and the Community-Based Care lead agency access to school records.

Basic Education and Training Voucher

Basic ETV funding of up to $5,000 annually with an additional $1,250 state match is available for eligible former Florida foster care youth that apply for ETV payments prior to their 21st birthday that choose to attended an eligible postsecondary academic as defined by the United States Department of Education. ETV applicants must complete a needs assessment that analyzes their overall federal aid package versus the students estimated cost of attendance to ensure that ETV payments do exceed a student's estimated cost of attendance as determined by the academic institution. Students are required to renew their ETV funding on an annual basis and must provide proof that they are still enrolled and considered to have maintained adequate academic progress as defined by the academic institution prior to being allowed to renew ETV funds.

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

Road-to-Independence

The Road-to-Independence program has included postsecondary services and so was Florida's ETV program for former foster care youth. As of January 1, 2014, when the 2013 legislation described above went into effect, no new RTI applications are being accepted. However, students that were participants in the program prior to January 1, 2014 may continue to participate in the program up to their 23rd birthday so long as they maintain enrolment and adequate academic progress as defined by their postsecondary institution.

ETV eligibility and payment requirements associated with the RTI program are the same as those for the basic ETV program with the exception that students who choose to attend an academic program that is defined by the Florida Department of Education as being a Florida Bright Futures academic institution are eligible to receive an monthly stipend payment of up to $1,256 per month (based on the 40 hours of work per week at the current federal minimum wage of $7.25). This stipend payment is a combination of federal ETV and state funds. Any RTI payments in excess of the federal ETV $5,000 limit are then covered by a combination of other state funds. The total monthly payment amount is determined by conducting a needs assessment that analyzes the student's

overall aid package and financial need versus the students estimated cost of attendance so as to ensure that total payments do exceed the students estimated cost of attendance as determined by the academic institution.

Postsecondary Educational Services and Support (PESS)

The Postsecondary Educational Service and Support (PESS) program, as described in more detail under CFCIP above, is Florida's new standard ETV program for Florida's former foster youth. Federal ETV payment amounts are still set by 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 or $5,000 annually. However, the monthly payment for PESS is fixed at $1,256 per month so any payments in excess of 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.

All program operations are administered by the CBC lead agencies. Each CBC is required to use a standardized form when calculating a student's overall need based on the student's aid package and cost of attendance. In addition, all CBCs are able to access technical assistance related programmatic and financial actives through the Department's Office of Child Welfare and the Lead Agency Fiscal Accountability Unit. The Department also monitors overall CBC performance related to the delivery and administration of ETV program through the Contract Oversight Unit.

It is also important to note that in addition to the federal ETV and state aid packages listed above, Florida's public postsecondary institutions also offer Florida's former foster care youth a tuition and fee exemption, remaining valid up to the young adult's 28th birthday. It is this combination of direct payments and exemption from educational expenses that has allowed up to 55% of Florida's former foster care youth to at least attempt college by the age of 22, and is one of the primary reasons that only 6% of Florida's former foster care youth indicated that there was a barrier to them continuing their education cited having no way to pay for education as the primary barrier (see additional detail in the Final Report).

Consultation with Tribes for CFCIP and ETV

Chafee and ETV funds are designated for current and former foster care youth as required by ICWA. The Department is making every effort to ensure that children are placed within their tribal families and not in licensed foster care. (See Chapter VI.) If tribal children do enter licensed foster care, they are entitled to any and all benefits and funding that 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 as they have their own resources to provide services.

CFCIP Program Improvement and Training

Through the use of extensive surveying of current and former foster care youth and ongoing connections with well-established foster care youth advocacy groups and councils Florida has already established strong connections that allow current and former foster care youth to have a strong voice as to how CFCIP and ETV programs are being operated. Florida plans to continue to survey current and former foster care youth and maintain its connections with the Independent Living Services Advisory Council, Florida's Children and Youth Cabinet's Youth Commission, Florida Youth SHINE (FYS) and the Florida Youth Leadership Academy. These connections will continue to allow current and former foster youth to have a strong voice in developing, assessing, improving and evaluating the services that they depend on for making the successful transition towards adulthood. The Department takes part in monthly calls, quarterly meetings, and strategy meetings with youth and statewide mentors from Florida Youth Shine. The monthly calls include countywide reports of the 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. For example, the Department met with FYS in April 2014 at their quarterly session to discuss aspects related to the development of the Child and Family Services Plan 2015-2019 (see attached matrix summarizing input from that meeting).The Department will continue to meet with this group as a part of a collaborative approach for a youth focused and youth centered approach for service implementation.

Though not directly related to CFCIP or ETV participants (which are not funded through Title IV-E), the Department's overall commitment to evaluation and development of metrics, specifically for education, is explicitly included in the terms and conditions for extension of the Title IV-E Waiver Demonstration Project. (See Chapter XI).

As part of its ongoing collaboration and Continuous Quality Improvement commitments, and as demonstrated through its strong engagement in the efforts of NYTD to develop consistent methodologies for measurement, 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. Individual CBC agencies provide in-service training on this and other independent living topics. As described in the Training Plan, extensive work on in-service training and other curricula is planned. (See Chapter X).

Attachment A.
Florida Youth SHINE Quarterly Meeting, April 2014: Input for Child and Family Services Plan Development

The Florida Youth Shine Youth and Statewide Mentors were informed of the CFSP, and were then asked to be our Subject Matter Experts for community recommendations and review. This group identified Transportation, Education, Supportive Relationships, Employment, Healthcare, Normalcy and Transitional Services as areas that they would like to focus on and impart their recommendations. Below each category has been captured in three areas, What Works, Challenges and Recommendations.

Transitions

What works	Challenges	Recommendations
Independent Living Services **EFC/PESS** **Free Credit Check** **Transitional Roundtable staffing** **Hands on Moving experience with staff**	**Special population of youth with criminal charges and lack of community re-entry services** **Employment assistance** **More unsupervised visitation with "real family" before we turn 18.** **School Hopping** **No Standards for achievement** **More help with education**	**Help us plan for after DCF involvement- re-entry to regular life** **Keep contact after 23, parents still talk to their kids after 23.** **Stronger college prep programs while in care** **More transitional housing situations- not group homes.** **More IL WORKERS to assist with transitional services after youth turn 15.** **More independent living training for regular case workers and foster parents.** **Knows that "LIFE" happens while we are in college**

HEALTHCARE

What Works	Challenges	Recommendations
Medicaid until 26 **Entire med Hx is now given to youth when they are 17.** **Caseworkers that investigate and fight for youth medical rights** **More doctors accept youth med/hmos when they learn youth is a former foster youth**	**Some case managers are negligent to the medical coverage community** **Bills that Medicaid does not cover for chronically ill youth** **Lack of medical foster homes** **Dental services/Braces** **Living Will Drafting** **Healthcare Surrogate after 18.** **Young adults being denied by Medicaid**	**Medical specialist case managers for youth with chronic illnesses** **Life Alert for Chronic ill young adults** **3 nurse case managers per CBC** **Gather youth family healthcare history and give it to youth** **Chronic illness should be treated like a disability in EFC/PESS extends to age 23.** **Per support groups for youth living with chronic illness** **Develop a medical IEP for youth with chronic illnesses.** **Do automatic renewals for youth under Medicaid** **Allow youth in PESS and EFC to apply for aftercare to cover medical cost** **Include Adopted young adults in Medicaid until 26.**

NORMALCY

What Work	Challenges	Recommendations
Legislation gave us freedom **"I feel normal"**	**Group home probation period** **Group home levels system feels like "Lock up"** **No normalcy for pregnant teens** **Beach restrictions, its Florida.**	**Letter from case manager excusing youth based on youth behavior.** **More Teen Parent homes**

SUPPORTIVE RELATIONSHIPS

What Works	Challenges	Recommendations
Mentors, Case managers, Siblings relationships	Uncertain relationship with case managers, they end. Separating youth from sibling because of adoption Youth lose their entire family because of their parents Loose relationship with siblings because of dependency	Allow youth to keep relationship with siblings even though they have been adopted Siblings to be able to visit even when parent's visits are not approved Allow youth to see their friends, church family from their old neighborhood Explore church family for youth placement when they are removed.

EMPLOYMENT

What Works	Challenges	Recommendations
Linking youth with Workforce programs/Career Source **Job fairs** **Case managers that is passionate about youth learning how to "work".**	**Not enough hands on work experience** **Funds for formal clothes** **Lack of employability skills development, foster parents may not know how to impart.** **Transportation for work**	**Bring Back, Opportunity Full Employment** **Tax break for hiring former foster youth** **Resume 4 LIFE** **Recruit more businesses**

EDUCATION

What Works	Challenges	Recommendations
Tuition Waiver extension to 28 **Scholarships** **College tours and Prep** **After school tutorial programs** **Youth development programs**	**Turning in tuition waiver every semester** **No SAT Prep** **Need surrogate parents for IEP** **NO STANDARDS FOR ACHIEVEMENT**	**More foster youth scholarships** **Education specialist case managers for youth who are struggling in school** **Free tutoring for youth in care** **More home visits focused on youth education**

TRANSPORTATION

What Works	Challenges	Recommendations
Good case management	**Group homes under staffed** **More staff dedicated to transportation**	**Transportation bill** **Train CM and FP.**

Chapter XVI. Florida's Child Abuse Prevention and Treatment Act (CAPTA) Plan

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

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

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

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

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

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

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

Substantive Changes

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

Significant Changes since the Florida CAPTA State Plan 2010

There are no significant changes from the state's previously approved 2010 state plan. Florida will continue to target the same service program areas defined in the CAPTA State Plan 2010 during 2015-2019. They are as follows:

- Intake, assessment, screening, and investigation of reports of abuse and neglect (106 (a) (1))

- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families(106 (a) (3))

- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols(106 (a) (4))

- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (106 (a) (5))

- Developing, strengthening, and facilitating training (106 (a) (6))

- Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect(106 (a) (8))

- Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect (106 (a) (11))

- Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports(106 (a) (14))

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

Use of CAPTA Funding

The Department of Children and Families continues its commitment to the prevention of abuse, neglect and abandonment by implementing strategies that support goals for all levels of prevention (primary, secondary and tertiary). Additionally, the goals and objectives pertaining to the Child Abuse and Prevention and Treatment Act (CAPTA) Plan remain consistent with the Child and Family Services Five Year Plan (CFSP), 2011-2016. The CAPTA State Plan supports the current five-year Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015 as well as future planning and the current Child and Family Services Plan. Florida's CAPTA Plan will also utilize information and recommendations from the designated citizen review panels.

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

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

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

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

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

Collaboration

PART C

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

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

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

On November 6, 2012, FICCIT was formerly designated as one of Florida's citizen review panels, in support of the requirements of the Child Abuse Prevention and Treatment Act (CAPTA). The structure and functions of the state FICCIT are truly reflective of the national intent to have citizen input and review of child welfare as required by CAPTA. As such, the FICCIT examines the CAPTA, Part C program.

By working with the FICCIT as a citizen review panel, the Department has established a stronger relationship with DOH and the needs of both the parents and the children with disabilities. Three agency staff are appointed to the FICCIT ensuring work continues toward ensuring that all potentially eligible children are referred for early screening for disabilities. The three representatives are from the Child Care, Family Safety and Substance Abuse and Mental Health Program Offices. Additionally as a result of the collaboration and designation as a CAPTA Citizen review panel careful consideration is now being given to case manager participation in the required Individualized Family Service plan (IFSP) for these services and the most appropriate individuals to be involved in the development of the IFSP from the child welfare perspective.

The Office of Adoption and Child Protection

The 2007 Legislature created the Executive Office of the Governor's Office of Adoption and Child Protection in the Governor's Office and assigned much of the same responsibilities the Task Force had undertaken in development and implementation of Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010. In addition, the 2007 Legislature created the Florida Children and Youth Cabinet charged with developing and implementing a "shared and cohesive vision using integrated services to improve child, youth and family outcomes…"

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.

In accordance with state law (s. 39.001, F.S), the Office of Adoption and Child Protection steered the creation of the five-year Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015. The plan provides plans of action for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the

support of adoptive families. This plan reflects Florida's commitment to engage state agencies and local communities in a collaborative effort to prevent child abuse, abandonment and neglect; promote adoption; and support our adoptive families.

The Governor's Office of Adoption and Child Protection convened the 33-member Child Abuse Prevention and Permanency Advisory Council along with 17 statewide workgroups, including two cooperative planning teams for education and law enforcement, representing 107 organizations and 166 planning partners to advise and lead the development of these plans for prevention and permanency. The Advisory Council and workgroups with input from 20 local planning teams, involving over 600 individuals from across Florida, diligently constructed proposals for the selection of realistic low- or no- cost prevention and permanency strategies for our state. To ensure proper implementation, a monitoring component involves all levels of the state.

The central focus of the Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015 is to build resilience in all of Florida's families and communities in order to equip them to better care for and nurture their children. In accordance with the State law (§39.001, Florida Statutes), this five-year prevention and permanency plan provides for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families.

The five-year Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015 comprises five statewide plans as well as copies of 20 local plans. Collectively they provide strategies and plans of action for the prevention of child abuse, abandonment and neglect. Three of the five statewide plans relate to the prevention of child abuse, abuse and neglect. They are:

- Florida Prevention of Child Abuse, Abandonment and Neglect Plan: July 2010 – June 2015
- Florida Education Cooperative Child Abuse Prevention Plan: July 2010 – June 2015
- Florida Law Enforcement Cooperative Child Abuse Prevention Plan: July 2010 – June 2015

This plan is based on the positive deviance premise that in every community there are certain individuals whose uncommon practices and behaviors enable them to find better solutions to problems than their neighbors who have access to the same resources (www.positivedeviance.org). Using this premise, five protective factors serve as a foundation for the plans' strategies and objectives. These protective factors (i.e., nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience, social connections, and concrete supports in times of need) have been shown to make a difference for families and are correlates of lower child maltreatment and family resilience (www.strengtheningfamilies.net). Overall, this planning effort sought to create a statewide model for preventing abuse, abandonment and neglect; promoting adoption; and supporting adoptive families that can be embraced across branches of government, state agencies, and professional disciplines.

This provides state agency staff, state and local service providers, advocates, and the citizens of Florida with clearly articulated action steps for the realization of optimal child growth, development and well-being. A model of this nature required a multi-pronged approach ranging from individual interventions to professional development protocols, from agency standards of practice to population-based intervention mechanisms.

Electronic versions of the plan are available at http://www.flgov.com/child_advocacy/. With the assistance of the Department of Children and Families, the Office of Adoption and Child Protection advises the Governor and Legislature on the status of this strategic plan. Please refer to the above-cited website to view the Office's annual updates.

The five- year CAPTA plan has historically supported the activities outlined in Florida's Quality Improvement Plan (QIP) from Round 2 of the Child and Family Services Review (CFSR), and will continue to in the upcoming third round of the CFSR. The Department's Strategic Plan, and the agency's Long Range Program Plan for Fiscal Years 2012-2013 through 2016 – 2017 as well as a number of other meaningful reform efforts such as the current Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015 and updates are other points of integration.

Citizen Review Panels

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

- The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT);
- Independent Living Services Advisory Council;
- Florida Child Abuse Death Review Committee; and,
- Florida Faith-Based and Community-Based Advisory Council.

In an attempt to create efficiencies in the Department's actions on recommendations made by the designated Citizens' Review Panels, the Department aligned the submission of reports within the specific Federal Fiscal Year's reporting period beginning with this submission.

Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)

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

Department of Health is the lead agency for this council, as well, but this represents one of the more critical partnerships for young children for the Department of Children and Families. The FICCIT plays a very important role in the decision making process for the children and their families in the state of Florida. The FICCIT was officially designated as a Citizen Review Panel for 2012.

Independent Living Services Advisory Council (ILSAC)

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

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

The Florida Child Abuse Death Review Committee

The Florida Child Abuse Death Review Committee was also established by the Florida Legislature in 1999 under s. 383.402, Florida Statutes. The committee uses an 18-member state panel and locally developed multi-disciplinary teams to conduct detailed reviews of the facts and circumstances surrounding child abuse and neglect deaths in which a verified report of abuse or neglect is accepted by the Florida Abuse Hotline Information System. The purpose of the committee is to develop data-driven recommendations for reducing preventable child deaths due to abuse and neglect by caregivers.

Florida Faith-Based and Community-Based Advisory Council

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

For additional information, activities, recommendations and the required Department responses of these four panels, please refer to their annual reports in the Final Report submitted with the Child and Family Services Plan 2015-2019.

Additional Child Abuse Prevention and Treatment Act State Plan Requirements

CAPTA Agency Identifying Information:

Lead agency contact information:

Florida Department of Children and Families
Office of Child Welfare
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700

CAPTA Lead Agency Coordinator: (State Liaison Officer)

Cameo Bryant
Child Welfare Program Office
State and Federal Program Policy
Office (850) 717-4674
Email: cameo_bryant@dcf.state.fl.us

Chapter XVII. Education Information and Service Integration for Child Well-being

The Department and its various educational partners, particularly the Department of Education, local school boards, post-secondary institutions, foster parents and caregivers, continue to develop methods and approaches to working together toward common goals for educating children, youth, and young adults. Interagency agreements are a normal method of defining these methods, at the state and local levels. Some of these are very broad, such an agreement among the Department of Children and Families, Department of Education, Department of Juvenile Justice, Agency for Persons with Disabilities, and the agency for Workforce Innovation to coordinate educational and vocational services. Others have more narrow topical focus, such as data sharing agreements or for coordinating services in a specific county. These interagency agreements not only support coordination, but they provide a platform whereby resources and knowledge can be shared and made more efficient and effective.

Data Sharing

Florida has been developing an infrastructure to measure the accomplishments and needs of its children in out-of-home care. The captured data will aid the partners in Florida's child welfare system in creating policies and projects to further enhance children's educational success in all phases of their education, including post-secondary.

In 2004, the Legislature adopted § 39.0016, Fla. Stat., requiring interagency agreements both at the state level and locally, ". . . regarding the education and related care of children known to the department. . ." to facilitate the delivery of services and programs while avoiding duplication. The first state level interagency agreement was adopted pursuant to this new legislation. In 2009, this Agreement was renegotiated between the Department of Children and Families, Department of Education, Department of Juvenile Justice, Agency for Persons with Disabilities and the Agency for Workforce Innovation, and focused in part on sharing both individual and aggregate data between agencies. The barrier to free sharing of specific, personally identifiable information had been FERPA. After the 2009 Agreement was executed by the parties, the Department of Children and Families worked with the Florida Department of Education to devise a method of verification that child welfare officials, including case managers, had the right under FERPA to access personally identifying educational records for children in out-of-home care. The verification involved the ability of the school districts to verify secured either parental consent or a court order authorizing the sharing of educational data using FSFN.

Concurrently with the state level work on these agreements, Florida's 67 individual school districts worked locally with the Department's contracted community-based care

agency partners (CBCs), and the local representatives from each of the agencies who were parties to the state level agreements. Individual educational data was beginning to be shared by a few of the state's school districts as a regularly scheduled transfer of electronic data, which provided real-time information for the specific CBCs and individual case managers. This data was used to assist individual children in furthering their academic success.

It became clear that the impetus for improving each child's educational success needed to come from the local partners, as our case management agencies are the ones interacting with individual children, as well as with the local schools. In 2010, the Department developed an initiative entitled "Everybody's A Teacher." The Department contracted with a well-known Florida advocate for educational success for children in the child welfare system, resulting in a video to introduce and explain the importance of the topic, with a template for convening local meetings. During 2011 and 2012, each CBC convened an initial Everybody's A Teacher meeting. This coincided with the renegotiation of local interagency agreements, and assisted the CBCs and their educational partners in choosing specific goals for children in their geographic areas that would become the focus of the interagency agreement action plans. The success of these local initiatives varies, partially based on the number of child welfare students who are in each school district, the specific needs of the affected children, and the resources of both the CBC and the school district. At a minimum, this initiative introduced our partners locally, as well as local citizens, to the educational needs of children involved with the child welfare system.

Growing out of the "Everybody's A Teacher" project, the Department began working on identifying specific data elements necessary to fully understand the strengths and challenges of students in the child welfare system, which in turn will provide the data necessary for designing specific interventions both individually and programmatically. Acting within the statewide system developed through the interagency agreements, and including volunteer local partners, the Department created three workgroups: Early Learning; K – 12; and Postsecondary Education. The K-12 workgroup devised a report card for each child in care. In 2012, this report card became mandatory for use by the CBCs.

The K – 12 Work group next generated a set of data elements to be included in an electronic data exchange between the individual school districts and the Community-Based Care agencies. The Department determined that creating a pilot project to test the efficiency of an electronic data exchange was important, both to ensure that school districts would have the technical capability to share data electronically, as well as to demonstrate to less enthusiastic school districts that the exchange is feasible within school districts budgetary and technology constraints. In early 2014, the Department signed a contract with a private vendor to create test sites in 6 different school districts, including a few who had previously agreed to electronic data sharing, large and smaller districts, urban and rural districts. At this time, testing is anticipated to begin as soon as each of the participating districts signs necessary contracts for this data exchange.

The two additional work groups created as an outgrowth of Everybody's A Teacher are: Early Learning and Postsecondary Education. These groups also worked on necessary data elements that will be included in the new Education Tab to be incorporated into FSFN.

As this work was taking place, it became clear that FERPA remained a barrier to the sharing of personal information about each student. Most of Florida's individual school districts had no method, either hard-copy or electronic, of storing parental consents or court orders that the Department secured for each of its children in public schools. This created reluctance on the part of many school districts to share data outside of the cumbersome process of a case manager requesting individual records from each child's individual schools. In 2012, Florida joined with other states' child welfare organizations, and child advocacy organizations, to promote the Uninterrupted Scholars Act, amending FERPA to ensure that child welfare organizations and staff have access to the records of their students. Florida's Department of Children and Families and Department of Education wrote a joint letter in support. It was the passage of the Uninterrupted Scholars Act that ultimately led to the pilot project for the electronic sharing of student educational data.

School Stability

School stability has been a difficult subject to fully implement. This is partially due to issues within the Florida Department of Education and individual school districts, partially due to the hand-off of placement to the community-based care agencies once a Child Protective Investigator determines a child should be sheltered, and partially due to the difficulties inherent in child welfare. For example, most family foster homes are located in different school attendance zones than the zones of the parents from whom the children are removed; some foster parents require the children attend their local schools for ease of looking after their foster children; many placements are made on an emergency basis, such that the child's safety considerations outweigh school stability concerns.

The Department has been working with the Florida DOE and with Community-Based Care agencies to move toward greater stability in school placements. In 2011, the two agencies began work on a joint memo to schools, community-based care agencies, and all staff members concerning the requirements of the McKinney-Vento Act and the Act's application to children involved with the child welfare system as "children awaiting foster care placement." The memo involved a specific identification of the situations in which a child in the child welfare system was considered to be homeless, and a delineation of the rights of such children to remain in their schools of origin, including when the schools would provide transportation.

At the local level, the CLS attorneys who focus on educational issues developed a checklist for the attorneys to review with child protective investigators and case managers prior to a physical change in placement for any child of school age. This checklist has been most useful in those instances in which a change in placement is

anticipated, particularly when a child will achieve permanency. Time to review the child's educational best interests seems to be the most important factor in achieving school stability. School stability is one of the measures included in the K – 12 report card that is developed for each child in care.

In 2013, the Legislature codified a practice that had been gradually introduced through the primary work of CLS, namely, ensuring that when a child is transitioned from one placement to another, a plan is worked out providing for a more gradual transition from one home to the next. CLS and case managers also include educational concerns in the transition planning.

Another outgrowth of the Everybody's A Teacher project has been the designation of an education liaison in most of the community-based care agencies, and a designation of a foster care liaison within the majority of Florida's local school districts. In school districts with larger populations of children in foster care, these foster care liaisons are often in court daily, and assist with educational stability issues.

2015 – 2019 Plan

Data Exchange: The long-term objective of the data exchange pilot project, as well as incorporating educational data elements into FSFN, is to create baseline data against which subsequent data will be measured to assess the strengths and challenges of our children's educational success. Once systemic challenges are identified, the objective is to permit local community based care agencies, working with their individual school districts, to develop and measure interventions to respond to these challenges. Finally, the Department intends to share these interventions with all CBCs to develop best practices.

The more immediate goal of the data exchange pilot project is to successfully complete and maintain the data exchange, to be able to demonstrate to other school districts that the data exchange is feasible, once any barriers are removed, and therefore to serve as an impetus for most of Florida's 67 individual school districts to also enter into electronic data sharing exchanges.

Until Florida begins to develop this baseline data in the aggregate locally and state wide, the Department has only national data and anecdotal evidence to know what barriers exist towards educational success for its children. During this plan period, the Department and CBCs will seek to first collect the data and to evaluate it both locally and state wide. This data analysis will enable the Department and CBCs to identify the weaknesses as academic performance and begin to design interventions to improve that performance. Finally, with this sharing of real-time data, the CBCs and the Department will then be able to evaluate interventions.

Without this project, the Department and its community partners are hindered in their ability to evaluate current academic performance. It is possible to secure aggregate data from Florida DOE, but that data is sent to the Department only for prior academic

years; there is no way to secure real-time data from Florida DOE. The CBCs are able to intervene on behalf of individual children, and to evaluate those interventions individually. However, without timely aggregate data, it is difficult to evaluate systemic interventions.

As the real-time data collection comes on-line, the Department and CBCs will continue to work with its community partners to evaluate the data and promote the local development of intervention measures. The Department will assist its partners in evaluating the success of designed interventions. The Department, through training and other supports, will encourage its community partners to adopt best practices once promising interventions have been identified locally.

The Department will continue to work with Florida DOE, particularly in the design and evaluation of services and interventions, and to ensure there is no duplication of services. The Department will continue to seek technical assistance from Casey Family Programs on this project. In December 2013 the Department participated in Casey's Educational Shared Learning Collaborative.

School Stability: The national data makes it clear that changing schools due to placement moves is highly detrimental to student's academic achievement. For children in out-of-home care, this problem is exacerbated when those placements require attendance in a non-traditional educational setting, e.g., classes operated within a therapeutic residential setting. Florida has begun to measure its performance on this metric through the K – 12 report cards. The target is to reduce the number of school placement changes that occur solely due to custodial placement changes, and to improve the timing of such school changes when they must be made.

Assessment: Once school stability data elements are incorporated into FSFN, the Department and CBCs will be able to determine the current level of performance for this measure. From this baseline, the Department, working with its community based partners, will convene to set a schedule for improvement. At the time that performance measures are set, the Department and its partners will be able to share best practices for realizing improvement.

Concerns/Obstacles: It is important to note that at this time, the current level of performance will vary widely among school districts and therefore, our community partners. It is also important to be aware that school stability depends on a number of factors, including the recruitment of foster homes in areas where the children were living with their families, and the cost of providing transportation to the school of origin. Currently, many older children and children with therapeutic needs, are placed in counties and school districts that are geographically remote from their schools of origin, which makes school stability difficult to achieve. The ultimate resolution of this situation is to ensure that adequate and necessary services are available throughout the state, not just in larger urban areas.

Intervention: Completion, execution and implementation of the joint memorandum with Florida Department of Education on the applicability of McKinney-Vento to children in the child welfare system. This memo will clarify that children who are initially removed from their families and placed into shelter care are "children awaiting foster care placement" such that they have the right to remain in their schools of origin, should that be in their best interest, and will delineate when each school district will be required to transport the children back to their original schools. This will ensure a uniform application of McKinney-Vento around the state, and will serve as legal authority for child protective investigators and case managers when advocating for school stability.

Once this memorandum is signed by both agencies, the Department will distribute it to each of the CBCs, and to all the child protective investigators within the state. The Department will also distribute a guide for determining if remaining in the school of origin is in each sheltered child's best interest. This guide is currently being used by the Children's Legal Services attorneys, in their discussions of school stability with child protective investigators and case managers whenever a placement change is brought to the attention of CLS prior to the move.

In the event the Department cannot reach an accord with DOE in developing a joint memorandum, the Department will draft and distribute its own memorandum providing guidance on McKinney-Vento. The Department will also provide training to its child protective investigators and to CLS attorneys on the need for educational stability and on methodology for determining the best interests of each child and tools for keeping children in their schools of origin.

Intervention: Inclusion of educational placement stability as one of the issues to be addressed in transition planning when a child is moved from one placement to another. The specific goal of this intervention is either for children to remain in their schools of origin until the end of the school year, when that is in their best interests, or to time the transfer to a new school to a scheduled break in the academic year so as to minimize the difficulties for the students and to maximize the transfer of school credits and the students' ability to make a seamless transition to the new school and classroom.

To achieve this intervention, the Department will train community based care managers and its protective investigators, both through direct training and by providing "train the trainer" sessions to the CBCs. Because this transition plan is developed for a court proceeding, the CLS attorney handling the case is in a good position to encourage and remind the professional social workers to include this educational issue in the transition plans that are provided to the dependency courts. (See Training Plan, Chapter X).

Proposed Intervention: School disciplinary actions are another factor impacting the educational stability of our children. At the leadership level, both educators and social workers recognize that children in the child welfare system frequently act out in school as a result of the traumas they have suffered at the hands of their families. This recognition, however, does not always flow into the children's classrooms. At the state

level, the parties working on the interagency agreement are addressing this issue through discussions and training.

At this time, the primary barrier to this proposed intervention is the absence of real-time information as to a child's suspension, particularly as to in-school suspensions. The notices of school disciplinary actions are sent home with the students and are reviewed by their foster or group home parents. Case managers currently must rely on the foster/group home parents to advise them of the disciplinary actions, and the case managers must then notify the CLS attorney on that child's case. Finally, the CLS attorney must schedule a court hearing for the appointment of an attorney or other advocate for the child. Even assuming the availability of an attorney, this notification process is untimely, as school disciplinary measures are generally applied immediately, with time being of the essence to challenge the measure. When the electronic data sharing system is fully implemented, this information will be transferred directly to the community based care agencies in a timelier manner that should permit immediate action by the case managers to protect the educational rights of the children.

As educational advocacy becomes more ingrained in our community partners, the Department will encourage community based care agencies to provide and train specific education advocates (who do not need to be licensed attorneys) for children facing disciplinary actions in school.

A final way to ensure advocacy for our children having disciplinary issues is to ensure that the persons providing educational decision-making for our children are fully trained in the relationships between the trauma of abuse and neglect and behavioral and emotional disabilities, so that these educational decision makers can also advocate for these children. When there is neither a parent nor family foster parent to serve as the child's educational decision maker, then the CLS attorney on the case will request the appointment of a surrogate parent for the child. It is the responsibility of the surrogate parent to advocate for the child, which can include advocating for an evaluation for a child as a child suspected of having a disability, in response to disciplinary proceedings.

Measuring the appropriateness and efficacy of proposed interventions. The success of the data sharing project is the key to evaluating these proposed interventions. Once educational data is shared electronically, and incorporated into FSFN, the Department will first measure baseline data for each performance measure, and will then use ongoing data to measure the interventions proposed herein, and those to be designed

Local Initiatives

In addition to the statewide approach to integrating educational approaches, regions have various unique efforts that will continue. Examples of these include:

- Community Partnership for Children has an Educational Specialist who is a single point of contract for the school systems. The Educational Specialist is responsible for obtaining and maintaining school records in FSFN, sharing

educational records including Individual Education Plans (IEPs), Psychological Evaluations, and grades with case managers. The Educational Specialist has access to the schools data systems and can access records as needed. This has been beneficial to the schools to have one point of contact when needing information on children in foster care.

- Brevard Family Partnership partnered with Education Solutions Inc. to implement the FastTrack GED program which has proven successful for this population because it is short-term, it focuses on identifying the individual weaknesses each student has, and then presents instruction that is practice-based only on the information each individual lacks. Another reason FastTrack GED has been so successful is because it stays with the students through multiple testing cycles if necessary. Students often will pass portions of the GED test and then need to retake the sections they missed. When this occurs, the program cycles the students back for a shorter session that focuses exclusively on the section(s) of the test that were missed.

- CPC- The Department of Children and Families, Community Partnership for Children, Children's Home Society, Junior Achievement of Volusia County, Florida United Methodist Children's Home and the Center for Business Excellence have joined together to develop Career of Choice. Career of Choice is a unique enterprise developed to stimulate and motivate foster youth ages 15 to 17 to strive for employment in their chosen career. It will provide on-site tours of facilities and presentations of specific careers by employees in that field. The presentations will include the work involved, career opportunities and the educational or training requirements needed for the career choice. Career of Choice answers a strong need in the dependency system. Youth that have entered the foster care system and are approaching adulthood are frequently behind in school, do not have a clear vision for the future and often see no benefit to fully apply themselves to educational endeavors. The mission of the Career of Choice program is to instill an interest in a particular career field and thus motivate youth to strongly pursue the educational or training path needed for employment in their desired career.

Milestones:

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

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

Source: IDS Grants

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	**FOSTER CARE PRG ADMIN**	**WO004**	**320,317.47**	**240,238.10**	**80,079.37**
PCW05	CHILD WELFARE MAINT PYMTS-OHS	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

ESTIMATED EXPENDITURES: State Fiscal Year 2011-2012

FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES

Fiscal Data

Program/Service	Funding Source	Family Preservation Services		Family Support Services	
		STATE	FEDERAL	STATE	FEDERAL
Associated Marine Institute	State Funds	5,689,986	20,482		
Child Sexual Abuse Treatment Program and Child Protection Teams	State Funds, SSBG	5,307,623	5,636,381		
Child Abuse Prevention	TANF, SSBG				
Child Care and Development Fund	SSBG/CDBG & TANF			170,854,009	
Children's Mental Health and Substance Abuse	DJJ- General Rev	69,898,079	10,719,704		
	DCF – Comm MH Block Grant	101,095,071	56,796,731		
CINS/FINS Runaway Shelter	State Funds, Title IV-E	28,622,452	750,000		
Community Affairs/SRVS	Comm Servs Block Grant				
Comm-Based Family Resource	State, Family Resource & Support				
Community Food & Nutrition	Comm Food & Nutrition Grant				179,433,490
Day Care Quality Improvement	Child Care Dev Block Grant				
Day Care Resource & Referral	Child Care Dev Block Grant				
Domestic Violence	Fam Viol Prev & Svcs/STOP/SSBGTANF			12,081,555	17,693,287
Early Delinquent Prev Program	State Funds				
Early Intervention Services	State, IDEA, Part C	451,630		24,094,630	30,314,997
Epilepsy	State Funds			3,751,453	
Even Start	ESEA, Title I, Chapter				
Family Builders	DJJ - GR DCF – GR, SSBG, TSTF,TANF				
Family Day Care Home Enhancement	State Funds				
Family Planning	Title X, Family Planning, State	4,245,455	10,322,435		
Family Safey	State, IV-E, IV-B, TANF	105,589,709	71,588,272	14,009,085	13,109,203
Florida First Start Program	State Funds				
Full Service Schools	DCF - State Funds DOH -			6,000,000	
Home Visitor-High Risk Newborn	State Funds				
Healthy Families	TANF, State				
Improved Pregnancy Outcome	Maternal & Child Health Blk Grant			17,746,467	6,043,433
Interstate Compact/ ISS	State Funds	95,627			
JASP	State Funds	602,483			
Local Services Program	Refugee Assistance Fed Grant TF				54,518,210
Non Secure Detention Shelter	State Funds				
Ounce of Prevention	State			1,583,330	316,670
PACE	State Funds			10,957,031	
Prevention Projects					
Primary Care (CMS)	Maternal & Child Health Blk Grant			3,505,779	2,809,994
Protective Services Staff	SSBG,Med Asst,TANF, CWS-State, & Title IV-E		41,195,188		
Regional Perinatal Program				744,589	121,240
School Health				11,496,014	11,791,548
Women, Infants & Children Program	Women, Infants & Children Program				347,207,436
Totals by Program AREA & FUND SOURCE		**321,598,115**	**197,029,193**	**276,823,942**	**663,359,508**

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1992 Comparision to 2012 for State and Local Funds
Expended for Non-supplantation Requirements related to Title IV-B, Part II Services

Period	Family Preservation Services	Family Support Services	Total
2012	$ 321,598,115	$ 276,823,942	$ 598,422,057
1992	$ 85,737,000	$ 311,374,000	$ 397,111,000
Diff 2012 from 1992	$ 235,861,115	$ (34,550,058)	$ 201,311,057

State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Independence Program

As Chief Executive Officer of the State of Florida, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Independence Program:

1. The State will comply with the conditions specified in subsection 477(i).

2. The State has described methods it will use to:

- ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
- avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).

Signature of Chief Executive Officer

6-23-2014

Date

Title IV-E, Section 477 Certifications

Certifications for the Chafee Foster Care Independence Program

As Chief Executive Officer of the State of Florida, I certify that the State has in effect and is operating a Statewide or areawide program pursuant to section 477(b) relating to the Foster Care Independence Program and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];

2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];

3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];

4. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];

5. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

6. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and

7. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].

8. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];

9. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or

oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)];

10. The State will ensure that an adolescent participating in this program is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the adolescent if the adolescent becomes unable to participate in such decisions and the adolescent does not have or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy or other similar document is recognized under State law, and how to execute such document if the adolescent wants to do so [Section 477(b)(3)(K)].

Signature of Chief Executive Officer

6-23-2014

Date

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2015, October 1, 2014 through September 30, 2015

1. State or Indian Tribal Organization (ITO): FLORIDA	**2. EIN: 59-3458463**
3. Address: Florida Department of Children and Families 1317 Winewood Boulevard Tallahassee, FL 32399-0700	**4. Submission:** [X] New [ ] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$ 14,803,039
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$ 138,101
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$ 17,585,681
a) Total Family Preservation Services	$ 4,860,216
b) Total Family Support Services	$ 4,413,976
c) Total Time-Limited Family Reunification Services	$ 3,894,929
d) Total Adoption Promotion and Support Services	$ 4,416,560
e) Total for Other Service Related Activities (e.g. planning)	$ -
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	$ -
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$ 1,106,887
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$ 110,689
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$ 1,259,550
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$ 6,514,125
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$ 1,954,238
11. Estimated Education and Training Voucher (ETV) funds	$ 2,096,227
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$ -
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$ -
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	Equitable share of available funds
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	Equitable share of available funds

13. Certification by State Agency and/or Indian Tribal Organization.

The State agency or Indian Tribe 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, CFCIP 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 and Title of State/Tribal Agency Official	**Signature and Title of Central Office Official**

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

State or Indian Tribal Organization (ITO) FLORIDA For FFY OCTOBER 1, 2014 TO SEPTEMBER 30, 2015

SERVICES/ACTIVITIES	TITLE IV-B			(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E**	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED		(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
	(a) Subpart I-CWS	(b) Subpart II-PSSF	(c) Subpart II-MCV *						Individuals	Families		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		4,413,976		1,259,550				49,142,390	73,529		Reports of Abuse/Neglect	Statewide
2.) PROTECTIVE SERVICES	6,165,976						47,644,795	68,339,124	21,787		All Eligible Children	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)		4,860,216						1,620,072	7,960		All Eligible Children	Statewide
4.)TIME-LIMITED FAMILY REUNIFICATION SERVICES	5,948,612	3,894,929					45,965,215	70,044,799	6,897		All Eligible Children	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	2,550,350	4,416,560					19,706,679	29,696,269	2,833		All Eligible Children	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)												
7.) FOSTER CARE MAINTENANCE:												Statewide
(a) FOSTER FAMILY & RELATIVE FOSTER CARE							22,785,439	12,015,351	5,899		All Eligible Children	Statewide
(b) GROUP/INST CARE							39,948,323	26,822,836	2,061		All Eligible Children	Statewide
8.) ADOPTION SUBSIDY PMTS.							64,620,607	75,708,358	33,761		All Eligible Children	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.												
10.) INDEPENDENT LIVING SERVICES					6,514,125			20,745,039	1,372		Eligible 16-20	Statewide
11.) EDUCATION AND TRAINING VOUCHERS						2,096,227		599,242	1,216		Eligible 16-22	Statewide
12.) ADMINISTRATIVE COSTS	138,101		110,689				25,643,825	102,377,529				
13.) STAFF & EXTERNAL PARTNERS TRAINING							2,703,643	3,465,666				
14.) FOSTER PARENT RECRUITMENT & TRAINING							1,170,188	757,075				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING							1,061,222	1,009,781				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING												
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			996,198					332,066				
18.) TOTAL	14,803,039	17,585,681	1,106,887	1,259,550	6,514,125	2,096,227	271,249,936	462,675,597	157,315	-	-	

*** These columns are for States only; Indian Tribes are not required to include information on these programs.**

**** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.**

Attachment B
OMB Approval #0980-0047
Approved through October 31, 2014

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2012: October 1, 2011 through September 30, 2012

1. State or Indian Tribal Organization (ITO): FLORIDA	2. EIN: 59-3458463	3. Address: Florida Department of Children and Families 1317 Winewood Boulevard Tallahassee, FL 32399-0700				
4. Submission: [ ] New [X] Revision						
Description of Funds	***Estimated Expenditures***	***Actual Expenditures***	***Number served***		***Population served***	***Geographic area served***
			Individuals	*Families*		
5. Total title IV-B, subpart 1 funds	$15,218,862	$14,943,268	32,639		All Child Welfare Clients	Statewide
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	$404,964	$116,039				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	$16,796,785	$16,796,785	32,639		All Child Welfare Clients	Statewide
a) Family Preservation Services	$4,222,515	$4,643,288				
b) Family Support Services	$3,967,477	$4,264,152				
c) Time-Limited Family Reunification Services	$3,736,904	$3,742,506				
d) Adoption Promotion and Support Services	$4,203,990	$4,146,839				
e) Other Service Related Activities (e.g. planning)	$100,000	$0				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	$565,899	$0				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	$1,061,140	$1,061,140				
a) Administrative Costs (not to exceed 10% of MCV allotment)	$106,114	$0				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	$6,130,927	$6,130,927				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$1,813,533	$1,332,609	1,668		Eligible 16 thru 20 year old youths	Statewide
9. Total Education and Training Voucher (ETV) funds	$2,044,307	$2,044,307	1,419		Eligible 16 thru 22 year old youths	Statewide

10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature and Title of State/Tribal Agency Official	***Date***	***Signature and Title of Central Office Official***	***Date***
	11/12/2014		

ESTIMATED EXPENDITURES: State Fiscal Year 2011-2012

FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES

Fiscal Data

Program/Service	Funding Source	Family Preservation Services		Family Support Services	
		STATE	FEDERAL	STATE	FEDERAL
Associated Marine Institute	State Funds	5,689,986	20,482		
Child Sexual Abuse Treatment Program and Child Protection Teams	State Funds, SSBG	5,307,623	5,636,381		
Child Abuse Prevention	TANF, SSBG				
Child Care and Development Fund	SSBG/CDBG & TANF			170,854,009	
Children's Mental Health and Substance Abuse	DJJ- General Rev	69,898,079	10,719,704		
	DCF – Comm MH Block Grant	101,095,071	56,796,731		
CINS/FINS Runaway Shelter	State Funds, Title IV-E	28,622,452	750,000		
Community Affairs/SRVS	Comm Servs Block Grant				
Comm-Based Family Resource	State, Family Resource & Support				
Community Food & Nutrition	Comm Food & Nutrition Grant				179,433,490
Day Care Quality Improvement	Child Care Dev Block Grant				
Day Care Resource & Referral	Child Care Dev Block Grant				
Domestic Violence	Fam Viol Prev & Svcs/STOP/SSBGTANF			12,081,555	17,693,287
Early Delinquent Prev Program	State Funds				
Early Intervention Services	State, IDEA, Part C	451,630		24,094,630	30,314,997
Epilepsy	State Funds			3,751,453	
Even Start	ESEA, Title I, Chapter				
Family Builders	DJJ - GR DCF – GR, SSBG, TSTF,TANF				
Family Day Care Home Enhancement	State Funds				
Family Planning	Title X, Family Planning, State	4,245,455	10,322,435		
Family Safey	State, IV-E, IV-B, TANF	105,589,709	71,588,272	14,009,085	13,109,203
Florida First Start Program	State Funds				
Full Service Schools	DCF - State Funds DOH -			6,000,000	
Home Visitor-High Risk Newborn	State Funds				
Healthy Families	TANF, State				
Improved Pregnancy Outcome	Maternal & Child Health Blk Grant			17,746,467	6,043,433
Interstate Compact/ ISS	State Funds	95,627			
JASP	State Funds	602,483			
Local Services Program	Refugee Assistance Fed Grant TF				54,518,210
Non Secure Detention Shelter	State Funds				
Ounce of Prevention	State			1,583,330	316,670
PACE	State Funds			10,957,031	
Prevention Projects					
Primary Care (CMS)	Maternal & Child Health Blk Grant			3,505,779	2,809,994
Protective Services Staff	SSBG,Med Asst,TANF, CWS-State, & Title IV-E		41,195,188		
Regional Perinatal Program				744,589	121,240
School Health				11,496,014	11,791,548
Women, Infants & Children Program	Women, Infants & Children Program				347,207,436
Totals by Program AREA & FUND SOURCE		**321,598,115**	**197,029,193**	**276,823,942**	**663,359,508**

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