

# Child and Family Services Plan 2025-2029

June 30, 2024

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



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## INTRODUCTION

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

The Department is composed of five program offices that provide a variety of services to individuals, families, and children:

- The Office of Child and Family Well-Being (OCFW)
- The Office of Community Services (OCS)
- The Office of Substance Abuse and Mental Health (SAMH)
- The Office of Economic Self-Sufficiency (ESS)
- The Office of Quality and Innovation (OQI)

Each office meets the critical needs of the people we serve and addresses families with complex and overlapping needs. Based on the prevalence of mutually served customers and the understanding that addressing their comprehensive needs results in improved and sustained outcomes, the Department recognizes the importance of systems integration.

To improve communication and engagement between offices and to enhance partnerships with state and local stakeholders, Department developed a three-year Integration Plan that encompasses the Department's priorities for increasing contacts with at-risk families, improving outcomes for mutually served families, and reduced reentry into the system. This plan also outlines the desired outcomes for each of the statewide priorities and strategies to accomplish each goal.

As we proudly present our 2025–2029 CFSP, we recognize that all of our efforts to achieve the goals presented in the plan will be supported by the partnerships described and the continued coordinated efforts across all stakeholders involved in Florida's child welfare system.

## SECTION 1: VISION AND COLLABORATION

### State Agency Responsible for Administering Programs

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

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

**Office of Child and Family Well-Being:** The OCFW provides a range of services, including assistance to families working to stay safely together or be reunited, foster care, youth and young adults transitioning from foster care to independence, and adoption. The Department and OCFW partner with local communities, courts, and Tribes to ensure the safety, timely permanency, and well-being of children. Within the OCFW are two divisions:

#### Operations

- Child Protection
- Family Navigation
- Family Well-Being
- Florida Abuse Hotline
- Special Programs (Missing Children, Permanency)

#### Support Services and Administration

- Strategic Initiatives
- Policy
- Data and Information Services
- Business Operations

**Children’s Legal Services:** [CLS](#) represents the State of Florida in dependency proceedings. CLS coordinates dependency actions with child protection investigators (CPIs) or case managers at every [Chapter 39](#) Florida Statutes proceeding to advocate for the safety, well-being, and permanency of abused, abandoned, or neglected children. In addition, CLS is responsible for coordination with attorneys under contract from the State Attorney’s Office for Pinellas and Pasco Counties.

**Office of Quality and Innovation:** The Assistant Secretary for the OQI is responsible for administering policies and practices pertaining to quality assurance, innovative processes and support, training development, and licensing throughout the State of Florida. The Office of Licensing within the OQI functions within three program areas—Foster Care and Community Care, SAMH, and Childcare—and ensures that licensing requirements are met by carrying out household inspections, investigating allegedly unsafe facilities and homes, and offering training and technical assistance to providers.

## Vision and Practice Principles

The mission of the Department of Children and Families mission is to partner with local communities to protect the vulnerable, promote resiliency and strong economically self-sufficient families, and advance personal and family recovery. The Department’s vision is that every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections. The Department, stakeholders, and multiple partners have engaged in the development of the Child and Family Services Plan 2025–2029, and the plan’s goals and collaborative efforts reflect the service and practice principles.

## Collaboration

As a foundation for the five-year plan, the Department collaborated with its internal programs, sister human service agencies, child and family well-being organizations, and statewide service providers through many avenues. To develop the CFSP 2025–2029, DCF collaborated with stakeholders with lived experience, judicial partners, birth parents, foster/adoptive parents, relative and non-relative caregivers, Children’s Legal Services, GAL, Tribes, case management, child protection and youth service providers. DCF also worked with the Office of the State Courts Administrator to include its Dependency Court Improvement Panel’s judicial voice and input.

The interviews to gather information and feedback necessary for the plan centered on:

- Other stakeholder activities for 2025–2029 that should be coordinated with the Department’s plan
- The top issues that system stakeholders believe must be addressed over the next five years
- The ongoing role of stakeholders in planning and implementation activities

Stakeholders received a summary report on findings from all CFSP stakeholder interviews and the final report from the most recent Child and Family Services Review (CFSR Round 4) conducted in October 2023, so they could review current performance data and an assessment of the system’s strengths and opportunities for improvement. An invitation to engage in further discussion was extended to stakeholders at the Program Improvement Plan (PIP) Workshop meeting in February 2024, during which goals and objectives for both the state’s PIP and the new CFSP five-year strategic plan were selected. As CFSP goals were determined, two additional workshops were convened to solicit stakeholder input and further refine the goals described in this document.

The recommendations gathered from stakeholders are summarized in Chapter 2, Assessment of Performance and Progress to Improve Outcomes, systemic factor of Agency Responsiveness to the Community and are noted throughout the CFSP.

## Collaboration with Stakeholders and System Partners

The Child & Family Well-Being Council was established to advance the well-being of Florida’s children and families and to fulfill the Department’s statutory mission and was created through the Children’s Justice Act (CJA)/Child Welfare Task Force, as the number of stakeholders wanting to participate in that venue has grown over the years. In early 2022, the Department transformed the Child Welfare Practice Council, a parent entity of the CJA Task Force, as the Child and Family Well-Being Council (Council). This redesign was an intentional shift from viewing the

council's role as only a child welfare agency to embracing a more holistic child and family well-being system of care. The CJA Task Force and the Youth Subcommittee are two existing subcommittees of the Council, with more proposed over the next year.

The Department's vision and goals for the new council include:

- Provide people who have lived experience (youth, biological parents, foster parents) with a voice at the table and the opportunity to be engaged in decision making
- Formalize the Department's focus on the family and family-centered approaches that promote holistic, long-term well-being
- Broaden the view of our work and its ability to innovate, as well as consider non-traditional partners and approaches to support a holistic system of care
- Foster greater cross-sector collaboration to better integrate across disciplines: child and family well-being, behavioral health, juvenile justice, healthcare, and education
- Promote transparency, consistency, and accountability

The Child and Family Well-Being Council, which includes representatives of a variety of stakeholder groups throughout Florida, is a collaborative partner for the CFSR and CFSP development. The Department has provided the Council with regular updates on the Child and Family Services Review and provided opportunities for stakeholders to join in on writing and responding to surveys for the CFSR and CFSP 2025–2029.

The Council advances the Department's vision and strategy to invite multiple stakeholder groups, including non-traditional stakeholders, parent and lived experience voices, and sister agencies to the same discussions. As the Child & Family Well-Being Council continues to take shape, the addition of subcommittees to engage relevant stakeholders with specific areas of interest is occurring with the intent to create a collaborative policy development and recommendation system for these stakeholders to better inform the Department's direction.

The Child and Family Well-Being Council aims to support and improve the involvement of children and families in the child welfare system. The Department has a large amount of youth participants particularly due to the involvement of the youth subcommittee. We have biological and foster parents in attendance, sometimes more than others, as we request, they attend meetings based on the agenda. Often, biological and foster parents are asked to speak as part of a panel presentation discussing their experiences. One example of this over the past year is a peer support program for parents with dependency cases (parent peers joined our meeting then to speak for their program). Another example is having foster parents attend to provide some information on their experiences and what they wish they knew early on along with what Department efforts helped them most. Since the Council Meeting is publicly noticed, we do not always know all the roles ever attendee fills, however, each quarter we plan topics around involving new and different statewide partners, stakeholders, community members, legal representatives, and service providers. Most recently, we polled everyone at the beginning of the meeting on what they would like to see on upcoming agendas to be sure we are filling the need those attending wish to see.

In addition to the consistent Child and Family Well-Being Council meetings that are open to the public and share public facing data, the Department has also spearheaded the creation and development of a Youth Subcommittee as an extension of the Council. This Subcommittee is a platform exclusively for youth and young adults with lived experience and is comprised of approximately 15 seats for Subcommittee members as well as several non-voting seats for adult advisors. The Subcommittee meetings monthly and discusses various topics deemed important by the committee members and often provides report-outs to the greater Child and Family Well-Being Council. Additionally, the body is run and facilitated by the Department's Youth Advisor to ensure the group is entirely youth-led. This platform allows the Department to keep youth and young adults with lived experience at the forefront of policy and practice decisions and has seen several successes in providing youth feedback since its inception in May 2023.

The Department shares via public facing dashboards and monthly data packet with system partners. Through the Department's CFSR Round 4 Statewide Assessment (SWA), stakeholders/system partners were included in the assessment for determination of strengths and areas in need of improvement. As part of the PIP workgroup process, workgroup members reviewed LOC and other data sets surrounding the areas identified as needing improvement to identify root causes.

The Tribes were invited to attend and participate in the overview and input sessions related to the creation of this year's CFSP Final Report and the new CFSP 2025-2029. Representatives from the Tribes participated on those calls and were afforded the opportunity to review data related to the outcome of Florida's most recent CFSR, current statewide data indicators, and the proposed goals to address the issues identified by the CFSR within the next CFSP. While thus far the Tribes have not offered specific goals, strategies, or activities outside of those already set, they have been provided the new CFSP goals currently pending approval from the Children's Bureau and will discuss these with Department and offer any additional areas of focus and/or activities in support of these goals at the August 2024 meeting. Opportunity for additional discussion and refinement will occur at the Tribal adjunct meeting at the Department's Summit in September.

The Tribes meet virtually bi-monthly, annually in person, and as-needed in between, to address any issues of an urgent nature. Further, they participate as active team members with both the courts and the Department's SAMH teams. Ongoing discussion around the CFSP will continue to occur at each subsequent meeting to provide updates on the status of CFSP goal progress and to allow the Tribes the opportunity to raise any new topics or activities to address trends or issues experienced during the next five-year period.

The Department continues to engage Floridians of all racial, ethnic, and socioeconomic backgrounds in collaboration efforts to ensure that every family is represented and has access to the services and supports needed to succeed. The following key initiatives and practices have been put in place by the Department to promote the inclusion of historically underserved communities:

Community Engagement and Advisory Councils: Community Advisory Councils ensure that input is representative of those that live in the community. These groups provide feedback on policies, programs, and practices to ensure alignment with the needs of those in the community.

Targeted Outreach Programs: Local community providers work directly with individuals in need and provide services based on the need of each community they serve. This includes outreach to typically underserved communities to remove barriers to access, such as providing resources in multiple languages.

Inclusion of Lived Experiences: The Department works closely with individuals and families with lived experience in the child welfare system. This includes addressing the needs of underserved communities to close gaps in service for individuals within these communities.

## Prevention Partnerships

The Department cannot support the need for prevention-related services in Florida alone. Through partnerships, the OCFW collaborates with various state and community stakeholders and administers other statewide prevention and family preservation programs to address child abuse and neglect. These include the following partners.

**The Office of Adoption and Child Protection (OACP)**, within the Executive Office of the Governor, continues to engage and collaborate with staff from the Department at the regional and circuit level, lead agencies and their subcontracted providers, the Department of Juvenile Justice (DJJ), the Department of Health (DOH), and the Office of Children’s Mental Health Services. In addition, a statewide workgroup was established that includes faith-based leaders from a variety of denominations. This workgroup raises awareness about how faith-based groups can assist with child abuse prevention efforts, promote adoption of children in foster care, and support adoptive families after finalization.

**The Ounce of Prevention Fund of Florida Inc.** (The Ounce) is a private, nonprofit corporation with the mission of identifying, funding, supporting, and evaluating innovative prevention and early intervention programs that improve the health, education, and life outcomes of Florida’s at-risk children and families. The Ounce works in partnership with the Department as well as other funding and collaborative sources. Through its contractual relationship and in partnership with the Department, The Ounce serves as the state chapter liaison for Prevent Child Abuse America (PCA). Statewide prevention services are provided by maintaining the charter agreement with PCA. Florida recognizes the collective knowledge and functions of other state chapters, all working to prevent the abuse and neglect of children, allowing for early access to innovative research that can be translated into policy and programs in the state.

**The Florida Department of Health (DOH)** The Department works closely with its sister agency, the Florida DOH. DOH chairs the Statewide Child Abuse Death Review Committee and publishes an annual report displaying data on the causes and types of child abuse and neglect deaths. DOH participates in multi-agency prevention meetings that address emerging trends, concerns, and prevention activities and messaging. DOH also has a prevention focus, and it is critical that both agencies are informed and involved in the others’ prevention efforts. Many DCF staff are part of priority area workgroups involved in DOH’s State Health Improvement Plan. Collaboration and communication maximize Florida’s prevention funds and ensure consistent prevention messaging.

Child Abuse Prevention and Treatment Act (CAPTA) requires that states develop and implement policies and procedures for referral of a child younger than age three who is involved in a substantiated case of child abuse or



neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA). The Department participates in an interagency agreement with DOH, which outlines the process for referral of infants and toddlers from the Department to the DOH Early Steps program and participates in DOH's Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT).

**The Florida Department of Education (DOE)** The Department has historically collaborated with the Florida DOE in the development of a Sourcebook for Teachers and School Personnel on Child Abuse and Neglect. The publication continues to promote awareness and serves as a guide on child maltreatment and trauma-informed care. Additionally, the Department created a training program for teachers and school employees to help them identify potential child maltreatment and how to address suspicions of potential abuse and neglect. The training is available online for all school personnel to complete. Included on the Florida DOE's website is information regarding child abuse prevention, teen dating violence, human trafficking, and additional information to promote healthy children, families, and schools. These resources may be accessed by professionals, as well as parents and other concerned citizens.

### State Level Advocacy and Special Population Groups

- **Healthy Families Florida**, another program of The Ounce of Prevention Fund of Florida, is one program funded by the Department's state funds to provide evidence-based home visiting services for families.
- **Co-located domestic violence advocates** in all regions of the state. The co-located advocates work from an empowerment-based philosophy; they are skilled at identifying strengths. Advocates work with survivors of domestic violence to increase their protective factors. Advocates also assist child protective investigators and case managers in clearly identifying batterers' patterns of coercive control, gathering information to address physically abusive behaviors, and assessing the impact of their behaviors on the children.
- **Crossover Champions** were established to assess the concerns surrounding services and supports available to youth dually involved with the child welfare and juvenile justice systems. Crossover Champions meet regularly in local collaboration meetings to focus on systems improvement and trends at a local level, serve as points of contact when a child-specific need is identified, and address any needs or barriers to services. This local collaboration provides system of care information from each area of the state to guide service enhancement work with sister agencies, substance abuse and mental health providers, and other partners. Quarterly Champion Chats involve
- **Department and DJJ Crossover Champions**, along with representatives of both departments' headquarters and regional staff. The primary purpose is to provide a forum to share best practices, share strategies for serving children involved with both departments and their families, and develop strategies to enhance services and interventions that best meet the individual needs of the youth identified.
- **Guardian ad Litem (GAL) CHAMPIONS** is a youth advisory council of the Florida Guardian ad Litem Office. The GAL Champions provide training to GAL attorneys and volunteers. Their accomplishments include assisting with improving personal contact between represented children and their assigned GAL attorneys, and developing strategies and recommendations to address policy, practice and training to

further volunteer management, relationship building, and improve advocacy efforts to support the best interests of children.

- **Florida Youth SHINE (FYS)** engages current and former youth in foster care across Florida. The 14 chapters facilitate local meetings and partner with or serve as representatives on local youth advisory/advocacy boards. The goal of each chapter is to provide a voice for the youth and address local issues through the development of proposed solutions and bring them to statewide attention. Chapters come together four times per year to work on statewide issues, community education activities, and provide public speaking opportunities. Membership is open to youth between the ages of 13 and 24 years old who have been touched by the system of care.
- **One Voice Impact (OVI)** is a youth engagement initiative powered by Selfless Love Foundation, which provides current and former foster youth with opportunities to develop skills for leadership and life, advocate for policy improvements, and join a network of youth leaders across the state of Florida to improve the system of care.

## Stakeholder Involvement

The Florida Department of Children and Families collaborates with stakeholders through various advisory bodies, workgroups, ongoing information sharing, solution-focused meetings, and other forms of communication. OCFW and regional liaisons engage in different collaborative efforts with stakeholders and partners to establish a foundation for the annual and final reports and creation of this CFSP five-year strategic plan. Stakeholders and partners include staff from other divisions within the Department, lead agency providers, members of the Florida Coalition for Children (FCC) who provide leadership to lead agencies for multiple strategic initiatives and workgroups, youth from FYS, parents, relative caregivers, foster parents, members of the Quality Parenting Initiative (QPI), GAL, the Office of the State Courts Administrator's Office of Family Courts, and the Dependency Court Improvement Panel (DCIP).

Regional liaisons collaborated with various regional stakeholders and partners to create the CFSP and provided feedback and input from across the local child welfare spectrum throughout the state. The planning, reviewing, and drafting of the CFSP began in mid-March 2024. Each region worked with local staff (including child welfare professionals), community partners, stakeholders, and people with lived experience to provide input on areas of opportunity for improvement to be addressed in the coming five years. The CFSP, once approved, will be shared throughout the child welfare community through various councils and postings on the Department's publications webpage. A team from the Department, in conjunction with community stakeholders, conducts monthly meetings with Florida's Office of State Courts Administrator's Office of Family Courts/DCIP. These discussions allow for the opportunity to share and discuss emerging issues, DCIP activities, and needs for joint input on initiatives, topics, and goals. The Department reached out and engaged the Office of Family Courts to assist in the updating and drafting of the CFSP 2025–2029. The Office of Family Courts participated in all aspects of the CFSR Round 4, from Statewide Assessment development and drafting to onsite stakeholder interviews, and with the development of action items in Florida's PIP regarding increasing performance in the area of permanency within 12 months. Further, this group was invited to attend and participate in the overview and input sessions related to the creation of this year's CFSP Final Report and the new CFSP 2025-2029. Representatives participated on those calls and were

afforded the opportunity to review data related to the outcome of Florida’s most recent CFSR, current statewide data indicators, and the proposed goals to address the issues identified by the CFSR within the next CFSP. Discussion about the CFSP is a standard topic of discussion during the meetings. The Office of Family Courts is a well-established partner and always participates in the planning and execution of the Annual Joint Planning Meeting.

### Incorporating Lived Experience

Understanding that lived experience extends to people in the child welfare system, the Department involved representatives from all regions seeking input on management, child protective investigators, lead agency leadership, case managers, foster parents, birth parents, youth, children, GAL attorneys (parents), relative and non-relative caregivers, and stakeholders to serve on the region’s team for the completion of the CFSP 2025–2029.

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

The Youth Advisor conducts statewide site visits. Site visits are specifically geared toward gathering feedback from youth and young adults who are not currently involved in advocacy. This work is relatively new, but through intentional implementation, the Youth Advisor will build trust, allowing more young people to reach out directly as well. The Youth Advisor’s role is to collect feedback from their peers and distribute it to other areas of the Department to ensure lived experience is incorporated in daily culture as well as DCF’s policy and practice decisions. This approach ensures the Youth Advisor collaborates with other areas of the Department outside of the scope of youth and young adult services and that lived experience feedback is understood and valued.

The Department also is looking to hire a young adult with lived experience to support the Youth Advisor in traveling and engaging youth across the state. This Youth Engagement Specialist will be able to drill down specifically on receiving feedback from youth and young adults who are unaffiliated with youth leadership or engagement groups. This individual also will assist the Youth Advisor in conducting training with youth and young adults around the state.

The efforts listed above all reflect ongoing and meaningful collaborations that support the establishment of the 2025–2029 CFSP goals and objectives. Discussion of Tribal engagement is included in Section 5 of this plan.

## SECTION 2: ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

The Administration for Children, Youth and Families, Children’s Bureau (CB), is responsible for monitoring state child welfare systems that receive Title IV-E funds. The Bureau collects an ongoing dataset, known as the Adoption and Foster Care Analysis Reporting System (AFCARS), from child welfare information systems to monitor state performance in achieving federal standards for child safety, permanency, and well-being. AFCARS provides a national dataset of case level information, including demographics, on all children who are in foster care or have been adopted. The CB also implements and oversees the Child and Family Services Reviews (CFSRs) to gather qualitative and quantitative information. The CFSR includes case reviews to assess 18 items associated with seven outcomes for child safety, permanency, and well-being. The CFSR process also evaluates child welfare systemic factors: information system, case review system, quality assurance system, staff training, service array, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment, and retention.

Florida’s Child Welfare Results-Oriented Accountability Program (ROA) was established in [Section 409.997](#), Florida Statutes, to provide a comprehensive framework for evaluating the achievement of child welfare outcomes by the Department, community-based care (CBC) lead agencies, and their subcontractors. The Office of Quality and Innovation’s responsibilities include management of child welfare data, analysis, and reporting; quality assurance; research and evaluation; and statewide training.

During its 2020 session, the Florida legislature passed, and Gov. Ron DeSantis signed, Senate Bill (S. B. 1326), which created [s. 402.715](#) and established the Office of Quality within DCF. The Office of Quality is responsible for ensuring that the Department and its contracted service providers achieve high levels of performance. Duties of the office include, but are not limited to:

1. *Identifying performance standards and metrics for the department and all contracted service providers, including, but not limited to, law enforcement agencies, managing entities, (CBC) agencies, and attorney services. Such performance standards and metrics shall be reflected in the strategic plan required under S. [20.19\(1\)](#). Performance standards and metrics for the child welfare system shall, at a minimum, incorporate measures used in the ROA system under S. [409.997](#).*
2. *Strengthening the department’s data and analytic capabilities to identify systemic strengths and deficiencies.*
3. *Recommending, in consultation with the relevant program office, initiatives to correct programmatic and systemic deficiencies.*
4. *Engaging and collaborating with contractors, stakeholders, and other relevant entities to improve quality, efficiency, and effectiveness of department programs and services.*
5. *Reporting systemic or persistent failures to meet performance standards and recommending corrective action to the secretary.*

The State of Florida codified its expectation of excellence in caring for children, particularly those at the greatest risk for abuse and neglect, and the Department takes seriously this important charge. Furthermore, in Section

[409.996\(26\)](#), Florida Statutes, the Department was directed to develop a statewide accountability system that assesses the overall health of each circuit's child welfare system by evaluating performance for child protective investigators, CBC lead agencies, and children's legal services.

The Department developed and maintains many quantitative and qualitative resources, which are included on the DCF dashboard. For example, [Florida's Child Welfare Statistics](#) provide a broad range of data that can be used to create and view historical trends by state, region, or CBC and other information, such as age, gender, and race. The data on the dashboard and in other reports posted are derived from Florida's Child Welfare Information System (CWIS) and the Department's quality assurance activities. Primary documents used for analyses in this chapter are Florida's Continuous Quality Improvement review data from the Online Monitoring System (OMS), life-of-case reviews for Child Protective Investigations and Ongoing Case Management, and the Federal Data Profile.

The Department's Contract Oversight Unit (COU) addresses requirements in [Section 402.7305, Florida Statutes](#), for monitoring Lead Agency contracts. The Department completes contract monitoring of each lead agency either through an on-site (every two years) or desk review (years not on-site). These reviews incorporate quantitative and qualitative data, stakeholder surveys, focus groups, and licensing feedback. The COU began conducting on-site monitoring using new [Standards for Systems of Care](#).

Florida participated in the CFSR Round 4 on October 23–27, 2023. The [CFSR Final Report, 2024](#), concluded that the state fell short of achieving six federal outcomes and six of seven systemic factors. Terms used throughout this section include:

- The state created the [Program Improvement Plan \(PIP\)](#) in collaboration with child welfare stakeholders to address areas needing improvement that were identified in Round 4 of the CFSR review. Florida's PIP is pending approval.
- Florida Continuous Quality Improvement (CQI) in the data tables of this section refers to qualitative case review ratings determined by Florida quality assurance staff using the CFSR case review tool on a sample of cases to assess performance.
- PIP Monitored Cases are cases that lead agency and DCF Quality Assurance staff jointly review. Initial and second-level reviews are conducted by the Quality Assurance team within Department's OQI, and a portion receive additional secondary oversight from the CB CFSR team (PIP monitored cases). This partnership and process ensures fidelity to the CFSR case review tool.

Florida's proposed PIP Measurement Plan and soon to be adopted revised version of Windows into Practice describe the joint process of case reviews in detail. Both include the number of cases reviewed each quarter, how cases are selected for review, and the process of initial and second-level reviews. The Department and lead agencies will host monthly meetings to discuss QA progress and challenges. Implementation of PIP activities and status are included in the discussions. The Department will maintain transparency with stakeholders by posting all CFSR reports on the Department's website.

## Child and Family Outcomes

The following chart outlines the Florida statewide performance per CFSR Round 4. Following the chart are details regarding each CFSR outcomes and performance findings:

**Table 2.0. Summary of Outcomes and Ratings, CFSR Round 4**

	CFSR Round 3	CFSR Round 4
<b>Safety Outcome 1</b> Children are first and foremost protected from abuse and neglect.	In Substantial Conformity	In Substantial Conformity
<b>Safety Outcome 2</b> Children are safely maintained in their homes whenever possible and appropriate.	Not in Substantial Conformity	Not in Substantial Conformity
<b>Permanency Outcome 1</b> Children have permanency and stability in their living situations.	Not in Substantial Conformity	Not in Substantial Conformity
<b>Permanency Outcome 2</b> The continuity of family relationships and connections is preserved for children.	Not in Substantial Conformity	Not in Substantial Conformity
<b>Well-Being Outcome 1</b> Families have enhanced capacity to provide for their children's needs.	Not in Substantial Conformity	Not in Substantial Conformity
<b>Well-Being Outcome 2</b> Children receive appropriate services to meet their educational needs.	Not in Substantial Conformity (however, remains a relative strength)	Not in Substantial Conformity
<b>Well-Being Outcome 3</b> Children receive adequate services to meet their physical and mental health needs.	Not in Substantial Conformity	Not in Substantial Conformity

## Safety Outcomes Available Data Demonstrating Current Performance

**Safety Outcome 1. Children are first and foremost protected from abuse and neglect.** Protecting children from abuse and neglect is both a federal and state outcome that measures protection from abuse and neglect during and after the provision of child welfare services. The CB encouraged child welfare systems to bring greater

attention to prevention services that protect children from future abuse and neglect. Florida has been using programs, including those recognized in the Families First Prevention and Services Act (FFPSA) Clearinghouse as an evidence-based practices, to prevent children from experiencing maltreatment and formal entry into the child welfare system.

Healthy Families Florida (HFF) is an evidence-based home visitation program for high-risk families that receives funding through state appropriations to the Department. The program’s eligibility criteria exclude families with a history of child welfare reports, focusing services on families who have been screened as having risks for future maltreatment. HFF uses a national home visiting curriculum for parents that is designed to develop the family’s protective factors. The program maintains national accreditation with Healthy Families America® to ensure fidelity to the model.

HFF services are provided in all 67 Florida counties. Florida Safe Families Network (FSFN) is used to determine whether any children served have experienced verified maltreatment within 12 months of their family’s participation in services.

The regional licensing teams will be responsible for reviewing each of the lead agency’s recruitment and retention plans and provide feedback and recommendations. The regional teams will be responsible for providing the Department’s Headquarters team with the outcome of the plans and ongoing updates. The lead agencies are also responsible for providing the Department with the methodology that captures the fiscal year’s recruitment target. As part of the monitoring, the Department’s Headquarters team will host monthly recruitment and retention calls with the lead agencies and regional staff to discuss compliance and recommendations to enhancing efforts to recruit and retain foster homes to allow for the individual foster home targets to be met.

**Table 2.1. Healthy Families Florida Persons Served<sup>1</sup>**

Florida FY 2022–2023	% with No Verified Maltreatment 12 Months After Services
9,048 families served	99% of children in families served were free from abuse during services and one year following program completion
16,105 children served	

Family support services are provided by lead agencies and/or their subcontractors to families who have been investigated, have children determined to be safe, and who have a high or very high-risk score based on a risk assessment completed by the CPI. At the lead agency’s discretion, other families who have not been subjects of

<sup>1</sup> Source: HFF number of persons served; maltreatment determined through FSFN.

an investigation may be offered services. Family support services are intended to prevent the occurrence of a future investigation and maltreatment by strengthening family protective factors.

**Table 2.2. Number of Children in Families Receiving Family Support Services<sup>2</sup>**

FY 2018–2019	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023
17,051 children	15,352 children	15,997 children	15,981 children	14,148 children

Florida continues to show strength in the percent of children without recurrence of maltreatment in 12 months, as noted in performance at 97.20 percent for FY Q4 2022–2023 to date. The rate of abuse per 100,000 days in foster care is showing a rate of 6.61 for FY 2022/2023 to date.

**Table 2.3. Percentage of Children Served with No Recurrence of Maltreatment<sup>3</sup>**

	State Target	Florida FY19/20	Florida FY20/21	Florida FY21/22	Florida FY22/23
Absence of Maltreatment Recurrence	90.9% or higher	96.67%	96.72%	96.86%	97.20%
Rate of abuse per 100,000 days in foster care	8.5 or lower	6.67	6.75	7.17	6.61

**Table 2.4. Children with No Recurrence of Verified Maltreatment During and After Services<sup>4</sup>**

Scorecard Measures	State Standard	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Percent of Children with No Verified Maltreatment During In-Home Services	95.0%	95.94%	95.52%	95.44%	95.73%	95.86%

<sup>2</sup> Source: Florida Safe Families Network. Children and Young Adults Receiving Services by Lead Agency and Type of Service. Florida’s State Fiscal Year (July 1st through June 30<sup>th</sup>)

<sup>3</sup> Source: Florida Child Welfare Dashboard /Federal Indicators

<sup>4</sup> Source: Florida Child Welfare Dashboard Scorecard



Scorecard Measures	State Standard	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Percent of Children with No Verified Maltreatment within 6 Months of Receiving In-Home or Out-of-Home Services	95.0%	96.63%	96.53%	96.27%	96.59%	96.76%
Percent of Children who do not reenter care within 12 months of moving to a permanent home	91.7%	89.99%	90.05%	89.25%	90.67%	90.80%

The CFSR 4) Data Profile shows recurrence of maltreatment, not the absence thereof, so the numbers were converted for easier comparison. The CB calculates risk standardized performance (RSP). Both the RSP and observed performance are shown, as Florida does not risk adjust, which allows for a direct comparison. In addition, the data profile shows performance for three prior fiscal years, not the most recent.

**Table 2.5. Florida Recurrence of Maltreatment Compared with National Performance<sup>5</sup>**

	National Performance	Type	FL FY 17/18	FL FY 18/19	FL FY 19/20	FL FY 20/21	FL FY 21/22
Absence of Maltreatment Recurrence	90.5% or higher	RSP	89.9%	90.7%	91.1%	91.0%	91.6%
		Observed	92.2%	92.9%	93.3%	93.2%	93.6%
Rate of Abuse per 100,000 Days in Foster Care	9.67 or lower	RSP	11.42	10.11	9.06	9.43	
		Observed	8.38	7.41	6.65	6.94	

In the CFSR Round 4, 96.67 percent of the applicable cases reviewed showed strong practice in the timeliness of initiating face-to-face contact with children in accepted child maltreatment reports within the timeframes established in Florida’s policies. Each region implemented strategies to improve performance, an example being the Southern region, which expects all cases to commence within four hours. Florida’s performance was noted as a “clear demonstration of Florida’s commitment to responding to reports of child maltreatment in a timely manner.” (Bureau, 2023).

<sup>5</sup> Source: CFSR 4 Data Profile (AFCARS and NCANDS), RSP-Risk Standardized performance.

The CFSR 4 Data Profile shows the rate of reentry rather than the rate for children who do not return to foster care, so data have been converted for easier comparison. The risk standardized performance (RSP) is calculated by the CB. Both the RSP and observed performance are shown because Florida does not risk adjust, allowing for a direct comparison. In addition, the data profile shows performance for three prior years, not the most recent. Florida is meeting both the observed and RSP rates for children who remain outside of foster care within 12 months of family reunification.

**Table 2.6. Percent of Alleged Child Victims Seen within 24 Hours<sup>6</sup>**

Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Percent of Children Seen in 24 Hours or Less	90%	92.81%	93.31%	91.64%	90.31%
Florida Life-of-Case (LOC)	95%	90.9%	91.3%	91.5%	94.8%
CFSR Monitored Cases	91.6%	NA	N/A	N/A	93.02%

Data regarding the timeliness of initiating investigations (since FY 2018) on the percent of investigations commenced within 24 hours is captured on the OCFW Dashboard. Since Q1, FY 2018–2019 (even during the pandemic) Florida’s performance for commencing investigations within 24 hours has been at 99 percent and higher. Also, a review of CFSR cases since October 2022 for item 1 indicates the rating is –94.74 percent (n=36).

Supporting these general numbers, LOC reviews (Quality Assurance - see item 25 for more details) asked for each case in the sample whether the CPI saw or made ongoing diligent efforts to see all children in the household of focus within the assigned response priority of the intake or of learning they were in the home. For fiscal year 2022–2023, 88.4 percent of responses were “Yes” (n=1,287).

The Child Welfare Key Indicators Report for May 2023 continues to align with what has been occurred on a year-over-year basis—accepted child abuse intakes, all types and special conditions, are down 765 (3.9 percent) from April 2022 (19,806). See Table 2.7 below. Active investigations as April 30, 2023, are down by 2,282 (2.3 percent) when compared with April 30, 2022 (20,718). Active investigative caseloads open more than 60 days as of April 30, 2023, decreased to 332 (1.8 percent of all active investigations). These data further represent that the number of victims seen within 24 hours was around the 90 percent state target.

Item 1 and Safety Outcome 1 are strengths, Florida’s performance for both indicators associated with Safety Outcome 1 has improved in the past three years. For maltreatment in care, the state’s RSP improved from worse than national performance to the same as national performance. For recurrent maltreatment, Florida’s RSP has remained better than national performance over the past three reporting years. For the next five years, Florida

<sup>6</sup> Source: Florida Child Welfare Dashboard /Child Welfare Overview/Florida CQI/PIP Dashboard

plans to continue with policies and practices in place to maintain strong performance. Florida will monitor performance to ensure continued success.

**Safety Outcome 2. Children are safely maintained in their homes whenever possible and appropriate.** This measure determines whether the agency made concerted efforts to provide services to the family to prevent children’s entry into foster care or reentry after a reunification. Florida maintains steady performance for no verified findings of maltreatment during in-home services and no verified findings or maltreatment within six months of receiving services each meeting state targets. See table 2.4 above.

Florida’s Final CFSR Round 4 report notes that the state was found not to be in substantial conformity with Safety Outcome 2. The overall performance rating for Safety Outcome 2 in the CFSR case reviews was 63 percent. For item 2—services provided to the family to protect children in the home and prevent removal or reentry into foster care—performance was found to be at 61 percent. For item 3—risk and safety assessment and management—performance was found to be at 68 percent.

This issue continues to be an area needing improvement for Florida. LOC reviews, explained later in this section, show consistent statewide performance.

**Table 2.7. Item 2: Service to Family to Protect Child(ren) in Home and Prevent Removal or Reentry<sup>7</sup>**

Qualitative Measures	State Standard	Florida FY 21/22	Florida FY 22/23
Florida LOC Cases	90%	94.88%	94.74%

**Safety Outcome 2, Item 3: Risk and safety assessment and management.** This measure determines whether the agency made concerted efforts to assess and address the risk and safety concerns relating to children remaining in their own homes or while placed in foster care. This item continues to be an area needing improvement for Florida. Quality case reviews show fluctuating performance and the Florida’s CFSR 3 PIP targets were met in the last reporting period.

**Table 2.8. Item 3: Risk and Safety Assessment and Management<sup>8</sup>**

Qualitative Measures	State Standard	Florida FY 22/23
LOC Cases	90.0%	73.91%
CFSR Monitored Cases	77%	61.04%

In addition to the reviews using the CFSR instrument, Florida conducts life-of-case reviews. CPI and case management staff continue to identify the following areas as needing improvement: Identification of danger

<sup>7</sup> Source: Florida’s LOC Qualtrics Data.

<sup>8</sup> Source: Florida’s LOC Qualtrics; Federal CFSR Online Monitoring System

threats, assessments, supervisory consultations, and safety planning. From the CFSR Round 4 case review conducted in October 2024 performance was found to be at 67.69 percent.

The [Child Welfare Key Indicators Report](#) for May 2023, illustrates that children continue to be safer after termination of services.

- The percentage of children with no verified maltreatment within six months after termination of case-managed services is at 96.71 percent. The state continues to exceed the 95 percent target for this measure.
- The percentage of children with no verified maltreatment within six months of termination of family support services is at 95.6 percent. This measure does not have a set target.

### Safety Outcomes 1 and 2 Progress to Date

The prevention effort represents a collaboration between the Department, lead agencies, community stakeholders, families, youth, and local communities to establish a person-centered continuum of services to **promote** community and family strengths through primary and secondary prevention efforts using the expansion of evidence-based programs. The collaborative model is intended to **safeguard** children and families by providing early intervention, controlling active danger threats and enhancing caregiver protective capacities to **restore** family well-being through a trauma-responsive integrated system of evidence-based interventions. In addition, the model is intended to support focused post-intervention and aftercare support to build **resilience** for families who have been in crisis and to prevent reentry. Florida was notified by the Children’s Bureau on March 30, 2023, that the Title IV-E Prevention Five-Year Plan was found to be following applicable federal statutory and regulatory requirements and was therefore approved for FY 2022–2026. CB has approved the following allowable programs and services as part of Florida’s plan:

- Homebuilders (HB)
- Motivational Interviewing (MI)
- Healthy Families America (HFA)
- Functional Family Therapy (FFT)
- Brief Strategic Family Therapy (BSFT)
- Multisystemic Therapy (MST)
- Nurse-Family Partnership (NFP)
- Parent-Child Interaction Therapy (PCIT)
- Parents as Teachers (PAT)

This prevention framework is intended to integrate and expand the state's historic child welfare lens, developed under the IV-E waiver, by helping communities build an array of evidence-based programs and a network of providers for coordinated, wraparound care to meet the holistic needs of children and families. Florida families

will have "no wrong door" to access community-based, coordinated, quality, and evidence-based services at the right time to meet their unique and specific needs and to support long-term well-being.

Florida continues to show strength in the percent of children with no recurrence of maltreatment in 12 months, as noted in performance at 97.20 percent for FY Q4 2022–2023 to date. The rate of abuse per 100,000 days in foster care is showing a rate of 6.61 for FY 2022–2023 to date.

As of May 2023, a total of 8,334 children were receiving in-home services; 84.80 percent (7,067) of these children were living with their parents, 10.46 percent (872) were living with relatives, and 4.74 percent (395) were living with non-relatives or in other arrangements.

A potential contributing factor for this performance, is that Florida is experiencing a 19-year low in the number of children entering out-of-home care. Florida attributes this decline to the work related to implementation of the Child Welfare Practice Model, Florida's Prevention Plan, and efforts to improve the hotline intake processes. The decrease is not just occurring in Florida, but rather it is dropping nationwide.

Florida continues to develop initiatives/activities designed to prevent removals:

- Use of local review teams (LRTs) composed of management-level personnel from cross-programmatic disciplines to review cases in which removal is under consideration. The cases referred to LRTs can be from investigations, case management, or community partners who are seeking solutions before contacting the Florida Abuse Hotline.
- Statewide standardization of the Multidisciplinary Team Program focuses not only on linking families to services when the need arises, but also on ensuring cross-programmatic collaboration immediately occurs when a new investigation is received on a family already receiving ongoing services.
- The Family Navigation program launched in 2022 with a focus on working directly with some of Florida's most high-risk families—those with a confirmed history of abuse or neglect and co-occurring challenges like intimate partner violence, behavioral health, or substance abuse issues. In 2023, the Family Navigation initiative increased staffing to 23 navigators, six supervisors, and three program administrators, providing additional wraparound supports to high-risk families. These efforts are critical to ensuring the family unit is stabilized, safe, and on a pathway to building a resilient family unit.
  - Family Navigators served more than 1,900 families in 2023.
  - Family Navigation cases have a 14 percent lower rate of removal than equivalent cases not served by the program, and more than 80 percent of families continue to be served in-home upon case closure.

Florida is collecting data now on how this program affects the length of stay for families who move on to case management.

- Hope Florida is an initiative spearheaded by Florida's First Lady and continues to grow and adapt services to meet the dynamic needs of Floridians. Nearly 80,000 customers have been referred to Hope Florida since its launch, with more than 30,000 clients and their families' receiving services through the initiative in 2023. With nearly 7,000 faith-based and community and private sector partners throughout

Florida, the program helps clients overcome barriers to achieving their short and long-term goals independently.

## Safety Outcomes 1 and 2 Current or Planned Activities

Though item 1 and Safety Outcome 1 are strengths for Florida, the state continues to emphasize safety in all child welfare efforts. Current and planned activities include:

- Daily review of additional reports requiring that children to be seen again.
- Reduced time for CPIs to make the initial attempt to see children.
- Review daily reports of children not yet seen during investigations.
- Supervisor review of daily attempts to see children not yet located with a second-level case review.
- Use of specialized staff members to locate children.
- Retrospective reviews of cases in which children were not seen in a timely manner to identify barriers.
- Implementation of staggered shifts to accommodate seeing children in accordance with Florida's policies and procedures.
- Expansion of child protection analyst positions to immediately triage investigations and provide guidance to newer staff on ways to locate children or their families, as well as other investigative recommendations.
- Transition of all child protective investigations services in seven of Florida's counties back to the responsibility of the Department, bringing all 67 counties in-house for the first time in more than 20 years, which supports our ability to ensure a consistent approach to prevention and intervention services, as well as statewide access to resources to support workforce, stakeholders, and families.
- Successfully launched Phase I of the new Comprehensive CWIS (CCWIS), creating a modern, modular-based software platform for the Florida Abuse Hotline and Child Protective Investigations.
- One lead agency implemented an integrated practice team (IPT) to brainstorm ideas and solutions to overcome barriers for families so children can remain in their own homes.
- Increasing safety management services to keep children at home.
- Providing post-reunification services to prevent subsequent removals.
- One lead agency implemented a family assessment support team (FAST) that provides intensive supervision to keep children in their own homes.
- Every lead agency provides in-home supervision programs to work with families to prevent removals.
- Use of LRTs which is composed of management-level positions from cross-programmatic disciplines to review cases where removal is being considered. The cases referred to these LRTs can be from Investigations, Case Management, or community partners who are seeking solutions prior to contacting the Florida Abuse Hotline.

- Statewide standardization of the Multidisciplinary Team Program not only focuses on linking families to services when a need for such arises, but also focuses on ensuring cross-programmatic collaboration immediately occurs when a new investigation is received on a family who is already receiving ongoing services.
- Family Navigation program launched in 2022 with a focus on working directly with some of our most high-risk families, who have a confirmed history of abuse or neglect and co-occurring challenges like domestic violence, behavioral health, or substance abuse needs. In 2023, the Family Navigation initiative increased staffing to 23 navigators, six supervisors, and three program administrators, providing additional wraparound supports to high- risk families. These efforts are critical to ensuring the family unit is stabilized, safe, and on a pathway to building a resilient family unit.
- Family navigators served over 1,900 families in 2023.
- Family Navigation cases have a 14 percent lower rate of removal than equivalent cases not served by the program and over 80 percent of families continue to be served in-home upon case closure.
- Florida is collecting data now on the impact of this program on the length of stay for families that continue to be served by case management.
- The creation and implementation of Hope Florida, an initiative spearheaded by the First Lady, which continues to grow and adapt services to meet the dynamic needs of individuals in Florida. Nearly 80,000 customers have been referred to Hope Florida since its launch, with over 30,000 Floridians and their families being served by the initiative in 2023. Together with nearly 7,000 faith-based and community and private sector partners throughout Florida, the initiative helps clients overcome barriers to achieve their short and long-term goals independently.

## Permanency Outcomes Available Data Demonstrating Current Performance

**Permanency Outcome 1: Children have permanency and stability in their living situations.** Permanency Outcome 1 is a concern for the state as Florida experienced mixed performance in quantitative measures. Florida has seen a steady decline in achieving permanency within 12 months of entry into foster care; however, has consistently achieved targets for permanency in 12–23 months and 24 or more months. Florida has experienced a decrease in the number of placements per 1,000 days in foster care over the last several years through current year to date.

The CFSR 4 Data Profile shows performance on achieving permanency in 12 months for children in care 12 to 23 and 24 months or more has been better than national performance in each of the last six reporting periods. The statewide entry rate of children has consistently declined in each of the last six reporting periods. The top six counties by child population account for nearly half of all children in the state, but only 36 percent of all children who entered care.

Despite overall improvement in performance, five counties have the highest number of reentries (Hillsborough, Broward, Orange, Marion, and Volusia)—37 percent of all reentries in the state—with disproportionately more reentries than exits to permanency.

On average the five highest counties with the highest number of children that re-enter out-of-home care within 12-months of moving to a permanent home have been trending downward since Q1 SFY 2019-20. The table below articulates the reduction of the total number of children re-entering out-of-home care within 12-months of moving to a permanent home. The decrease in the number of re-entries in Florida is largely attributed to the number of entries decreasing, thus allowing more targeted support and services to those achieving permanency.

**Table 2.9. Rate of Re-Entries<sup>9</sup>**

Rank for Number of Reentries	County	Avg. Number of Children Re-entering Q1 2019-20 to Q4 2023-24	Q1 2019 -20	Q4 2023 -24	% Change Q1 2019-20 to Q4 2023-24	% Not Re-entering Q4 2023-24	Old Target	New Target
1	Hillsborough	38.7	51	26	-49.02%	91.39%	91.70%	94.40%
2	Broward	31.2	49	10	-79.59%	94.54%	91.70%	94.40%
3	Palm Beach	23.6	22	12	-45.45%	93.06%	91.70%	94.40%
4	Polk	22.5	35	12	-65.71%	89.66%	91.70%	94.40%
5	Pinellas	21.8	38	14	-63.16%	92.00%	91.70%	94.40%

**Table 2.10. Timely Achievement of Permanency<sup>10</sup>**

Dashboard	State Standard	FL FY 2019–20	FL FY 2020–21	FL FY 2021–22	FL FY 2022–23
Percent of children exiting to a permanency home within 12 months of entering care	40.5 %	37.36%	33.59%	31.88%	29.31%
Percent of Children exiting to a permanency home within 12 months for those in care 12–23 months	43.5%	51.48%	49.88%	50.39%	47.39%

<sup>9</sup> OCFW Dashboard Data Table Children Who Do Not Re-Enter Out-of-Home Care w/in 12 Months of Moving to a Permanent Home - Report #1376

<sup>10</sup> Source: Florida Child Welfare Dashboard



Dashboard	State Standard	FL FY 2019–20	FL FY 2020–21	FL FY 2021–22	FL FY 2022–23
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months	30.3%	49.17%	45.48%	44.85%	44.05%
Placement moves per 1,000 days in foster care	4.12	3.81	3.93	5.32	5.93

**Table 2.11. Permanency within 12 Months of Entering Care, National and Florida Performance<sup>11</sup>**

	National Performance	Type	Florida 2018	Florida 2019	Florida 2020	Florida 2021
Percent of children exiting to a permanency home within 12 months of entering care	35.2%	RSP	38.1%	34.8%	33.2%	31.9%
		Observed	39.1%	37.2%	33.7%	31.5%

**Table 2.11.2. Permanency after 12–23 Months in Care, National and Florida Performance**

	National Performance	Type	Florida 2019	Florida 2020	Florida 2021	Florida 2022	Florida 2023
Percent of Children exiting to a permanency home within 12 months for those in care 12–23 months	43.8%	RSP	50.5%	47.2%	47.4%	46.2%	45.8%
		Observed	49.4%	47.0%	47.9%	47.6%	46.9%
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months	37.3%	RSP	43.0%	41.7%	39.6%	39.5%	39.0%
		Observed	35.5%	47.0%	44.8%	44.4%	43.7%

**Table 2.11.3. Permanency after 12–23 Months in Care, National and Florida Performance<sup>12</sup>**

<sup>11</sup> Source: CFSR 4 Data Profile February 2023; RSP - Risk Standardized Performance

<sup>12</sup> Source: CFSR 4 Data Profile February 2023; RSP - Risk Standardized Perform

	National Performance	Type	Florida 2019	Florida 2020	Florida 2021	Florida 2022	Florida 2023
Placement moves per 1,000 days in foster care	4.48	RSP	5.24	4.66	6.21	6.44	5.50
		Observed	6.01	4.45	5.47	6.35	5.45

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.** Florida completed all activities identified in the CFSR Round 3 PIP and improved from the CFSR baseline on most items. These improvement activities continue. Particularly effective are the Kinship Navigator Program, which strives to place children with relatives and provides support to these family members and the QPI, which centers on comfort calls and co-parenting.

In CFSR Round 4, Florida was found not to be in substantial conformity with Permanency Outcome 2.

**Permanency Outcome 2, Item 7: Placement with siblings.** Performance on item 7 is mixed. Through case reviews, this measure determines whether concerted efforts were made, or are being made, to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the children.

The analysis of the findings and barriers for sibling placements were discussed during the PIP workgroups, particularly those around Placement stability. A goal has been identified in Florida’s CFSR Round 4 PIP notating strategies to increase relative placements in hopes to foster increases in sibling placements when appropriate. The Department has scheduled a targeted review to be completed in August 2024 which may identify possible barriers/challenges for placements from those findings from which the Department will analyze possible solutions to address.

**Table 2.12. Item 7: Concerted Efforts to Place Siblings Together<sup>13</sup>**

Qualitative Measures	State Standard	Florida FY 2021–22	Florida FY 2022–23
Florida LOC Cases	65%	70.27%	67.45%
CFSR Monitored Cases	90%	NA	62.96%

Florida continued to perform below the state target of 65 percent on the quantitative measure of siblings placed together. For the CFSR Round 4 case review conducted in October 2023, performance was found to be at 75.86 percent.

<sup>13</sup> Source: Federal CFSR Online Monitoring System

**Figure 2.1. Percent of Siblings Placed Together<sup>14</sup>**

**Percent of Sibling Groups w/All Siblings Placed Together**

Last Updated: 1/10/2024 (The Dashed line is the statewide goal of 65.0% or better. The most recent quarter's data is DRAFT data and is subject to the change with the next quarter's update.)



**Permanency Outcome 2, Item 8: Visiting with parents and siblings in foster care.** Performance on this item was described as an area needing improvement. Through case reviews, this metric determines whether concerted efforts were made, or are being made, to ensure that visitation between children in foster care and their parents and siblings occurs at a sufficient frequency and are of high enough quality to promote continuity in children’s relationships with close family members.

**Table 2.13. Item 8: Visitation with Parents and Siblings in Foster Care<sup>15</sup>**

Qualitative Measures	State Standard	Florida FY 2021–22	Florida FY 2022–23
Florida LOC Cases	90%	59.09%	52.08
CFSR Monitored Cases		NA	64.71%

For CFSR Round 4 case review conducted in October 2023, visitation performance was found to meet the standard in 60 percent of the cases.

The Department and lead agency are responsible for developing and supporting parenting partnerships between the caregiver and the birth or legal parents to children in foster care when it is safe to do so. Parenting partnerships include the facilitation of visits and telephone communication. Many lead agencies are recruiting foster parents willing to co-parent to ensure that children in their care have frequent visits with their parents and siblings.

**Permanency Outcome 2, Item 9: Preserving connections.** Performance on this item is an area needing improvement. Through case reviews, this item determines whether concerted efforts were made, or are being made, to maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends. Performance on LOC case reviews has steadily declined from state FY 2019–2020 through current year to date. For CFSR Round 4 case review conducted in October 2023, performance was at 65 percent.

<sup>14</sup> Source: Florida Child Welfare Dashboard Lead Agency Scorecard Dashboard

<sup>15</sup> Source: Federal CFSR Online Monitoring System

Reasons for lower performance include not making concerted effort to maintain children’s connections to school, faith, and communities.

**Table 2.14. Item 9: Preserving Children’s Connections<sup>16</sup>**

Qualitative Measures	State Standard	Florida FY 2019–20	Florida FY 2020–21	Florida FY 2021–22	Florida FY 2022–23
Florida LOC Cases	90%	75.2%	71.3%	70%	69.64
CFSR Monitored Cases	NA	NA	NA	NA	53.85%

**Permanency Outcome 2, Item 10: Relative placement.** Performance on this item is a relative strength for Florida. This measure determines through case reviews whether concerted efforts were made, or are being made, to place children with their relatives. For the CFSR Round 4 case review in October 2023, performance was at 75 percent. Several improvement activities have been occurring to support these efforts, such as, using specialty workers to locate relatives, kinship navigators and support programs to facilitate relative placements, the family finding program, instituting multidisciplinary staffing upon removal of a child, and the recent legislative action regarding a Father First Initiative.

**Table 2.15. Item 10: Concerted Efforts to Place Child(ren) with Relatives<sup>17</sup>**

Qualitative Measures	State Standard	Florida FY 21/22	Florida FY 22/23
Florida LOC Cases	90%	84.9%	84.5%
CFSR Monitored Cases	NA	NA	63.46%

**Permanency Outcome 2, Item 11: Relationship of child in care with parents.** Performance on item 11 is an area needing improvement. This item determines through case reviews whether concerted efforts were made, or are being made, to promote, support, and/or maintain positive relationships between children in foster care and their parents or other primary caregivers through activities other than arranging for visitation. For CFSR Round 4 case reviews conducted in October 2023, performance was found to be at 61.11 percent.

<sup>16</sup> Source: Federal CFSR Online Monitoring System

<sup>17</sup> Source: Federal CFSR Online Monitoring System

**Table 2.16. Item 11: Relationship of Children in Care with Parents<sup>18</sup>**

Qualitative Measures	State Standard	Florida FY 21/22	Florida FY 22/23
Florida LOC Cases	90%	36.12%	31.80%
CFSR Monitored Cases	NA	NA	45.45%

### Permanency Outcomes 1 and 2 Progress to Date

Lead agencies are developing and recruiting foster families willing to co-parent, which, in addition to increasing visitation (item 8), increases parents’ participation in the daily activities of their children, including school events, physician appointments, and other extracurricular activities. Following are some examples of progress to date to improve permanency outcomes.

- Florida has developed and launched SafeSpace, a domestic violence faith and community-based initiative designed to connect member organizations with the tools to that can help them address the impact of intimate partner violence on their local communities. In October, during Domestic Violence Awareness Month, the Department celebrated the program’s first graduating class, which consisted of 15 faith leaders who received their initial designations.
- Florida's Office on Homelessness received \$20,016,822 in grant funding, an increase from the \$3,181,500 historically provided. The Challenge Grant provides funding to the continuum of care (CoC) lead agencies for programs, services, or housing providers that support the implementation of local CoC plans. The grant will enable partnerships with local agencies to reduce homelessness.
- In 2022, Florida’s system of foster home licensing incorporated an enhanced Level II non-child-specific foster home:
  - Level I: Child-Specific Foster Home
  - Level II: Non-Child-Specific Foster Home
  - Level III: Safe Foster Home for Victims of Human Trafficking
  - Level IV: Therapeutic Foster Home
  - Level V: Medical Foster Home
- DCF recognizes through our CFSR/PIP efforts that enhancements are needed to support children and youth with increasing needs. Hence, the strategy to address this area involves adding requirements for lead agencies to have a special focus on these needs when developing their annual recruitment and retention plans. DCF also developed to strengthen the supports provided to foster parents; not only for retention purposes, but to better ensure foster parents are better positioned to care for the children living in their home and create a more stable living environment.

<sup>18</sup> Source: Federal CFSR Online Monitoring System

See Florida’s Foster and Adoptive Parent Diligent Recruitment Plan for more information.

## Permanency Outcomes 1 and 2 Current or Planned Activities

Florida plans to continue the efforts to improve permanency for children. Following are ongoing initiatives that demonstrate DCF’s progress and will continue to support performance improvements.

- Statewide standardization of the Family Finding Program, focusing not only on placement searches while a case is under investigation, but also on enhancing family connections overall as families find themselves deeper into the child welfare system.
- Florida continues to seek innovative solutions and programming to best serve our families. To support these efforts, we made more than \$20 million dollars in funding available to community providers and local community-based lead agencies through CAPTA and community-based child abuse prevention (CBCAP), to support local prevention program grants to build capacity within communities to provide a continuum of prevention services.
  - These grants may be used to provide either direct services or to develop capacity-building functions, such as training or investments in a technology solution.
- Continue to support the new MyACCESS portal with transformative upgrades to enhance the user experience when applying for or renewing government programs like food assistance, temporary cash assistance, and Medicaid. The new MyACCESS portal replaced the existing platform as the self-service web portal for Floridians to apply for, renew, and manage their government assistance benefits. Since the go-live date of the new system more than 740,000 people have successfully submitted applications for Medicaid, SNAP, Temporary Cash Assistance, and other supports.
- Florida’s family finder program follows the evidence-based model originally developed by Kevin Campbell in the State of Washington. PIP workgroups agreed that the best strategy for ensuring consistency in family finding efforts was to ensure fidelity to this evidence-based model and that work will continue through CFSP implementation.

The 2025–2029 CFSP identifies improving permanency outcomes as one of our primary goals. Details regarding the goals, objectives, strategies, and activities are detailed in Section 3, Goal Number 1.

## Well-Being Outcomes Available Data Demonstrating Current Performance

**Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.** The CB calculates the state’s performance on Well-Being Outcome 1 based on the state’s performance on items 12, 13, 14, and 15. The purpose is to determine whether, during the period under review, the agency did its due diligence to assess the needs of children, parents, and foster parents (both initially if children entered foster care and their cases were opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with families and provide the appropriate services.

In CFSR Round 4, Florida was found not to be in substantial conformity with Well-Being Outcome 1 as less than 95% of the cases reviewed were rated a strength. For items 12-15 less than 90% of the case reviewed were rated a Strength.

**Well-Being Outcome 1, Item 12: Needs and services of child, parents, and foster parents** Florida shows mixed performance in the assessment and provision of services to meet identified needs for children, parents, and caregivers. Florida has shown a decline in assessing and providing services to parents, which is also reflected in the frequency and quality of visits with parents (item 15) and achieving permanency goals (item 6). For CFSR Round 4 case review conducted in October 2023, performance was at 27.27 percent.

**Table 2.17. Item 12: Assessment and Provision of Services for Children, Parents, and Foster Parents<sup>19</sup>**

Qualitative Measures	State Standard	Florida FY 2021–22	Florida FY 2022–23
Florida LOC Cases 12 A (child)		79.18%	80.18%
Florida LOC Cases 12 B (parents)		64.34%	59.3%
Florida LOC Cases 12 C (foster parents)		83.76%	81.05%

**Well-Being Outcome 1, Item 13: Child and family involvement in case planning.** This item determines through case reviews whether concerted efforts were made, or are being made, to involve parents and children (as developmentally appropriate) in the case planning process on an ongoing basis. Performance in this item is related to the frequency and quality of caseworker visits with parents (item 15) and in the achievement of permanency goals (item 6), all showing a decline in performance after an initial improvement. Florida continues to include children and mothers in case planning more often than fathers. For CFSR Round 4 case review conducted in October 2023, performance was found to be 47.37 percent. The findings for involvement of children and parents in case planning are similar to the information collected from community partners during the CFSR stakeholder interview process.

Florida requires case plans for families who are receiving services through in-home and out-of-home cases. Case plans are designed in conjunction with the parents/legal guardian with the objective of creating case-specific goals that are objective and formulated to capture observable behavioral changes that specifically address the maltreatment that led to the Department’s involvement.

<sup>19</sup> Source: LOC Qualtrics Monitoring System

**Table 2.18. Item 13: Child and Family Involvement in Case Planning<sup>20</sup>**

Qualitative Measures	State Standard	Florida FY 21/22	Florida FY 22/23
Florida LOC Cases	90%	52.62%	49.50%
CFSR Monitored Cases	90%	NA	33.33%

Florida has implemented changes and received legislative support for improving statewide functioning to ensure a child has a written plan that is developed jointly with the child’s parent(s) and includes the required provisions. As part of system modernization efforts, DCF will explore functionality to better capture pertinent information related to joint case plan development activities.

The Department identified several reasons for the discrepancies between the results of the LOC reviews and the CFSR results. First, there is a significant difference in size and sampling methodology between the two reviews. Federal CFSR reviews are conducted in three counties, with each review consisting of 65 cases and including stakeholder interviews. In contrast, LOC state reviews are conducted statewide, with 65 cases reviewed in each circuit, and are limited to desk reviews. Additionally, LOC case reviews assess compliance with both state and federal standards, while CFSR focuses solely on federal standards. Another difference is that LOC sampling focuses on new cases, whereas CFSR includes any case. Furthermore, in our calculations, we provide partial credit for sub-items that are met, which may also contribute to the variance in results. It is also highly unlikely that the percentages would align perfectly between the two reviews. Aligning the LOC with CFSR is a strategic priority identified in in Florida’s PIP for item 25.

**Well-Being Outcome 1, Item 14: Caseworker visits with child.** This measure determines through case reviews whether the frequency and quality of visits between caseworkers and the children in the case are sufficient to ensure the safety, permanency and well-being of children and to promote achievement of case goals. In CFSR Round 4, federal targeted performance was set at 90 percent strength and Florida was rated at 61.54 percent strength. Florida shared in the Statewide Assessment that it continues to do an excellent job of ensuring all children under supervision are seen every 30 days. Lower performance was observed in the quality of the visits. The frequency and quality of visits with children are a constant focus for Florida.

**Table 2.19. Item 14: Frequency of Caseworker Visits with Child<sup>21</sup>**

Scorecard Measures	State Standard	FY 2020	FY 2021	FY 2022	FY 2023
Percent of children under supervision who are seen every 30 days	99.5%	99.48%	99.43%	98.91%	98.88%

<sup>20</sup> Source: Qualtrics LOC/ Federal CFSR Online Monitoring System

<sup>21</sup> Source: Florida Child Welfare Dashboard Lead Agency Dashboard



**Table 2.20. Item 14: Quality and Frequency of Caseworker Visits with Child<sup>22</sup>**

Qualitative Measures	State Standard	Florida FY 2021–22	Florida FY 2022–23
Florida LOC Cases		66.58%	54.27%
CFSR Monitored Cases	90%	NA	48.05%

**Well-Being Outcome 1, Item 15: Caseworker visits with parents.** Performance on this metric is an area that needs improvement. This item is rated through case reviews determining whether the frequency and quality of visits between caseworkers and the parents of the children in the case are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals. In CFSR Round 4, the performance was rated at 30.43 percent.

**Table 2.21. Item 15: Caseworker Visits with Parents<sup>23</sup>**

Qualitative Measures	State Standard	Florida FY 2021–22	Florida FY 2022–23
Florida LOC Cases	90%	43.80%	42.35%
CFSR Monitored Cases	90%	NA	24.24%

Case worker visits with parents was rated as needing improvement both in the CFSR review and in the Florida LOC Case review analysis. Florida continues to work toward improving Well-Being Outcome 1 for item15.

**Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.** This item assesses whether the agency made concerted efforts to assess children’s educational needs during the initial contact or on a regular basis. For CFSR Round 4 case reviews in October 2023, performance was rated at 76.74 percent.

**Well-Being Outcome 2, Item 16: Educational needs of the child.** Performance on this item is an area for improvement, especially since Florida has shown a steady decline in achievement.

<sup>22</sup> Source: Qualtrics LOC/ Federal CFSR Online Monitoring System

<sup>23</sup> Source: Qualtrics LOC/Federal CFSR Online Monitoring System

**Table 2.22. Item 16: Educational Needs of Child<sup>24</sup>**

Qualitative Measures	State Standard	Florida FY 22/23
Florida LOC Cases	90%	59.80%
CFSR Monitored Cases	95%	58.33%

Performance on the lead agency scorecard shows that the state has fallen of achieving its target for youth enrolled in school on their 18<sup>th</sup> birthday.

The Department identified that a difference in the results of the LOC reviews in comparison with CFSR results are accounted for with several reasons. First, size and sample methodology is vastly different between federal reviews, which take place in 3 counties, consist of 65 cases each, and include stakeholder interviews; while LOC state reviews are statewide, consist of 65 cases in each circuit and are desk reviews only. LOC case reviews also include state standards in addition to federal standards. Additionally, the sampling pull for LOC is for new cases; CFSR is for any case. In our calculations we provide partial credit for sub items met. Lastly, it is highly improbable to have the same percentage. Aligning the LOC with CFSR is an identified strategy in Florida’s PIP for item 25.

**Figure 2.2. Percent of Young Adults Aging Out with Educational Achievement<sup>25</sup>**

Last Updated: 1/10/2024 (The most recent quarter’s data is DRAFT and is subject to change with the next quarter’s update.)



**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.** Well-being Outcome 3 is an area for improvement. Although Florida performs well in the quantitative data of ensuring that children in foster care receive medical care annually and dental care, Florida was found to be an outlier as case reviews were rated less than 90 percent for items 17 and 18.

**Well-Being Outcome 3, Item 17: Physical health of the child.** The purpose of this item is to determine whether the agency addressed the physical health needs of the child, including dental health. For CFSR Round 4 case reviews in October 2023, performance was rated at 78 percent.

<sup>24</sup> Source: Federal CFSR Online Monitoring System

<sup>25</sup> Source: Florida Child Welfare Dashboard/ Lead Agency Scorecard

To ensure the comprehensive needs of youth in DCF’s care are met, the Department allows the Purchase of Therapeutic Funding to be used to supplement services, in addition to traditional Medicaid. In collaboration with Substance Abuse and Mental Health, the Family Intensive Treatment (FIT) team is available to provide services to parents with substance abuse issues in select areas of the state.

**Table 2.23. Item 17: Physical Health of Child<sup>26</sup>**

Qualitative Measures	State Standard	Florida FY 2022–23
Florida LOC Cases	78%	65.03%
CFSR Monitored Cases	NA	68.25%

**Table 2.24. Physical Health of Child<sup>27</sup>**

Scorecard Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Percent of children in foster care who received a medical service in the last 12 months.	90%	95.36%	96.58%	90.38%	92.49%
Percent of children in foster care who received a dental service in the last 12 months.	90%	78.45%	90.00%	77.53%	79.74%

**Well-Being Outcome 3, Item 18: Mental/behavioral health of the child.** The purpose of this measure is to determine whether, during the period under review, the agency addressed children’s mental/behavioral health needs. Performance on this item continues to need improvement (CFSR Round 3 and 4), as performance was identified as a strength in a less than 90 percent of cases. The reasons for lower performance include the agency not arranging for identified specialized therapy, further evaluations, and medication management. There is also a correlation of this item with the available service array discussed under systemic factors.

<sup>26</sup> Source: LOC Qualtrics/ Federal CFSR Online Monitoring System

<sup>27</sup> Source: Florida Child Welfare Dashboard

**Table 2.25. Item 18: Mental/Behavioral Health of Child**

Qualitative Measures	State Standard	Florida FY 22/23
Florida LOC Cases	90%	54.03%
CFSR Monitored Cases	NA	36%

### Well-Being Outcome 1, Outcome 2, and Outcome 3 Progress to Date

Florida has undertaken many improvement activities to enhance performance in Well-Being Outcomes. These activities have ranged from improving service array as described in the section 4 of this document (Services), to adding the voices of youth and their families and caregivers in the decision-making process, to strengthening supervisory supports to address practice fidelity with case workers in the field. The following list summarizes current or planned activities to address concerns and work toward substantial conformity.

The Department shares the Children Bureau’s belief that parent engagement is foundational for improving safety, permanency, and well-being outcomes for children and families involved in the child welfare system. Though some initial successes have been realized, findings from Round 4 of the CFSR demonstrate the need for continued focus on improving parental engagement as a means of supporting children’s well-being.

The Department completed and submitted the statewide assessment to the Children's Bureau (CB) on September 12, 2023. This assessment provided a comprehensive analysis of the state’s performance on key outcomes, as well as the effectiveness of systemic factors in relation to Title IV-B and IV-E requirements, and the Title IV-B Child and Family Services Plan.

The CB conducted case reviews on 65 cases, encompassing both foster care and in-home cases, across three sites: Okaloosa, Hillsborough, and Miami-Dade counties, between October 23 and October 27, 2023. During the week of the onsite case reviews, interviews and focus groups were held with a diverse array of state stakeholders and partners, including attorneys representing the agency, parents, children, youth, and guardians ad litem, childcare facility staff, senior managers and program managers from child welfare agencies, child welfare caseworkers and supervisors, foster and adoptive licensing staff, foster and adoptive parents, as well as relative caregivers, group care staff, judges, service providers, and youth with lived experience.

The Department collaborated extensively with stakeholder groups statewide to develop goals, strategies, and key activities for the Program Improvement Plan (PIP). These stakeholders included individuals with lived experience, judicial partners, birth parents, foster/adoptive parents, relative and nonrelative caregivers, Children’s Legal Services, the Guardian ad Litem program, Tribes, case management, child protection, and youth.

A core team within the Department worked closely with the Capacity Building Center for States (the Center) from December 2023 through February 2024. Their objective was to develop a strategic plan that engaged stakeholders and addressed identified areas for improvement. Improvement efforts were organized into the following workstreams, each aligned with themes from the feedback report including Safety, Placement Stability,

Engagement, Permanency, and Quality Assurance. Participants for these workstreams were initially selected from the 253 individuals who participated in the Statewide Assessment (SWA). This group was chosen to ensure diverse representation from various roles within the child welfare system, including those with lived experience and familiarity with the SWA process and findings. Participants expressed interest in specific workstreams through a survey and were encouraged to join any of the open workgroups.

The workgroups convened virtually for kick-off meetings on January 18 and 19, 2024, where they reviewed anticipated findings from the Child and Family Services Review (CFSR) and discussed the PIP development process. Biweekly virtual meetings followed until February 23, 2024, during which the workgroups analyzed data, identified problem statements, and applied the '5-Whys' model to explore root causes. Insights were captured on virtual whiteboards, and participants voted on the most significant drivers of the issues. These insights were then used to compile a list of potential root causes. Following the virtual meetings, a workshop was held in Orlando, Florida, from February 27 to 29, where workgroup members validated root causes, established PIP goals, and developed action plans. Strategies were selected based on effectiveness and feasibility, and the workshop concluded with a comprehensive report on root causes, goals, strategies, and next steps.

Participants in the Permanency Workstream were carefully selected in collaboration with the CB and the Office of the State Courts Administrator (OSCA). While many participants were drawn from other workstreams, additional representatives from the judiciary, Children's Legal Services, parent attorneys, and the Guardian ad Litem program were included, given their critical roles in the permanency process. OSCA played a key role in recruiting participants within the legal network. Due to the demanding schedules of these professionals, a one-day meeting was held on July 12, 2024, to develop PIP strategies. Leading up to this meeting, the Department, CB, and OSCA held regular planning sessions from May 31 through July 10, 2024, to define meeting goals, identify relevant data, and craft the agenda. During the meeting, the CB reviewed CFSR findings, outlined the PIP process, and discussed existing goals and strategies. The Department then presented key data related to permanency, followed by group discussions to identify problem statements and develop strategies to address them.

An additional workgroup was formed within PIP implementation sites, comprising Department staff, individuals from primary workstreams, and leadership from PIP sites. This group met for five two-hour sessions between April 10 and April 18, 2024, to review PIP strategies, identify gaps, and validate the practicality of implementing action items. Strategies and action plans were surveyed by participants, who then voted to retain, remove, or modify them. Items with significant "remove" or "modify" responses were discussed further until consensus was reached. The following counties have been designated as both implementation and measurement sites for the PIP: Miami-Dade County, which represents the largest metropolitan area in the state; Hillsborough County, which has the largest child welfare population in the state; and Okaloosa County, which represents a rural area within the state. These counties were selected to ensure that strategies and interventions are tailored to specific improvement needs and reflect the diverse demographics of child welfare cases across the state. This targeted approach allows for a more effective enhancement of child welfare outcomes statewide.

The Department has invited these stakeholders to attend and participate in the overview and input sessions related to the creation of this year's CFSP Final Report and the new CFSP 2025-2029. Representatives participated

on those calls and were afforded the opportunity to review data related to the outcome of Florida's most recent CFSR, current statewide data indicators, and the proposed goals to address the issues identified by the CFSR within the next CFSP. Stakeholders were in agreement with the offered goals, strategies, and activities outlined. Ongoing discussion and refinement will occur throughout the implementation of the CFSP through various stakeholder groups such as the Child and Family Well-Being Council, PATH, and statewide youth engagement organizations to ensure the fidelity of CFSP monitoring.

### Well-Being Outcome 1, Outcome 2, and Outcome 3 Current or Planned Activities

- Monitor the successful linkage of children and parents to service and treatment recommendations in the Comprehensive Behavioral Health Assessment (CBHA).
- One lead agency implemented a Parent Behavioral Health Assessment similar to the CBHA, except focused on parents instead of children, and the state is evaluating the outcomes of this parent-focused assessment for efficacy.
- Provide enhanced behavioral management training for foster parents.
- Improve the quality of contacts with parents, including timely and meaningful engagement by case workers, supervisory skill-building to support practice fidelity, and the creation of guardrails to ensure that parent and youth voices are reflected in child welfare case decision-making efforts.
- Continue to provide critical thinking skill-building training for supervisors.
- Provide continuous and ongoing training on assessments to case managers and supervisors.
- Invite caregivers to permanency staffings.
- Train supervisors to use supervisory consultations more effectively when mentoring caseworkers.
- Provided staff with revised and improved home visit forms to guide conversations with parents and caregivers, as well as developmentally appropriate children and youth.
- One lead agency is implementing a 360 Caregiver Protective Capacity initiative in which parents assess their own caregiver protective capacities to ensure full transparency, including information about adverse childhood experiences (ACEs).
- One lead agency implemented a Values Driven Partnership with Males to engage fathers.
- Consistently invite families to the multidisciplinary team meeting that occurs no later than three days after the shelter care hearing to immediately begin to collaboratively plan for and talk about services, and conditions for reunification of children with their families of origin.
- Develop strategies to encourage parents to attend case plan staffings and provide them with supports such as transportation vouchers or scheduling around their availability, etc.
- Florida has identified training curricula offered to case workers on developmentally and age-appropriate discussions with children on safety and well-being.

- Build rigor and fidelity into the implementation of family team conferencing and family group decision making programs.
- Florida has adopted and implemented training for case workers on engaging fathers, including the Values Driven Partnership with Males curricula.
- In SFY 2022–2023 the state launched the Florida’s Responsible Fatherhood Initiative, which includes educational programs, mentorship programs and one-on-one support to encourage responsible and involved fatherhood. The initiative highlights the critical role that fathers have in their children’s lives and provides a spectrum of family supports. The Department is collaborating with Family First to create a statewide awareness campaign to call attention to the importance of responsible fatherhood and to equip fathers with resources that can help stay engaged in their children’s lives.
- Florida has created tip sheets to guide case managers in every lead agency to support their efforts to deliver quality visits.
- Florida has developed tracking mechanisms to ensure frequency of visits and compliance with policy and practice standards.
- Concerted efforts are being made to meaningfully engage fathers through a Statewide Fatherhood Initiative.
- One agency is contacting parents to verify visits, and this approach is helping to build greater visibility on case manager performance.
- New and improved protocols have been developed to strengthen supervisory reviews to monitor that both quality and frequency of visits with parents are compliant with policy and practice standards.
- One region created a quality visits workgroup to evaluate home visits and conduct observed consultations, and the state is reviewing the findings to determine how to build momentum for the spread and scale of this approach.
- Implement a professional development infrastructure to improve the understanding, capacity, and culture of the workforce to engage with parents.
- Develop parent feedback loops to enhance cultural understanding and gain the perspective of parents and their view of staff.
- As part of the (larger) Father First, the responsible fatherhood initiative, a father engagement specialist will be added to the lead agency personnel to address the unique needs of fathers of children whom the lead agency serves.
- Expand and standardize the use of Parent Advisory Councils to connect parents involved in the child welfare system with support from individuals with lived experience.

## Systemic Factors

### Information Systems

#### *Information Systems Current Functioning*

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. All pertinent information about every investigative and case management function must be entered in FSFN within 48 hours. Case workers may retain paper copies of the case file, along with supporting paper documentation; however, the FSFN electronic case file is the official record for each investigation, case, and placement provider.

FSFN supports child welfare practices and the collection of data and enables child welfare staff to readily identify the status, demographic characteristics, and goals for the placement of each child in foster care. The accuracy of quantitative reports is critical to the ongoing monitoring of Florida's child welfare system. Florida's Center for Child Welfare maintains a web page, [FSFN Reports, and Information and Resources](#), which provides FSFN questions/answers, reference data, topic papers, user guides, and on-demand video training on general and specific topics to ensure the accurate use of FSFN. Training on FSFN data entry and the importance of documentation is ongoing. Modules on data entry are also included in the pre-service curricula for child protective investigators and child welfare case managers.

A finding from the CFSR review in 2016 was that the entering of placements into the system were inconsistent across the state. As part of Florida's PIP, key activities were identified locally to ensure that placements were entered in a timely manner, and a case review addendum tool was created to measure the percentage of cases in which placements were entered promptly. This item was incorporated into the state's Data Quality Plan, and OFCW will be monitoring this issue across all cases rather than random samples.

In CFSR Round 4, Florida received an overall rating of needing to improve in this area based on information provided in the statewide assessment and obtained during stakeholder interviews. Florida was unable to provide information and data to support the state's practice of timely data entry and the accuracy of the data regarding demographics, status, or goals.

The federal CCWIS rules afford states an opportunity to leverage alternative technical and functional capabilities to create a child welfare system that better supports a state's child welfare practice model. The Florida Legislature approved designation of the state's child welfare system as a CCWIS with the finalization of the SFY 2018–2019 budget and transition activities continue as documented in the state's Agency for Persons with Disabilities (APD). The Department developed and continues to update Florida's Data Quality Plan in collaboration with its child welfare stakeholders. The Data Quality Plan update continues to be updated and submitted along with the annual planning document update by May 1 of each year. The Data Quality Plan includes strategies to ensure that all CCWIS data are non-duplicated, consistently used, timely, accurate, and complete.



### *Information Systems Progress to Date*

During the past year, the state has focused on both enhancing FSFN and working on its next iteration using CCWIS federal regulation flexibility and technology landscape options. Florida implemented several enhancements to the current FSFN system as the state's IV-E Demonstration Waiver (Waiver) sunset September 30, 2019. The system was enhanced to provide functionality for the approved Guardianship Assistance Program (GAP) and to update Title IV-E eligibility.

In addition to the sunset of the IV-E waiver, Florida is implementing of the FFPSA. Enhancements are being made through the end of the current year on residential group care and home study modules within FSFN.

Florida's strategic vision is that CCWIS will achieve better efficiency for all frontline workers and improve child welfare outcomes by ensuring quality data integration that will readily provide the right information at the right time about the children and families who receive services from child welfare workforce. Florida has launched a mobile application for child protective investigators. Another initiative in progress is the Master Data Management program. This, too, is in the discovery phase and will continue into the next year.

### *Information Systems Current or Planned Activities*

The Department is making progress toward meeting CCWIS requirements and continues to work on the following:

- Implementing a multi-phased transition from SACWIS to CCWIS to include:
  - Developing a technology solution to address CCWIS process challenges
  - Establishing requirements that align the State's child welfare information system with CCWIS requirements and serve as the basis for system enhancements that can be proposed for state and federal funding approval
  - Submitting State and federal funding requests to support the transition to a CCWIS-compliant child welfare system
  - Updating the data quality plan in accordance with federal CCWIS regulations
  - Facilitating activities that justify continued state and federal funding support for Florida's CCWIS transition

FSFN is unable to provide reports on location-specific service array capacity and costs or services that are needed but unavailable. Based on feedback received through evaluations and surveys, stakeholders report the availability and quality of services are insufficient. This includes all four service array types as described in the Service Array section (family support, safety management, treatment services, child well-being) and in the Health Care Oversight and Coordination Plan (Attachment 2). Each of the five strategic initiatives in the Department's five-year plan is being coordinated with CCWIS transition activities to ensure that the system's need for accurate and timely service capacity information is addressed.

The CCWIS project lays the groundwork for data integration and exchanges with child welfare partners in Florida. This process will allow service and client data entry directly in FSFN or through data exchanges with contributing agencies that maintain other information systems.

## Case Review System

### *Case Review System Current Functioning*

In CFSR Round 4, Florida's Case Review System was found to be lacking in conformity with this systemic factor. The rating was based on information from the Statewide Assessment and stakeholder interviews.

- Item 20, Written Case Plan: Florida provided in the statewide assessment the laws and requirements for the case planning process and data from the life-of-case reviews, which demonstrated moderate efforts to include mothers in case planning and marginal effort to include data in case planning. According to stakeholders we interviewed, parents' inclusion in case planning is varies across all jurisdictions.
- Item 21, Periodic Reviews: Florida data provided in the statewide assessment showed that a large percentage of children in state care for more than six months had their cases undergo judicial review within the past five months but failed to indicate where the timely initial and ongoing review took place. Stakeholders described inconsistent practices regarding ongoing judicial review across the state. Some circuits reported timely reviews every five months to ensure the required timeframes were met, whereas others reported continued hearings, lack of docket space, and late court reporting affects the timeliness of reviews.
- Item 22, Permanency Reviews: Florida received a strength rating based on the data provided in the statewide assessment to support the timely scheduling and completion of initial permanency hearings with 12 months of custody. Stakeholder interviews support the data submitted, indicating that in almost all cases and circuits, initial permanency hearings were scheduled and occurred every 12 months, as did subsequent permanency hearings. Stakeholders largely agreed that often permanency hearings took place in shorter timeframes than the required 12 months to monitor permanency progress.
- Item 23, Termination of Parental Rights (TPR): Florida provided data related to a state statute requirement that termination of parental rights be filed within 60 days of a goal change; however, no data were provided to demonstrate whether TPR petitions were filed within the Adoption and Safe Families Act (ASFA) timeframes and whether documented exceptions existed. Stakeholder interviews highlighted challenges with timely filing in multiple circuits, including caseworker turnover, confusion between ASFA and Florida statute requirements for filing within 60 days of goal change, lack of concerted efforts, housing challenges affecting reunification, and judges wanting to allow additional time for parents to meet their goals when they are in partial compliance with the case plan.
- Item 24, Notice of Hearings and Reviews to Caregivers: The information Florida provided was deemed insufficient to support strong and consistent practice. Stakeholders advised that caregivers were not routinely informed of hearings and their right to be heard in all circuits and noted inconsistencies in how caregivers were given notice, which led to circumstances in which notice was not provided.

### *Case Review System Progress to Date*

Most components of the Department's case review system are directed in statute, particularly [Chapter 39](#), Florida Statutes, Proceedings Relating to Children, which defines processes and timeframes for judicial hearings and adoption proceedings, case planning requirements, TPR, and parental/caregiver rights related to hearings and proceedings consistent with federal mandates.

All children under the supervision of Florida's child welfare system, (in-home and out-of-home care, non-judicial or judicial cases) are required to have a case plan that specifies services to address the identified dangers and diminished caregiver protective capacities that threaten children's safety in order to ensure the safety, permanency, and well-being of each child.

The case plan must provide the most efficient path to achieve quick and safe reunification or permanent placement. Every child under Department or a contracted service provider's supervision must have a case plan that is developed as soon as possible based on the ongoing assessments of the family. If concurrent case planning is used, both goals must be described. The case plan includes all available information that is relevant to the child's care, including identified needs of the child while under supervision and the permanency goal.

Section [39.6011](#), Florida Statutes, requires case plan development within 60 days of the child's removal from the home. The case plan for each child must be developed in a face-to-face conference with the child's parent(s), any court-appointed GAL, and, if appropriate, the child and the temporary custodian. The plan must be clearly written in simple language, addressing identified problems and how they are being resolved. The case plan, all updates, and attachments are filed with the court and served on all parties.

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

Florida statutes detail the process for the periodic review of the status of each child, stating that the court has continuing jurisdiction and must review the status of the child at least every six months or more frequently if the court sees it necessary or desirable. Data reports are available from FSFN that allow managers, supervisors, attorneys, and others to monitor the status of case reviews and legal status. This includes the timeliness of removal date to disposition order (median of 62 days), the filing of petitions to TPR final judgment as appropriate (median of 187 days), and the percent of children in out-of-home care for 15+ months with reunification goals and no TPR activities (8.45%). The case review process is systematically tracked and monitored. Court orders were updated to include notice to caregivers since the CFSR in 2016. Florida demonstrated outstanding performance to provide caregivers notice of hearings measured through random file reviews.

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

The Life of Case Reviews examine if caregivers for children in out-of-home care are notified of their right to be heard in court. For the period of October 1, 2021-September 30, 2022, the reviews conducted reflected that this measure was met at a rate of 68.2 percent. Additionally, Children’s Legal Services sampled various hearing orders at a regional and statewide level monthly meeting between 2016 and 2020 to ensure caregiver notice and participation was properly documented. After consistently exceeding expectations in the statewide and regional reviews, the review of orders was shifted to the local level to ensure that new team members would continue to leverage statewide templates and best practices. The LOC reviewer reviews chronological notes, case plans, supervisor reviews and consultations, and the meeting module within the Child Welfare Information System to evaluate the engagement of parents and children in the case planning process. LOC reviews conducted between October 1, 2021, and September 30, 2022, showed that of 1,444 cases, 805 (55.7 percent) cases had a clear account of efforts made to engage mothers in the case planning process. During the same review period, concerted efforts to involve fathers at a rate of 40.1 percent and children at a rate of 48.2 percent were captured.

Florida remains committed to utilizing problem-solving court programs, including Early Childhood Court, Drug Court, Girls Court, and Mental Health Courts. Early Childhood Court, now implemented in most regions across the state, has demonstrated promising initial outcomes, particularly in achieving timely permanency for children. These problem-solving courts feature specialized dockets and dedicated caseworkers with reduced caseloads, enabling more frequent court hearings and fostering increased parental engagement and accountability.

The Office of the State Courts Administrator gathered data through court observation from five judicial circuits as well as statewide surveys of stakeholder groups. From their JCAMP report, it was noted that parents are more likely to be present at shelter care hearings (compared to permanency hearings) whereas Youth and Caregivers (relative or foster) were more likely to be present at permanency planning hearings.

#### *Case Review Systems Current or Planned Activities*

Florida continues its use of problem-solving court programs such as early childhood court, drug court, girls court, and mental health courts. Early Childhood Court is used in most areas of the state and has shown promising early results with the timely achievement of permanency for the children. The problem-solving courts typically have special dockets for the judiciary and assigned case workers to ensure frequent court hearings and parent accountability. Florida’s CFSR PIP has set forth a goal under permanency to strengthen the case review process to support timely achievement of appropriate permanency goals. The establishment of the PIP goal and strategies was developed in partnership with Legal and Judicial partners.

The Office of the State Courts Administrator gathered data through court observation from five judicial circuits as well as statewide surveys of stakeholder groups. From their Judicial, Court, and Attorney Measures of Performance (JCAMP) report (see Appendix B in the CFSP Final Report), it was noted that parents are more likely to be present at shelter care hearings than permanency hearings, whereas youth and caregivers were more likely to attend permanency planning hearings.

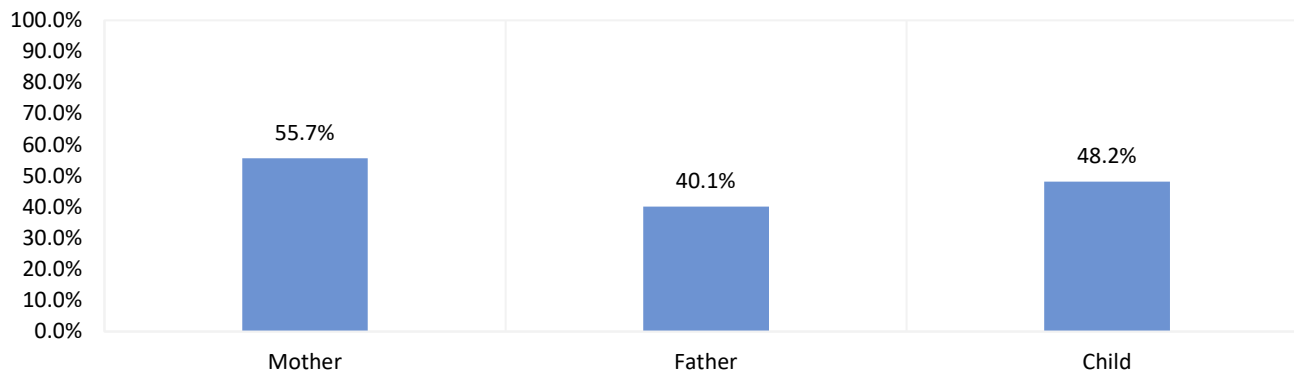
Case managers and child protective investigators should provide written documentation to caregivers of the next court hearing, date, time, and location. Example methods included incorporating the hearing information into the agency’s visitation form, a business card with the information included on the back, or other regionally approved methods.

In 2019, the Department revised [CFOP 170-09, Chapter 04](#) to provide additional guidance regarding the engagement of parents/legal guardians. The policy and subsequent trainings focused on ensuring that collaborative work with the family is occurring to achieve the permanency goal established for the child. Guidance also is provided for child welfare professionals who are faced with difficult parents/legal guardians and outlining the qualitative indicators of family engagement.

Lead agencies initiated local practices to support the engagement of parents and children in the case planning process. Family engagement programs, which consist of meetings within five to seven business days of sheltering a child, are designed to immediately engage the parents, discuss conditions for return, and begin the case planning process.

The LOC reviewer reviews chronological notes, case plans, supervisor reviews and consultations, and the meeting module within the Child Welfare Information System to evaluate the engagement of parents and children in the case planning process. LOC reviews conducted October 1, 2021, through September 30, 2022, showed that of 1,444 cases, 805 (55.7 percent) contained a clear account of efforts made to engage mothers in the case planning process. During the same review period, concerted efforts to involve fathers at a rate of 40.1 percent and children at a rate of 48.2 percent were captured (see Table 2.3).

**Figure 2.3. Case Manager Made Concerted Efforts to Involve the Child/Parents in Case Planning<sup>28</sup>**



Florida continues its commitment to improving the engagement of parents and children in the case planning process. Recently, Florida expanded the Family Navigator program, which is intended to engage families at the earliest opportunity to prevent deeper entry into the system of care, including removal. A referral to a family navigator may be made when the case is screened in, through subsequent maltreatment additions, or at

<sup>28</sup> Source: Life-of-Case Reviews - (October 1, 2021-September 30,2022)

supervisory discretion based on the family's unique circumstances. Family navigators assist a family in understanding the reason for DCF's involvement and supports the family in the engagement of services.

The Family Navigation program is still growing. At the time this assessment was completed, the program had 33 navigators, six supervisors, and three regional program administrators, with several new hires identified and seven vacant positions.

Since November 2022, Florida has had more than 4,000 cases meet the criteria for family navigation. A navigator was assigned to more than 3,100 of these cases, and 620 families were waiting for a connection with a navigator.

Cases in which a present or an impending danger exists and meet the criteria for family navigation, result in out-of-home care less often than equivalent cases that do include family navigation services. Florida is still in the early stages of implementing this initiative, but the preliminary results are promising.

In another effort to engage parents, the Florida Legislature awarded the Department funding in 2022 to use toward establishing and maintaining a fatherhood initiative. As a part of this effort, resources are being used to hire a fatherhood engagement specialist within each lead agency to better engage with fathers whose children were involved, or at risk of involvement, with the child welfare system.

## Quality Assurance System

### *Quality Assurance System Description*

Florida adopted [ROA](#) as its continuous quality improvement framework through the 2016 state legislative session. ROA includes research and evaluation phases to ensure that the best solutions are implemented, and that those implementations are evaluated to ensure the models are followed with fidelity, and the desired outcomes are achieved. During the 2020 legislative session, the Office of Quality and Innovation was created to ensure that the Department and its contractors are accountable to meet goals targets set in the ROA legislation. The implementation of the quality office is in its planning stages and will be ready to begin work in the state's upcoming fiscal year.

In 2020, Florida legislature established the statewide accountability system in [Subsection 409.996\(26\), F.S.](#), which requires the Department to collaborate with its community partners to implement a process for assessing the overall health of the child welfare system by circuit.

The statewide accountability system further requires the Department to:

- Include clearly defined levels of quality
- Measure the performance of child protective investigations, lead agencies, and Children's Legal Services
- Address applicable federal- and state-mandated metrics
- Identify systemic deficiencies and promote enhanced quality service delivery

Over the last five years, the Department has created an agencywide Office of Quality and Innovation (OQI), which has grown to integrate case record reviews, data analysis, performance improvement, and training for the Department under one division. The OQI is charged with assessing the quality of child and family services across the state and conducting statistical analysis to improve gaps in quality.

Under the quality review process, a quality reviewer evaluates open child protective investigations and retains conducts case reviews throughout the time a family is receiving services through the child welfare system. This ongoing review of the case enables the child welfare professional to make real-time adjustments of actions to ensure child safety and permanency. Cases are reviewed at scheduled intervals over the course of the case. Guidelines and requirements for each review type is captured in a reviewer guide posted on the OQI intranet site.

To assess the quality of child and family services, the OQI has launched its Life-of-Case Review Tool, which guides quality reviews that are conducted in each circuit throughout the state. The Life-of-Case Tool helps identify etiologies for gaps in performance. Sample sizes for quality reviews are determined to ensure representative demographic factors and the achievement of a 90 percent confidence level and 10 percent margin of error within each circuit. In addition, a formalized process has been established to ensure that inter-rater reliability is consistent with industry standards and expert opinion. The Life-of-Case Tool and quality review process launched in July 2021. This baseline year of data collection for the quality reviews concluded in June 2022, and the Department now has a highly reliable dataset to begin conducting more robust analysis into root causes of gaps in quality throughout the state. With this baseline information, the Department can better pinpoint areas of concerns and develop more comprehensive and targeted strategies for performance improvement.

To ensure the quality of Florida's child welfare practices, the OQI conducts a series of ongoing, targeted, and special case reviews over and above those included in the annual accountability report. These qualitative assessments of child welfare case practices provide the state additional opportunities to learn about practice from investigation to case closure and about specific topics, such as case practices around substance abuse or other topics that may be of special concern for the state (e.g., placement stability).

In CFSR Round 4, Florida received an overall rating of Area in Need of Improvement for Item 25. Florida's statewide assessment described a robust case review process through the life-of-case reviews and publicly available information such as the accountability report. Data-sharing and problem-solving efforts occur on a regular basis within the agency and with DCF partners through the quarterly meetings; however, neither the statewide assessment nor stakeholder interviews provided evidence sufficient to demonstrate how improvement strategies were tracked, monitored, or adjusted based on ongoing assessment. Hence, it was identified as an area needing improvement.

#### *Planned System Enhancements*

As previously noted, Florida's strategic vision is that CCWIS will work and achieve better efficiency for all frontline workers and improve child welfare outcomes by ensuring quality data integration to readily provide the right information at the right time about the children and families who receive child welfare services. This effort will support the state's CQI efforts as well. Florida intends to pilot a mobile application for child protective investigators early this coming summer of 2024. The program is currently in the discovery phase but moving

quickly. Another initiative in progress is the master data management program, which also is in the discovery phase and will continue into the next year. The Department is making progress toward meeting CCWIS requirements and continues to work toward the following:

- Implementing a multi-phased transition from SACWIS to CCWIS, to include:
  - Designing a CCWIS IT solution
  - Developing requirements that align the state’s child welfare information system with CCWIS requirements and serve as the basis for system enhancements that can be proposed for state and federal funding approval
  - Initiating state and federal funding requests to support the transition to a CCWIS-compliant child welfare system
  - Updating the data quality plan in accordance with federal CCWIS regulations
  - Facilitating activities that justify continued state and federal funding support for Florida’s CCWIS transition

These improvements will be used to sustain the ability of DCF to conduct state-led review processes for future rounds of CFSR and to inform ongoing CQI/QA processes. As part of the CFSR PIP, Quality Assurance goals will establish a process for CCWIS data integrity plans, enabling more effective monitoring and adjustment of performance improvement plans.

## Staff Training

### *Information on Current Functioning*

A persistent concern that all child welfare stakeholders and partners who provided input into the CFSP raised was the high turnover rate of child protection investigators and case managers, which, in turn, contributes to poorer outcomes for children and families. The systemic factor of staff training relates to the priority of supporting a strong and healthy workforce.

In CFSR Round 4, Florida was found to substantially conform with the systemic factor of staff and provider training. Item 26 was noted as an area needing improvement based on key stakeholders interviewed who indicated that caseworkers would benefit from additional training enhancements and supports for the basic skills and knowledge needed to perform their duties as new caseworkers in their first year on the job. Stakeholders also reported that the training did not address some major components of the job, such as navigating and using the Statewide Automated Child Welfare Information System. (See Statewide Training Plan in Section 6 in addition to the information below.)

In Florida, it is mandatory for all child welfare service staff to obtain certification from the Florida Certification Board (FCB). The FCB also works with the Department and child welfare agencies to develop and update certification standards and requirements, ensuring that they reflect the latest research, best practices, and trends in the field of child welfare. The FCB administers three credentials that meet the statutory requirement for



certification in [s. 402.40, F.S.](#), : Certified Child Welfare Protective Investigator (CWPI), Certified Child Welfare Case Manager (CWCM), and Certified Child Welfare Licensing Counselor (CWLC).

[Chapter 65C-33.003, Florida Administrative Code \(F.A.C.\)](#) outlines the training requirements. Each CPI must complete pre-service training, structured field activities, and pass the pre-service test to achieve provisional certification (*prior* to being assigned any intakes.) During pre-service training, the staff participate in field days during which they can practice skills under the supervision of an experienced CPI or supervisor. This could be interviewing a client, contacting collaterals, etc. The intake would be assigned to someone other than the CPI in training.

Once they are provisionally certified, CPIs can be assigned investigations and cases. For the first 30 days, they have a restricted caseload, with no more than four open intakes at once and no more than eight intakes in the first 30 days.

This year, the CPI hiring requirements have changed to require at least:

- A high school diploma and four years of law enforcement or active military experience
- An associate’s degree and two years of law enforcement or active military experience
- A bachelor’s degree in any field

The certification requirements include finishing a 10–12-week pre-service training program (i.e., CORE, CPI specialty, case management specialty, and licensing specialty) approved by the Department, passing a written pre-service exam (minimum 78 out of 100), completing 1,040 hours of on-the-job experience, and receiving 40 hours of direct supervision.

The FCB regularly reviews and updates its certification programs to ensure that they remain relevant and effective in meeting the needs of children and families in Florida. To track completion of certification requirements, the FCB requires applicants to submit documentation of their education, training, and experience through its tracking system. The FCB identifies these competencies through collaboration with subject matter experts, stakeholders, and practitioners in the field of child welfare every five years. Once the competencies have been identified, the FCB uses them to develop exam content that assesses a candidate's mastery of the required competencies. For the certification application process, visit [Certified Child Welfare PI, CM, and LC](#).

Following completion of the required pre-service curriculum, all staff must pass a competency-based exam administered by a third-party credentialing entity. The table below shows the last three years of pre-service completion and passing of people through FCB.

**Table 2.26. Pre-service Pass and Fail Rates Since 2020**

Exam Name/Year	Total Number	Total Failures	Fail Rate	Pass Rate
Investigation 2020	631	44	7%	93%

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

The Core Pre-Service course and course content/learning objectives can be viewed by visiting [Core Pre-Service Curriculum](#). To maintain certification, all child welfare employees must complete at least 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.

#### *Staff Training Progress to Date*

Florida’s training strategy for all child welfare professionals is created to equip them with the required competencies to “protect the vulnerable.” Under this strategy, the Department provides robust pre-service and in-service learning and development opportunities for all certified and uncertified staff with continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

The OCFW Learning & Development’s (L&D) in-service training strategy is based on the specific needs of child welfare professionals, supervisors, managers, and trainers to provide the knowledge and skills they need to fulfill their professional responsibilities.

In February 2021, the personnel in the OCFW L&D has steadily grown in expertise to meet the state’s training needs more effectively. The team now consists of one training manager, three curriculum developers, one master trainer, and one training coordinator dedicated to developing training initiatives, establishing, or securing funding opportunities, and curriculum development. However, to meet the consistent demands of the field, an additional seven positions, called regional training liaisons, were onboarded to this unit to support training implementation and delivery.

#### *Staff Training Current and Planned Activities*

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

- The Department’s vision and practice principles, as outlined in [s. 39.001, F.S.](#), are effectively taught and reinforced through curricula, structured field experiences, coaching, and supervision

- Training curricula are safety-focused, trauma-informed, and family-centered
- Child welfare trainers are certified through a robust program and receive high-quality training materials for impactful training

Administratively, the OCFW L&D Unit is responsible for:

- Tracking training activities of the Department and community-based training providers to ensure initial and ongoing training needs of Child Welfare professionals
- Designing and developing training materials and resources, such as pre-service training, ongoing in-service training regarding for topics such as, legislative changes, statewide program initiatives, and other statewide training needs
- Delivering career ladder (i.e., Department’s career development opportunities for CPI job family) initiative-related training.
- Initiating and supporting projects for the future state of training within the agency. Conducting evaluations to measure the impact of training and improve training offerings
- Implementing training initiatives using PROSCI ADKAR change management methodology
- Providing initial and ongoing training to new job groups (i.e., multidisciplinary teams, family finders, and family navigators) for professionals within the OCFW
- Procuring and monitoring contracts for training materials and resources

The Department, in collaboration with lead agencies, the University of South Florida (USF), FCB, and the Florida Institute for Child Welfare at Florida State University (FSU), restructured the pre-service training based on findings from three studies (two of which are outlined below). The Department is updating the content and establishing the infrastructure necessary to provide and sustain a best-in-class pre-service experience for all future child welfare professionals.

The Department conducted an in-person, two-day workshop during which the participants discussed findings from the three studies, the current pre-service strengths, and areas needing improvement. The workgroup attendees echoed the studies’ findings regarding limited immersion in fundamental aspects of the job during pre-service, including few safe, hands-on practice opportunities and a lack of supervisor involvement during pre-service. Also, the workgroup discussed the impact of the test that the FCB administered. They stated that some very qualified trainees experience test anxiety and may underperform. They also mentioned that trainees focus on passing tests rather paying attention to the application of required skills. In addition, the workgroup described the lack of supervisory involvement during pre-service and said that increased supervisor involvement would improve the trainee experience during and after training.

Two studies centered on pre-service training:

- The Florida Study of Professionals for Safe Families (FSPSF), completed in 2020, was a five-year longitudinal, statewide project involving newly hired CPs and CMs to identify the factors that influence professional satisfaction and retention.

- The two-year evaluation of pre-service examined whether the pre-service training translated into the field and concluded in 2021. The results showed that child welfare professionals' knowledge improved after completing the pre-service training, but they had difficulty with transferring this knowledge into the field.

### Headquarters Training Needs Assessment

The L&D team conducts training needs analyses quarterly to assess the needs of frontline workers and supervisors via surveys, focus groups, life-of-case data reviews, or recommendations from other initiative groups. Based on the need, the team collaborates with other training units within the agency to identify existing training and develop or procure what is missing. New research informing child welfare issues, specific practice trends, or policy changes are considered in determining new and ongoing training needs. The following methods are used at the headquarters level to identify the training needs:

- **Quality Review Results:** The L&D team and data team examine quality review data (Life-of-Case) to uncover emergent trends and issues in performance and determine which can be solved with training. Learning circle topics are determined based on the quality review results.
- **Quarterly Training Reports:** The quarterly training reports play an important role in helping the Department leadership understand which agencies are providing training to their child welfare staff and which training areas are most needed. This information is then used to guide the development and delivery of virtual instructor-led training by the HQ team. In-service trainings are determined based on the quarterly training reports.
- **Annual Needs Assessment Survey:** The L&D team conducts an annual training needs assessment via a training survey. Based on staff requests, the team schedules professional development opportunities throughout the year. Professional development training needs are determined based on the annual needs assessment survey.

### Agency-Level Training Needs

In addition to the training need identification process described above, each region and partner agency has internal processes to identify training needs. The L&D team conducted two workgroups with regional Department training managers and partner training managers to discuss their internal needs assessment plans. A total of 15 training managers participated in two workgroups. Based on their discussions, training managers use the following methods to identify training needs:

- **Annual Needs Assessment Survey:** Training managers send a survey to the entire agency staff in June to determine in-service training staff requests before Florida's new fiscal year starts. The survey allows training managers to plan training for the new fiscal year.
- **Quality Review Results:** Training managers assess quality review data (life-of-case or internal quality assurance reports) to identify emergent trends and issues in performance and determine which ones can be solved with training.
- **Supervisor Feedback:** Training managers disseminate surveys to supervisors to identify performance issues and offer training to address these issues.

- **Monthly or Quarterly Meetings:** Training managers meet with program offices monthly or quarterly to discuss training needs and possible solutions.
- **Self-Learner Identified Training Needs:** The learning management system houses more than 3,000 training videos and documents. Any staff member who needs certain training can access the child welfare training library.

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

### HQ-Delivered Training Based on Needs

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

- Skill-building learning circles (i.e., criminal backgrounds and priors, present danger, information collection, and initial supervisory consultation)
- In-service training (i.e., domestic violence, mental health, human trafficking, sexual abuse, substance use, etc.)
- Professional development (i.e., teamwork and leadership, professional development, and wellness offerings).

### Skill-Building Learning Circles

The L&D, quality reviewers, and quality data teams collaborative to identify training-related performance gaps and deliver training based on the annual needs assessment survey and life-of-case results covered in Item 25. These trainings are offered based on the aggregated Life-of-Case Tool scores for each unit or circuit. The regional leadership or lead agency require all these identified units or circuits to attend these sessions.

If the need is identified based on the statewide quality review performance metrics, the quality review team offers skill- building learning circles to develop internal Florida child welfare practice model expertise within the regions and partner agencies. During the small group (no more than 15) learning circles, a facilitator and a subject matter expert guide the conversation and encourage attendees to bring their questions and expertise to for meetings. They can meet virtually or in-person, based on learner availability. These trainings are reviewed and updated based on any Florida Administrative Rule and/or policy changes. Table 2.28 shows the list of initially identified training-based metrics.

**Table 2.27. Identified Training-Based Metrics**

Topic	Metric	Audience
Criminal Backgrounds and Priors	CPI Assessed Prior Reports and Service History Prior to Commencement and Criminal History Prior to Commencement	CPIs and Case Managers

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

The learning and development, quality review, and data teams are committed to providing evidence-based and enriching educational and training opportunities to frontline and supervisors so they can meet target metrics.

The Department partners with local communities to protect vulnerable populations through recruitment of families and collaboration with agencies to ensure children have competent caregivers and provides supports and services for children so they can achieve their greatest potential. The Department hosted roundtable meetings with stakeholders to review the training system and identify areas that could be enhanced to continue supporting caregivers and drafted a response that addresses Florida’s training system. With training, prospective foster parents, adoptive parents, and staff of licensed childcare agencies will be able to offer a safe and nurturing environment for children to heal from the past and thrive in the future.

All foster parents receive initial pre-service training as required in the Department’s contract with lead agencies to conduct all licensing tasks. Section [409.175](#), Florida Statutes, specifies what must be covered during foster parent training but does not specify which type of training lead agencies must deliver. Lead agencies use Quality Parenting Training; CARE; Passport to Parenting; National Training and Development Curriculum (NTDC); Parent Resource for Information, Development, and Education (PRIDE); or curricula that lead agencies have developed and has received Office of Licensing approval.

As a condition of licensure, foster parents must successfully complete pre-service training with a minimum of two hours in core training and another 19 hours of training for foster parents seeking a Level II-V license. Foster parents seeking to become licensed as enhanced Level II or Level III-V also must complete specialized training for the specific population served in each home. Training is offered in a classroom setting, both face-to-face and virtually. All trainings are instructor-led, including virtual trainings, which may be offered throughout the week, allowing foster parents to complete trainings at their convenience.

Foster parents must successfully complete a uniformed pre-service training that includes:

- Orientation regarding agency purpose, objectives, resources, policies, and services
- Role of the foster parent as a treatment team member

- Transition of a child into and out of foster care, including issues of separation, loss, and attachment
- Management of difficult child behavior that can be intensified by placement, prior abuse or neglect, and previous placement disruptions
- Prevention of placement disruptions
- Care of children at various developmental levels, including appropriate discipline
- Effects of foster parenting on the family of the foster parent
- Information about and contact information for the local mobile response team to address a behavioral health crisis or prevent placement disruption
- Basic information on human trafficking, such as an understanding of relevant terminology and the differences between sex trafficking and labor trafficking, identifying children at risk of human trafficking, and steps that should be taken to prevent at-risk youths from becoming victims

Foster parents must complete additional training hours that include the following educational topics:

- The reasonable and prudent parenting standards, pursuant to Sections [39.4091](#) and [409.145](#), F.S. and guidance on balancing normal activity with safety
- Legal rights, roles, responsibilities, and expectations of foster parents
- The social and emotional development of children and youth
- Agency policies, services, laws, and regulations
- Development of life skills for teens in care
- The caregiver's role in supporting and promoting the educational progress of the child
- Trauma-informed care, including recognizing the signs, symptoms, and triggers of trauma
- The Multiethnic Placement Act and the Americans with Disabilities Act

For individuals licensed as Levels II-V foster families, training must also include the guidance on the administration of psychotropic medication, including the use of psychotropic medications to treat children, the proper dosage of medication, the importance of monitoring for possible side effects, and the timely reporting of side effects and adverse reactions. Training on psychotropic medications shall also include an overview of, [Section 39.407, F.S.](#) and [Chapter 65C-35, F.A.C.](#) which govern the administration of psychotropic medication. The training also covers over-the-counter medications.

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

Prior to licensure renewal, all foster parents must complete one hour of core training. In addition, Level II-V foster parents must successfully complete another seven hours of in-service training, and specialized training for

enhanced Level II or Level III–V. In-service training requires foster parents to complete training topics relative to the daily experiences of a foster parent, in addition to uniform training related to human trafficking.

**Table 2.28. Foster Home Training Hours<sup>29</sup>**

	Foster Home	CORE	Additional	Specialized
Pre-Service	Level I	2 hours	NA	NA
	Level II	2 hours	19 hours	NA
	Level II Enhanced	2 hours	19 hours	Yes
	Level III-V	2 hours	19 hours	Yes
In-Service	Level I	1 hour	NA	NA
	Level II-V	1 hour	7 hours	NA

The Department must approve the training curricula for foster parents. DCF allows child-placing agencies (lead agencies and subcontractors) to use curricula of their own choosing, but each curriculum must meet, at minimum, the criteria listed in [409.175\(14\), F.S.](#), and [65C-45.002, F.A.C.](#) Successful completion of parent preparation pre-service training is valid for five years from the date the foster parents complete the curriculum. Each lead agency may collaborate with people who have lived experience to create the curriculum and incorporates individuals with lived experience as co-facilitators when conducting the training. The lead agency may include additional topics in the pre-service and ongoing training curriculum focused on specific populations, such as children with disabilities, youth with sexually reactive behaviors, and pregnancy and parenting.

Surveys are distributed to everyone who completes the training. Lead agencies review and analyze the results to guide the enhancement of the curriculum, testing, or presentations from people with lived experience. Ongoing surveys allow for continued partnership and ensures foster parents are receiving adequate training to assist in building their knowledge and skills about caring for children.

<sup>29</sup> Source: [Florida Administrative Code, 65C-45](#)



**Table 2.29. Community-Based Lead Agency Trainings for Foster Homes**

Lead Agency Name	Foster Parent Pre- Service Training Offered	Training Format Offered	Length of Training Program <i>(minimum of two hours)</i>	Languages Offered	Supplemental Trainings Offered	Name of Training(s)
NWF Health Network- East	Quality Parenting Training	<ul style="list-style-type: none"> <li>• Weeknights</li> <li>• Weekends</li> </ul>	21 hours	English Spanish	Yes	<ul style="list-style-type: none"> <li>• Fostering 201 (online format)</li> <li>• Fostering 301 (6 hours group training)</li> <li>• Super Saturday (various topics)</li> <li>• Monthly Foster Parent Virtual Trainings (various topics each month)</li> <li>• Training Tuesday (weekly emails with specific topics)</li> <li>• Trust-Based Relational Intervention (TBRI) Caregiver Training</li> </ul>
Brevard Family Partnership	PRIDE/ NDTC	<ul style="list-style-type: none"> <li>• Weeknights</li> <li>• Hybrid online</li> <li>• Weekday</li> </ul>	27 hours	English	Yes	<ul style="list-style-type: none"> <li>• Welle Behavioral Safety Management (formerly NAPPI Non-Abusive Psychological and Physical Intervention)</li> <li>• CPR</li> <li>• CORE Teen</li> <li>• TBRI</li> </ul>
ChildNet-Broward	CARE	<ul style="list-style-type: none"> <li>• In-Person and Online</li> </ul>	27 hours	English	Yes	<ul style="list-style-type: none"> <li>• N/A - Licensing agencies train families</li> </ul>
ChildNet-Palm Beach	CARE	<ul style="list-style-type: none"> <li>• In-Person and Online</li> </ul>	21 hours	English	No	<ul style="list-style-type: none"> <li>• N/A - Licensing agencies train families</li> </ul>
Children's Network of SW Florida	PRIDE	<ul style="list-style-type: none"> <li>• Weeknight</li> <li>• Weekends</li> <li>• Hybrid online</li> </ul>	30 hours	English Spanish	Yes	<ul style="list-style-type: none"> <li>• Parenting for Success</li> <li>• Excellent Parenting and Respectful Partnerships</li> <li>• Water Safety</li> <li>• Psychotropic Medications</li> <li>• Human Trafficking</li> <li>• Conditions for Return</li> <li>• CORE Teen</li> <li>• TBRI</li> </ul>

Lead Agency Name	Foster Parent Pre-Service Training Offered	Training Format Offered	Length of Training Program (minimum of two hours)	Languages Offered	Supplemental Trainings Offered	Name of Training(s)
Citrus Health Network	CARE and TBRI	<ul style="list-style-type: none"> <li>• Weeknights</li> <li>• Weekends</li> </ul> <p>*as of 3/2020 we provide Pre-Service training virtually. *as of 7/2020 we began using the CARE curriculum vs PRIDE</p>	21 hours plus 9 hours of TBRI	English Spanish	Yes	<ul style="list-style-type: none"> <li>• CARE pre-service curriculum</li> <li>• TBRI (as of 2/2021)</li> </ul> <p>Quality Parenting Initiative concepts and expectations are incorporated during the pre-service training. Panel presentation also are incorporated to introduce system partners/stakeholders and their roles.</p> <p>The panel includes members of the Youth Advisory Council, current licensed caregivers, FCMA's, GAL's, Foster/Adoptive Parent Association (FAPA), etc.</p> <p>*Participants also complete psychotropic training, HT Training and water safety online courses as additional required components of pre-service.</p>
Community Partnership for Children	Passport to Parenting	<ul style="list-style-type: none"> <li>• Weekdays</li> <li>• Weeknights</li> <li>• Virtual</li> </ul>	21 hours	English	Yes	<ul style="list-style-type: none"> <li>• TBRI</li> <li>• Safe Sleep</li> <li>• Child Passenger Safety</li> <li>• Psychotropic Meds</li> <li>• Human Trafficking</li> <li>• Water Safety</li> </ul>

Lead Agency Name	Foster Parent Pre- Service Training Offered	Training Format Offered	Length of Training Program (minimum of two hours)	Languages Offered	Supplemental Trainings Offered	Name of Training(s)
Communities Connected for Kids	CARE Pressley Ridge	<ul style="list-style-type: none"> <li>• Currently Virtual</li> <li>• Weekends</li> <li>• Weeknights (Format may vary per subcontracted CBCs)</li> </ul>	21 hours 30 hours	English	Yes	<ul style="list-style-type: none"> <li>• TBRI</li> <li>• Finding a Way to Praise During Trials Licensing Updates</li> <li>• Various QPI-Just in Time</li> <li>• Viewing Foster Care as Worthwhile Work EPIC-Trauma-Informed Care Training Showing Yourself Grace</li> <li>• Fostering Large Sibling Groups Perspectives from a Former Foster Youth Persevering Through the Eye of the Storm</li> <li>• We Made It through, and We Will Make It through Again</li> <li>• Navigating through the Unknowns of Foster Care</li> <li>• The dependency legal system Missing children</li> <li>• Mental health programs</li> <li>• Managing Children with Aggressive or Violent Behavior</li> <li>• Surviving the Holidays Early Brain Development Water safety</li> </ul>
Family Support Services Suncoast	PRIDE	<ul style="list-style-type: none"> <li>• Weeknights</li> <li>• Weekends</li> <li>• Expedited</li> </ul>	30 hours	English	Yes	<ul style="list-style-type: none"> <li>• ACE Trauma Training</li> <li>• System Navigation</li> <li>• Foster Parent Presentation</li> <li>• Licensing and Adoption Presentation</li> </ul>
Children's Network-Hillsborough	PRIDE, BET	<ul style="list-style-type: none"> <li>• Weeknights</li> <li>• Weekends</li> <li>• Expedited</li> </ul>	24 hours	English	Yes	<ul style="list-style-type: none"> <li>• Human Trafficking</li> <li>• Psychotropic Meds</li> <li>• Water Safety</li> <li>• CPR / First Aid</li> <li>• Monthly Hillsborough County Family Partnership Alliance (HCFPA) meetings (various topics each month)</li> <li>• Monthly in-service trainings (topic varies every month)</li> <li>• Trauma-informed care</li> </ul>

Lead Agency Name	Foster Parent Pre- Service Training Offered	Training Format Offered	Length of Training Program ( <i>minimum of two hours</i> )	Languages Offered	Supplemental Trainings Offered	Name of Training(s)
NWF Health Network-West	Quality Parenting Training	<ul style="list-style-type: none"> <li>• Weeknights</li> <li>• Weekends</li> </ul>	21 hours	English	Yes	<ul style="list-style-type: none"> <li>• Fostering 201 (online format)</li> <li>• Fostering 301 (6 hours of group training)</li> <li>• Super Saturday (various topics)</li> <li>• Monthly foster parent virtual trainings (various topics each month)</li> <li>• Training Tuesday (weekly emails with specific topics)</li> <li>• TBRI caregiver training</li> </ul>
Family Integrity Program	PRIDE	<ul style="list-style-type: none"> <li>• Weeknights</li> </ul>	27 hours	English	Yes	<ul style="list-style-type: none"> <li>• TBRI</li> <li>• QPI</li> <li>• Water Safety</li> <li>• Psychotropic Meds</li> </ul>
Family Support Services of North Fla	PRIDE	<ul style="list-style-type: none"> <li>• Weeknights or Weekends</li> <li>• Virtual</li> </ul>	30 hours	English	Yes	<ul style="list-style-type: none"> <li>• ACE Trauma Training</li> <li>• CPR/First Aid</li> <li>• Reality Babies</li> <li>• System Navigation</li> <li>• Teen/Foster Parent Presentation</li> <li>• Licensing and Adoption Presentation</li> </ul>
Heartland for Children	Passport to Parenting	<ul style="list-style-type: none"> <li>• Weeknights</li> <li>• Weekends</li> <li>• Hybrid</li> <li>• Virtual</li> </ul>	26 hours	English	Yes	<ul style="list-style-type: none"> <li>• TBRI</li> <li>• ACE</li> <li>• Trauma Training</li> <li>• School System Navigation</li> </ul> <p>Caregiver support and resources available</p>

Lead Agency Name	Foster Parent Pre- Service Training Offered	Training Format Offered	Length of Training Program (minimum of two hours)	Languages Offered	Supplemental Trainings Offered	Name of Training(s)
Kids Central, Inc.	PRIDE	<ul style="list-style-type: none"> <li>• Weeknights</li> <li>• Weekends</li> <li>• Virtual</li> <li>• Hybrid Online</li> <li>• 2 hr. Online Training (Level 1 Only)</li> </ul>	27 hours	English Spanish	Yes	<ul style="list-style-type: none"> <li>• TBRI</li> <li>• Early Learning Coalition Process (educational services)</li> <li>• Case Management, Relationship Building and Information Sharing</li> <li>• CORE Teen</li> <li>• Foster Parent College (various trainings)</li> <li>• Monthly FAPA Meetings/Trainings</li> <li>• Monthly Trainings Offered by Kids Central Inc. during Foster Parent Meeting (virtual)</li> <li>• Psychotropic Meds</li> <li>• Human Trafficking</li> <li>• Water Safety</li> </ul>
Kids First of Florida, Inc.	PRIDE	<ul style="list-style-type: none"> <li>• Weeknights</li> </ul>	24 hours	English American Sign Language	Yes	<ul style="list-style-type: none"> <li>• First Aid</li> <li>• CPR</li> <li>• Cyber Safety</li> <li>• Psychotropic Meds</li> <li>• QPI</li> <li>• Trauma-Informed Care</li> </ul>
Partnership for Strong Families	PRIDE	<ul style="list-style-type: none"> <li>• Weeknights virtual</li> <li>• Weekends virtual</li> </ul>	30 hours	English	Yes	<ul style="list-style-type: none"> <li>• Psychotropic Meds</li> <li>• Children's Medical Services Overview</li> <li>• TBRI</li> <li>• Bimonthly FAPA Meetings/Trainings</li> <li>• Water safety</li> <li>• Various Trainings Provided by Foster Care and Adoptive Community Distant Learning</li> <li>• QPI Online</li> </ul>
Safe Children Coalition	NTDC	<ul style="list-style-type: none"> <li>• Weeknights virtual</li> </ul>	24 hours	English	Yes	<ul style="list-style-type: none"> <li>• TBRI</li> <li>• Human Trafficking</li> <li>• Psychotropic Meds</li> <li>• Water Safety</li> <li>• Monthly in-service trainings by various community providers</li> <li>• NTDC right time training</li> <li>• Monthly Manatee Foster &amp; Adoptive Parent Association Meetings (various topics each month)</li> </ul>

## Adoptive Parents

Prospective adoptive parents are required to complete a department-approved adoptive parent training program. It is common for prospective adoptive parents to complete trainings simultaneously with prospective foster parents. The lead agency incorporates people with lived experience to share their experience with the training class.

Adoptive parent training must be at least 21 hours and include:

- Orientation regarding agency purpose, objectives, resources, policies, and services.
- Effects of abuse and neglect in adoption.
- Impact of trauma (grief, loss trauma, attachment, and behavioral management).
- Management of difficult child behavior that can be intensified by placement, prior abuse or neglect, and prior placement disruptions.
- Care of children at various developmental levels, including appropriate discipline.
- Transition of a child into and out of foster care, including issues of separation, loss, and attachment.
- Prevention of placement disruptions,
- Psychotropic medication training must cover the administration of psychotropic medication, including the use of psychotropic medications to treat children, the proper dosage of medications, and the importance of monitoring for possible side effects and adverse reactions. Training on psychotropic medications shall also include an overview of [Section 39.407, F.S.](#) and [Chapter 65C-35, F.A.C.](#), which govern the administration of psychotropic medication. The training also applies to over-the-counter medications.
- Adoptive parents' role in supporting and promoting the educational progress of children.

The lead agency providing training to prospective adoptive parents, track training in the child welfare information system of record using the same method foster parent training is captured.

## Child Caring Agency

Employees of child-caring agency that provide direct care to children are required to complete, at minimum, the same training topics outlined in [s. 409.175\(14\), F.S.](#) Childcare agencies use individualized tracking systems to capture the completion of orientation, pre-service training comprising 21 hours of core training, in addition to specialized training hours for agencies licensed to serve specific populations, and 40 hours of in-service training, which includes eight hours of specialized training annually. Pre-service trainings must be completed for staff in a caregiver role before they have unsupervised contact with children. In-service training is completed by the annual date of hire. Childcare agencies survey staff to obtain insight on the curriculum and its effectiveness in supporting the care and supervision of children placed in the setting.

Training curricula for child caring agency staff must be approved by the Department and align with the criteria listed in [s. 409.175\(14\), F.S.](#), and [65C-46, F.A.C.](#)

The child-caring agency provides initial orientation for all new employees during the first two weeks of employment. The orientation includes job responsibilities, agency administrative procedures, confidentiality, Health Insurance Portability and Accountability Act (HIPAA), program goals, agency purpose and objectives, resources and services, identification of and reporting responsibilities with regard to child abuse and neglect, and supervision of residents.

Staff preparation core training topics include:

- Emergency and safety procedures
- Medication administration, including psychotropic medication as outlined in [Chapter 65C-35.014, F.A.C.](#)
- Communicable diseases
- Pool and water safety
- Reasonable and prudent parenting and normalcy for youth placed in a child-caring agency
- Role of staff as a team member in the development of service and or treatment plans, as applicable
- Transition, separation and loss, and attachment of youth in foster care
- Behavior management techniques, including crisis management and passive physical restraint
- Trauma-informed care, including recognizing the signs, symptoms, and triggers of trauma; for maternity homes, the impact of trauma on the parent-child relationship
- Sexual abuse and interventions
- Human trafficking awareness
- The care of children at various developmental levels
- Multiethnic Placement Act (MEPA) and Americans with Disabilities Act (ADA)
- Prevention of placement disruptions
- ACEs and the impact of trauma and resiliency
- Restorative practices to strengthen and respond to conflict

In-service training hours must include sessions on:

- Understanding children’s emotional needs and problems that affect and inhibit their growth
- Family relationships and the impact of separation
- Substance abuse: Recognition and prevention
- Care of children at various developmental stages
- Behavior management techniques, including crisis management and passive physical restraint

- Trauma-informed care, including recognizing the signs, symptoms, and triggers of trauma, and for maternity homes, the impact of trauma on the parent-child relationship
- Preserving cultural connections in children

**Table 2.30. Child-Caring Agency Training Hours**

Child-Caring Agency Sub-Type Designation	Pre-Service Training Hours	Pre-Service Specialized Training Hours	Total Pre-Service Training Hours	In-Service Training Hours
Emergency Shelter	21	0	21	40
Runaway Shelter	21	0	21	40
Wilderness Program	21	0	21	40
Unaccompanied Alien Minor Home	21	Adhere to ORR requirements	21	40
Traditional Home	21	8 (Applicable if licensed to only serve Independent Living)	29	40 (Includes 8 hours of specialized training)
Residential Facility	21	8 (Applicable if licensed to only serve IL)	29	40 (Includes 8 hours of specialized training)
Maternity	21	20	41	40 (Includes 8 hours of specialized training)
Safe House	21	24	45	40 (Includes 8 hours of specialized training)
At-Risk	21	8	29	40 (Includes 8 hours of specialized training)
Credentialed Qualified Residential Treatment Program	Trauma-informed care	Aligned with Agency for Health Care Administration (AHCA) requirements	Aligned with AHCA requirements	Aligned with AHCA requirements

Ongoing training opportunities for foster parents, adoptive parents, and agency caregivers also are provided locally, and consequently, vary within agencies. Joint training, involving staff from the DCF, foster parents, service providers, GALs, and in some cases, law enforcement personnel, is encouraged and takes place at the Department’s Children and Families Summit, which has approximately 3,000 attendees annually. Additional training opportunities are afforded to caregivers through the Department’s annual Winter Licensing Training and Spring Adoption Training and during an annual conference hosted by the Florida Coalition for Children.



Florida's FAPA is another resource that provides training to foster and adoptive parents. Foster parents receive yearly training at the Annual Education Conference, which the Florida Foster and Adoptive Parent Association (Florida FAPA) presents in June of each year. Additionally, quarterly training opportunities are available for foster parents through Florida FAPA. FAPA identifies new foster parents to attend the National Foster Parent Conference and North American Council on Adoptable Children conference to provide families with opportunities for advocacy, networking, and education.

A significant component of the COU's monitoring process is assessing the lead agency's Workforce Management against the [System of Care Monitoring Standards](#) for on-site reviews that address workforce capacity, retention activities, training (pre-service and in-service) and case management supervisor development. All lead agencies receive an on-site review every two years; however, reviews scheduled in March through June 2020 were conducted as desk reviews because of COVID-19 and the resulting travel restrictions. [COU Contract Monitoring Reports](#) include findings for each standard reviewed.

### **Supervisory Certification**

Training to support the learning of core competencies was launched and has gone through several rounds of revision. In addition to the development of the training curriculum, observation forms for each of the four competency domains, an addendum providing direction for virtual observations, case file review verification form and case review directions have been finalized and distributed to sites and all supervisor trainees.

A total of five trainings have been developed using the core information regarding conditions for return. The core content is the same across all five trainings, but each focuses on the specific audience, including legal, GAL program staff and volunteers, foster parents, judiciary, and frontline staff. The training is directed at their specific knowledge base and their role in the conditions for return and reunification process. Each training has been rolled out in the different site areas. Additional trainings are being scheduled in coordination with the Office of the State Courts Administrator for the judiciary. Training classes for all other audiences are being scheduled.

Legal and practitioner guidebooks were created, finalized, and distributed to all sites to support the understanding and application of conditions for return. Both guides provide an opportunity for an individual to be able to walk through their case step by step and know how to manage all issues that arise when dealing with conditions for return on their cases.

Examples of safety and transition plans are included in the training. The legal guidebook also outlines what is necessary for the court to make a ruling on conditions for return, the necessary documentation that needs to be submitted to the court, and the evidence through documentation and testimony that the court will need to decide the case.

Florida's Statewide Training Plan provides details on future activities.

## Service Arrays

### *Service Array Current Functioning*

Effective service provision to children, parents, relatives, and other caregivers is an ongoing priority and focus of the 2025- 2029 CFSP. Florida has created an array of services available across the state and is experiencing continued success in expanding system capacity for four types of services: family support, safety management, treatment, and child well-being. The Child Service Array workgroup identified evidence-based services available throughout the State of Florida, permitting local areas to continue identifying additional services to support the child welfare system. A critical step for the service array workgroup is determining the capacity needed in each circuit, including methods to achieve and maintain fidelity to promising and evidence-based interventions. The implementation of CCWIS provides an opportunity to create standard definitions and methods for documenting service costs and allows direct exchange of data with other systems, for example the Agency for Health Care Administration for Medicaid claiming information. This work will continue with the implementation of CCWIS activities.

In CFSR Round 4, Florida was found not to be in substantial conformity with the systemic factor Service Array and Resource Development. Florida identified and stakeholders concurred with challenges in service availability across the state. Many areas, particularly rural locations, experienced waitlists and insufficient providers of key service area such as domestic violence, substance use, and mental and behavioral health. Issues related to payment for services and lack of transportation created barriers and affected access to the service array in multiple jurisdictions. Stakeholders shared that individualization of services depended largely on the specific service provider or area where the family resides. Challenges in providing linguistic and culturally responsive services exist, especially in rural areas. Finding services that can adapt to the developmental needs of children and families was noted as difficult. These areas continue to be a primary focus of the Department.

The Life of Case review tool looks at the service provision (services to meet the dental/medical, educational, mental health, additional needs of the child, for the mother/father/foster parent), and whether services were provided to prevent entry/re-entry. The state continues efforts to expand and capture data that demonstrates the placement service array functioning which is one of Florida's goals in the Plan to Enact the State's Vision, Section 2 of Florida's CFSP 2019-2024 final report.

### *Service Array Progress to Date*

Below are some highlights of the progress to date for improving the service array:

#### **Family Support Services**

Family support services are provided to families at risk of future maltreatment. The Florida child welfare system has made concerted efforts over the last several years to implement, expand, and evaluate the efficacy of family support services.

#### **Safety Management Services**

Safety management services manage or control the conditions(s) that make a child unsafe until the parent can fully resume his/her responsibilities. During the time a child is receiving services through the child welfare system,

the CPI or case manager responsible must be able to assess the family and conditions in the home to determine whether specific criteria are met for an in-home safety plan. One criterion for an in-home safety plan is the availability of appropriate safety management services. An adequate array of safety management services helps to prevent unnecessary out-of-home placements and to achieve timely reunification. The specific types of safety management services that should be available in a safety management service array are described in [CFOP 170-7, Chapter 8, Safety Management Services](#).

### Treatment Services

Treatment services are usually formal interventions designed to achieve fundamental change in parent functioning and behavior associated with the reason that the child is unsafe. Treatment services must be trauma-informed, the correct response to the situation, the right intensity, a cultural match, accessible and affordable. Examples of treatment service options are in-home family preservation services, Child Parent Psychotherapy; Nurturing Parents; SUD services (outpatient, residential, aftercare), and mental health services.

Under the FFPSA, the Department deepened its commitment to prevention by further activating available resources to holistically serve children and families using an integrative model, specifically by enhancing the service array in local communities to address mental health and substance misuse needs, promoting economic self-sufficiency, proactively reducing the need for crisis intervention services, and building parent and caregiver skills to promote strong, resilient families. FFPSA implementation provides an opportunity for Florida to enhance its community-based model by deepening its commitment to prevention and enhancing partnerships with stakeholders to ensure that evidence-based services are readily available within local communities to improve long-term safety, permanency, and well-being outcomes for children and families. Florida's selected evidence-based services are:

- Healthy Families America (HFA)
- Nurse Family Partnership (NFP)
- Parents as Teachers (PAT)
- Homebuilders – Intensive Family Preservation and Reunification Services
- Parent-Child Interaction Therapy (PCIT)
- Brief Strategic Family Therapy
- Functional Family Therapy
- Multisystemic Therapy
- Motivational Interviewing (MI)

### Family Intensive Treatment Teams

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

FIT is a highly effective program model that provides community-based behavioral health treatment and support to families with child welfare involvement and parental substance misuse. FIT teams use a multidisciplinary approach to behavioral health intervention in the overall system of care, which provides early identification and coordination, as well as support to families through navigation of the child welfare and treatment processes. At present, Florida has 28 FIT team providers. FIT teams are available to families with children under in-home protective supervision or with children in out-of-home care.

Eligibility criteria require that families have at least one child determined to be unsafe, with priority given to families with infants and children up to age 10. Most families served by FIT teams have children ages 5 and younger. A core component of the FIT model is the integration of SUD, mental health, and child welfare services for families served. To be qualify for FIT services parents must be eligible for publicly funded SUD and mental health services. FIT program guidelines require the use of evidence-based and best practices to treat substance abuse, mental health, and improve parental capacity, though do not mandate that specific interventions be used. Most providers reported practicing:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- FIT providers may offer Dialectical Behavior Therapy
- The parenting intervention models that providers mostly use were the Nurturing Parenting and Seeking Safety programs
- Most providers offer support group activities for parents receiving FIT services such as daily recovery group meetings, peer support and relapse prevention groups, and continuing care groups led by peer support specialists after formal treatment has ended.

A major challenge in offering FIT Team services to parents with children in out-of-home care is that under current Medicaid policy, parents of children who have been temporarily removed are ineligible for Medicaid. The Department and AHCA have identified changes to current policy that would allow continued Medicaid coverage for parents whose children are temporarily removed from the home because of child welfare system involvement. This revision will address the need for SUD treatment services, including FIT teams, for families who would otherwise be disqualified. Additionally, FIT teams have expanded in the past several years to include 9 additional teams to serve an additional 825 people statewide.

### Child Well-Being Services

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

## Strong Foundations

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

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

The Strong Foundations team, with the support of the evaluation team from the UCF has focused attention on readiness and evaluation activities. Multiple focus groups and phone interviews with statewide representatives from Children’s Legal Services and foster parents were facilitated to deepen problem exploration and to design interventions. Plans are under way to conduct additional focus groups with GALs and biological parents. Readiness assessment has been ongoing through surveys of the Strong Foundations CORE Development Team and members of the strategy workgroups. Finally, additional questions for use with the OSRI were created to support the measurement of fidelity and impact of the strategies on CFSR performance. An overview of the questions and instructions was provided during the virtual statewide quarterly QA Managers Meeting on March 19, 2020. These additional questions were added to the addendum for all CQI CFSR case reviews as of April 1, 2020.

The state continues to expand the placement service array, which is one of Florida’s goals in the Plan to Enact the State’s Vision, Chapter 3.

### *Service Array Current and Planned Activities*

## Hope Florida

The Department implemented Hope Florida—A Pathway to Prosperity using Hope Navigation to guide Floridians on an individualized path to economic well-being by focusing on community collaboration between the private sector, faith-based community, nonprofits and government entities to break down traditional community silos, maximize resources, and uncover opportunities. Hope Navigation is essential in helping individuals identify their unique and immediate barriers to prosperity, develop long-term goals, map out a strategic plan and work to ensure all sectors of the community have a seat at the table and are part of the solution. Hope Florida—A Pathway to Prosperity was initially piloted in August 2020 in six counties as a voluntary program available to Department clients who receive public benefits. Services are available statewide to children aging out of foster care, pregnant people with SUD, and other families who need assistance. To date, more than 80,000 clients have been referred

to the program. Additionally, Florida has made significant progress in expanding services, with the CFSR Round 4 PIP focusing on utilizing Hope Florida to link families with the necessary support.

### **Family Navigator**

A Family Navigator initiative has been created to enhance the safety and well-being of Florida children after a report of potential abuse or neglect. The Department has worked with child protection and behavioral health leaders across the state to formulate a new strategy that will improve supports for CPIs to enhance outcomes for Florida families. A key component of ensuring child safety and family well-being is activating community resources, supports, and mental health treatment services timely and appropriately. Family Navigators collaborate with the CPI and family to assess, locate, and provide pivotal services to ensure the family unit is stabilized, safe, and on a pathway to building resiliency. Florida's child and family well-being system will continue to invest in fully embodying a trauma-responsive system of care where the Department, community-based care organizations, and managing entities unite to provide more meaningful services that promote positive outcomes to enhance the overall, long-term well-being of the family.

### **Case Complexity Tool**

The Case Complexity Tool was fully designed and validated by summer 2021. Once installed, the tool produces daily output of predictive case scores (the complexity score is on a scale of 1–9) of each active case within the lead agency's counties. Agency supervisors and leadership use this information to make informed decisions regarding case assignment. Systems administrator and user manuals were created to support the installation and use of the tool. The manuals are available on the Strong Foundations website. In addition, the Department created and delivered a training program. Meetings also were convened at each site to acclimate the case management organization with the report and to ensure that the guides, tracker, and tracker instructions were all clear and comprehensive before formal tracking began.

The first pilot was installed in Osceola County, under Gulf Coast and Embrace Families in early June and formal tracking started in October 2021. The second site, Alachua County, under the leadership of Camelot and Partnership for Strong Families, completed installation of the tool in August 2021. Formal tracking started in November 2021. Sites are submitting their case assignment tracking tools weekly. As of the end of February 2022, 108 cases have been assigned using the case complexity tool across both sites.

The Strong Foundations team has received positive feedback on use of the tool. One site reported that the tool has taken pressure off of them in their assignment decisions and is helping staff understand when and why they may be receiving a new case. It has also been reported that case managers have been motivated to enter their notes and complete their assessments promptly because their documentation in FSFN affects the case scores. Surveys on perceptions of time to complete tasks, satisfaction with workload, and intention to quit were collected from the dependency case managers at the case complexity protocol sites before the tools were installed at both sites and again six months later. The response rate for one site was very low; however, the other site's response rate was satisfactory. The results in the site with a satisfactory response rate suggest improvement in perception of time to complete tasks and an increase in intention to remain in their position.

## Inclusion of Parent Voice

The Department and its providers acknowledge the importance of engaging and including of the voice of parents who are and have been involved in the system of care. Strategies are being implemented that will focus on elevating these voices to provide guidance and feedback into system needs and enhancements like training, policy, etc.

Expanding and connecting children and families to available services array is and has been a primary focus in Florida. The state recently made the following, unprecedented investments in its service array and has greatly increased the service resources available to children and families in communities across the state. Strategies being implemented focus on further using and leveraging these resources to continue expanding and providing greater access to services, including applying funding from the Opioid Settlement Agreement. This settlement will pay the State of Florida and its subdivisions more than \$3 billion. This funding will be used to increase the spectrum of prevention, treatment, and recovery services across the state in an effort to abate the opioid epidemic and support the people affected by the crisis.

The state's service array is further detailed in Section 4: Services.

## Agency Responsiveness to the Community

### *Agency Responsiveness to the Community Current Functioning*

In CFSR Round 4, Florida was found to be in substantial conformity with the systemic factor of Agency Responsiveness to the Community and as such, no corresponding PIP activities are planned related to this item.

An interagency agreement regarding coordination of services for children who receive services from two or more agencies is in place between DCF and the DJJ, Florida Agency for Persons with Disability, Florida AHCA, and Florida DOH.

Stakeholders are encouraged to participate in the annual planning meeting with the Children's Bureau. Last year, participants included representatives from the Seminole Tribe, Foster and Adoptive Parent Associations, and community partners such as the GAL program, community-based care lead agencies, and other partner providers through the Florida Coalition for Children.

The Department continues to work with and engage partners, stakeholders, and lived experience groups in child welfare activities and meetings. The Department engages and consults with all the collaborative partners throughout the year on child welfare in Florida. Planning, brainstorming, and sharing of information occurs throughout the year. The Department also works with and/or has established different councils to capture stakeholder feedback, consultations, and suggestions.

### *Agency Responsiveness to the Community Progress to date*

In addition to formalized meetings, the Department collaborates with the Department of Juvenile Justice (DJJ), Agency for Persons with Disabilities (APD), and AHCA to ensure coordination of services. Within DCF, the OCFW coordinates with the Offices of Substance Abuse and Mental Health and Economic Self-Sufficiency, as these programs serve many of the same people. The Department has been working to develop a unified client identifier

to better coordinate its information systems in the service of these overlapping populations. The Department's OQI reviews services provided to families across all area programs.

### Feedback from Relative and Foster Family Caregivers

The Department asked Children's Home Network (CHN), the Florida FAPA, and the QPI to invite caregivers affiliated with their organizations to provide feedback to the Department to inform the CFSP. This was an informal process and feedback does not necessarily represent any one association's, circuit's, or region's response. The top themes reported are consistent with the COU Foster Parent Survey findings and items discovered during the most recent round of CFSRs:

- Improve meaningful communication and teamwork and ensure caregivers are invited to staffings and court hearings. Case management providing delayed notification to foster parents adversely impacts visits with children and caregivers, caregivers not being routinely told about staffings, court dates, direction of the case, etc.
- Demonstrate respect and support for caregivers. Bring caregivers to the table consistently to share children's needs. Provide back-up childcare to offer foster parents time away from home.
- Reduce bureaucracy. Basic requirements need to be more flexible based on the ages of children. For example, the requirement to lock up laundry detergent for all children does not make sense when a caregiver is trying to teach life skills to teens. Case managers have an overwhelming amount of paperwork. When caseworkers visit the home, it feels like they are completing a checklist, and caregivers find it very impersonal.
- Improve the availability of mental health supports around the state.
  - Mental health options should be available on an emergency basis without the need to involuntarily hospitalize a child under the Baker Act.
  - Caregiver supports are needed to help children in care access mental health options.
  - More qualified therapists are needed to help children. Improving therapeutic services is critical to prevent allegations of child maltreatment against caregivers. Quality and timely mental health services for children in care include, among many options, play therapy, eye movement desensitization and reprocessing (EMDR) therapy, trauma-based therapy, and not just behavior modification.
  - Provide other support services needed by caregivers. Many children in care have challenges such as an autism spectrum disorder, dyslexia, or other learning challenges. It can be difficult getting schools to help in finding other services in the community.
- Foster parents, relatives and youth want to be:
  - Well-informed about out-of-home care changes to share accurate information with their networks
  - Able to routinely report back implementation successes and challenges to local associations



### Local Systems of Care Responsiveness to the Community Stakeholders

A significant component of the COU's monitoring process is assessing lead agency partner relationships against [System of Care Monitoring Standards](#) for on-site reviews that address community collaboration and teamwork. [COU Contract Monitoring Reports](#) include findings for lead agencies. The COU stakeholder surveys are a new mechanism for evaluating the system's responsiveness to stakeholders. As a next step to broaden youth and relative caregiver input into the monitoring process, the COU will develop surveys for relative and non-relative caregivers and incorporate selected information from the National Youth in Transition Surveys Database.

As part of assessing partner relationships, the COU conducts surveys to gather direct feedback from child welfare system stakeholders and community partners. Selected survey results are shown below to reflect how system stakeholders assess lead agency responsiveness to community stakeholders by promoting collaboration and teamwork at the system and case level. Many of these findings have relevance to statewide performance on other systemic factors. For example, foster parent responses about whether they feel appreciated, the various supports they receive, and participation in staffings relate to foster parent retention.

Stakeholder surveys include:

- Local community partners
- Foster parents
- GAL program
- CPIs
- Case managers
- Children's Legal Services

### Common Themes and Agreements Among Other Stakeholders Interview for the CFSP

- Themes around a stable and skilled workforce and/or the practice model:
  - High turnover of CPIs and case managers is the number one problem. Child welfare professionals do not stay long enough to develop the skills needed to perform excellent work.
  - The practice model:
    - Is well-embedded in law and policies.
    - The proficiency process, development, and implementation should continue.
    - After implementation and continuous quality improvement efforts, the model should be refined.
    - Develop methods to assess workforce capacity, including workload standards, common definitions of turnover and means of measuring caseloads.
- Training managers are considering best practices for the professional development of supervisors.
- Financial vitality (PATH Forward)

- Implementation planning to transition from the waiver has been excellent in terms of local needs assessments and readiness, communication, and technical assistance.
- Moving forward requires that the system establish methods to track implementation benchmarks and rapidly identify challenges and solutions.
- Transitioning from the waiver is complex, involving “a lot of moving and interdependent parts.”
- Prevention
  - Retool the front end to be evidence-based
  - Begin to further develop Title IV-E candidacy criteria and an implementation plan for prevention services
  - Continue to strengthen the partnership with DOH and Statewide Child Abuse Death Review Committee to implement targeted and research-informed campaigns to reduce preventable child deaths. (Child Death Review Team Offer)
- Hotline (intake). Florida’s standards for accepting calls through the Hotline shows potential opportunities for enhancements to ensure that the Department’s investigators are interacting with are the right population, particularly when comparing screening rates with verification rates. Those families that do not need CPI services should be provided with prevention services through other pathways, like Hope Florida—A Pathway to Prosperity.
- Child Protection Investigations
  - High turnover historically has been a challenge and impedes development of a highly proficient workforce.
  - CPIs consistently report the need for more evidence-based in-home services.
- Current Joint Strategic Initiative Planning Process
  - Continue and strengthen the current collaborative planning and plan tracking process established between the Department and the FCC.
  - Monthly communication with the Department must continue; it has been very helpful in aligning local efforts.
  - The quarterly FCC Leadership Meetings, open to all FCC members and other stakeholders, are an effective venue for reporting on all PIP projects.
  - The Child Welfare Task Force, which meets quarterly, is effective for broader information sharing.
  - Many stakeholders view Strategic Initiative 1, Service Array for Children and Parents team as a model for productive collaboration.
  - Continue efforts to ensure all relevant stakeholders are engaged in important discussions, including those on policy and practice improvements.

- Strengthen the alignment of related system initiatives and teamwork among stakeholders.
- Develop better ways for Florida stakeholders to share best practices across the continuum of child welfare services. Use the new COU monitoring process to identify and share best practices.

A description of the continued involvement of child welfare stakeholders in the development and updating of the 2025–2029 CFSP is provided in Chapter 1, Collaboration. Stakeholder involvement is also reflected throughout each pertinent section of the CFSP.

### *Agency Responsiveness to the Community Current and Planned Activities*

Examples of current or planned activities in addition to what was presented above include:

- Integrating Child Welfare and Substance Abuse and Mental Health systems of care to implement a care coordination model.
- Lead agencies conduct surveys of staff members from the Lead Agency and its partners.
- Conducting strategic planning meetings with partners.
- Obtaining feedback and input from the community, provider organizations, the court and Department partners, including:
  - Department program staff
  - Lead agency staff
  - Lead agency boards of directors
  - Community providers and stakeholders
- Hosting community meetings with providers and the Foster and Adoptive Parent Association.
- Sharing performance data with community stakeholders.
- Distributing newsletters.
- Participating in local community initiatives.
- One Lead Agency sponsors a Parent Advisory Council comprised of parents that successfully navigated the child welfare system to collaborate with current parents and meets monthly.
- Participation in the Child and Family Well-Being Council.

## Foster Parent Licensing, Recruitment, and Retention

### *Foster Parent Licensing, Recruitment, and Retention Current Functioning*

Available data and information that demonstrate the current functioning of the licensing and recruitment systemic factor are provided in detail in Florida’s Foster and Adoptive Parent Diligent Recruitment Plan.

### *Foster Parent Licensing, Recruitment, and Retention Progress to Date*

In CFSR Round 4, Florida was found not to be in substantial conformity with the systemic factor of foster and adoptive parent licensing, recruitment, and retention. To improve in this area, the Department has put in place several processes.

First, the Department has successful processes in place for licensing, background checks, recruitment, and cross-jurisdictional activity. Lead Agency contracts define the requirements for licensing, including an option for an attestation model. Florida Statute and Florida Administrative Code provide detailed licensing standards, and the contract requirements also cite sections [409.175](#) and [409.145\(2\)\(e\)](#), Florida Statutes, [Rules 65C-13](#), [65C-14](#) and [65C-15, Florida Administrative Code](#), and federal code [42 U.S.C 671\(a\)\(20\)\(B\)-\(D\)](#).

The Department issues licenses to child-placing agencies and child-caring agencies, which are renewed annually. The regional licensing units conduct annual reviews to ensure compliance with standards outlined in Florida's Administrative Code. In addition, lead agencies and their providers complete the licensure of family foster home with oversight from the Department. Samples of files are reviewed to ensure compliance with Florida Administrative Code. Contract managers review day-to-day compliance of lead agencies.

Florida ensures background checks are completed in all licensed foster homes. All foster home licensing packets are approved by lead agencies with a sample reviewed by Department licensing specialists. Florida requested a recent technical assistance eligibility review from the Children's Bureau Regional Office, and background screenings were found in all Florida foster home licensing files. Requirements for background checks are provided in [CFOP 170-01, Chapter 6, Requesting and Analyzing Background Checks](#). In April 2020, the Department was approved to submit name-based criminal history checks and receive a state and national criminal history result based on demographic information to review under the Level 2 background screening standards on a temporary basis.

The Department actively participates in the Interstate Compact for the Placement of Children (ICPC). Chapter 5, Update on Service Description, includes a description of how the ICPC operates in Florida.

[CFOP 170-10, Chapter 8, Relative/Kinship Caregiver Support](#), provides the expectations for child welfare professionals to discuss the supports available for relative caregivers. Supports include the Kinship Navigator (if available), Medicaid, at-risk childcare, temporary cash assistance, and so on.

The COU monitoring of lead agencies through the [System of Care Monitoring Standards](#) evaluates whether each lead agency has established adequate placement resources and processes. The standards for placement include a family foster home recruitment plan with local targets to meet placement needs based on analysis of children's needs, retention efforts, the placement process, group care, and relative/non-relative supports. [COU Contract Monitoring Reports](#) include findings on placement resources and processes for the lead agency.

Additional efforts that reflect the progress to date toward achieving substantial conformity include:

- The Department provided trainings to lead agencies and licensing staff on overcapacity, standardized licensing processes, and corrective actions activities.
- DCF implemented a caregiver portal to streamline licensing standards and ensure all standards are applied equally.
- Financial reimbursement of the expenses to assist lead agencies in ensuring individuals are certified as TBRI practitioners and CORE Teen trainers for the purposes of using the TBRI and/or CORE Teen approach with families.
- Ongoing assessment of screenings by the lead agency.
- Department continues to review all background screenings to confirm compliance.
- Ongoing recruitment of foster homes by the lead agency that focus on enhanced Level II homes to support teen and sibling placements.
- Recruitment initiative of Level III, safe foster homes, to support the human trafficking population.
- Partnership with Department of Health to recruit Level V medical foster homes.
- Lead agencies continue to host recruitment events in the community.
- Statewide implementation and training of the updated ICPC operating procedure to simplify and modernize processes.
- Developed and implemented enhanced ICPC job aids in conjunction and use with the updated operating procedure.
- Developed and implemented trainings specific to the child protective investigators and their role in the ICPC process.

#### *Foster Parent Licensing, Recruitment, and Retention Current and Planned Activities*

COU stakeholder surveys include foster parent input to gather information that is relevant to retention, including the supports that foster parents receive. The surveys of CPs, case managers, and GALs ask questions relevant to adequate and timely placement. Findings from foster parent COU surveys that are reported in Agency Responsiveness to the Community, are also relevant to foster parent retention. Using all of the stakeholder engagements described previously, the Department also is pleased to share the following current and planned activities.

The Department is developing a standardized tracking tool to capture the status of initial and renewal licensure and ensure timely licensing aligned with section [409.175, F.S.](#). The Department will use its ad hoc licensed provider report as a resource for tracking license expiration dates.

- Implement the standardized tracking tool developed.
- Development of a standardized assessment guide and comprehensive checklist that ensures standards are applied equally statewide for child-caring agencies and child-placing agencies.

- Use the state Overcapacity Assessment report to identify homes that are overcapacity and when an updated assessment is required.
- Lead agencies will develop a retention plan that outlines methods to support foster parents based on stay interviews or other needs assessments completed with foster care parents and exit interviews completed with foster parents who voluntarily close their homes. The Department will review retention plans for feedback.
- Certified TBRI practitioners at each PIP site will train additional staff to provide TBRI supports for foster parents.
- Provide CORE Teen training to foster parents.
- Train individuals within CBC Lead Agencies who can provide CORE Teen training to foster parents.
- Lead agencies will assess and expand TBRI and CORE Teen training to Level I-V foster parents caring for children with complex needs.
- The Department's Office of Licensing and Substance Abuse and Mental Health team will collaborate to provide foster parents with training on Mobile Response Team (MRT). Through the execution of MRT, foster parents will have immediate services available to support children with complex needs who may experience placement disruption.
- Continue statewide foster home recruitment and retention efforts.
- Provide quarterly oversight on the effectiveness of regional recruitment and retention strategies and share successes by analyzing data and assessing foster home capacity, retention, and growth.
- Facilitate, through regularly scheduled conference calls, collaboration between lead agency's licensing and placement entities to improve recruitment strategies based on data analysis.
- Continue development and implementation of enhanced ICPC job aids to avoid potential errors.
- Continue development and implementation of training specific to various child welfare professionals and their role in the ICPC process.
- Identify and resolve barriers to ICPC efficiency and/or areas of possible improvement through collaboration between stakeholders and regularly scheduled conference calls.
- Continue working with the National Electronic Interstate Compact Enterprise (NEICE) support team to develop enhanced reporting to provide better oversight.
- Include agency-specific data and feedback regarding performance on future quarterly statewide conference calls.
- Explore options for soliciting cross-jurisdictional resources to assist when agencies experience delays because of staff turnover/shortages.

- Continue to participate and/or serve on the executive committee of the AAICPC as well as assigned subcommittees to assist with addressing national ICPC issues.

To improve child and family permanency and well-being, a broader mix of homes continues to be necessary to ensure adequate placement matching. Goal 2 of Chapter 3, Updating the Plan to Enact the State’s Vision, describes the strategies that the Department is using to improve the array of placement services available, including a determination of the capacity needed so that each lead agency has the temporary caregiver capacity necessary to ensure that children in care can heal, maintain important connections, and thrive.

See Florida’s Diligent Foster and Adoptive Home Recruitment and Retention Plan for more details on current and planned activities.

## SECTION 3: PLAN FOR ENACTING THE STATE'S VISION

The following is a brief summary of Florida's 2025–29 CFSP goals. The development of the goals was based on stakeholder engagement detailed in Section 1 of this CFSP as well as a review of the recent CFSR Round 4 outcomes identified in Section 2. Following the summary and rationale statements, detailed charts of goals, objectives, strategies, and proposed activities along with target dates for completion are provided.

The objectives, strategies, and proposed activities outlined below are designed to align with Florida's CFSR PIP which is currently under review by the Children's Bureau. As such, some of these items may change based on final PIP approval to maintain that alignment. Additionally, initial baselining of targeted improvement metrics will not be established until early next year (2025) at which point, targets will be determined for CFSP purposes based on that information and updated within the plan as applicable.

**Goal 1:** Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.

**Goal 1 Rationale:** The need for Florida to improve permanency rates and reduce overall time to permanency clearly surfaced in our recently completed Round 4 CFSR. The data regarding permanency are presented in Section 2 of this plan. Florida's partners and stakeholders also see this as a key issue, specifically with regard to supporting youth behavioral health needs and providing services to children and youth in the state's care. The connection between this goal and CFSR outcomes are outlined in Table 3.0.

**Goal 2:** Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family's protective factors and build family resilience.

**Goal 2 Rationale:** Strengthening prevention, including primary prevention, has been a longstanding goal in the state, and the CFSP process provided the Department and its key partners and stakeholders the opportunity to develop updated strategies that align with the CFSR outcomes. The data regarding the safety of children in Florida is presented in Section 2 of this plan. The connections between this goal and CFSR outcomes are outlined in Table 3.0.

**Goal 3:** Enhance the array of substance abuse and mental health services to support families and children in receiving adequate and timely services that meet their needs.

**Goal 3 Rationale:** The behavioral health needs of the children, youth, and families served by Florida's child welfare system continue to grow. The Department continues to prioritize efforts to partner with our behavioral health sister state agencies and private provider community in new and enhanced ways to meet those needs. The data regarding child well-being is presented in Section 2 of this plan. The connections between this goal and CFSR outcomes are outlined in the chart below.

**Goal 4:** Identify administrative and practice efficiencies to streamline workflows and increase staff time spent with families.



**Goal 4 Rationale:** Ensure that Florida’s workforce has the time and support needed to interact and engage with families. Staffing vacancies and worker time spent performing administrative tasks affects the outcomes we are able to achieve in regard to safety, permanency, and well-being of children. To improve in these areas, the Department has to look internally at workflows, supervision, and case management processes. Caseworker time spent with families affects each CFSR data point outlined in Section 2 of this plan. The connection between this goal and CFSR outcomes are outlined in Table 3.0.

**Goal 5:** Strengthen the quality assurance system to build accountability and support continuous quality improvement throughout the system of care.

**Goal 5 Rationale:** Improving the Continuous Quality Improvement (CQI) process has been a major focus for the Department in recent years. In accordance with Chapters 402.715 and 409.996(26), Florida Statute, the Department restructured its quality assurance system in SFY 2021-2022, establishing an Office of Quality and implementing a statewide Accountability System to ensure high-quality services and performance from both the Department and its contracted providers.

**Table 3.0. Goals, Objectives, Strategies, and Performance Target Matrix for the 2025-2029 Child and Family Services Plan**

Outcome	2023 CFSR Final Report Rating	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
<b>Safety Outcome 1: Children are first and foremost protected from abuse and neglect</b>						
<b>Item 1:</b> Percent of Alleged Child Victims Seen within 24 Hours	Strength Rating: 97%		x	x	x	x
<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate</b>						
<b>Item 2:</b> Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry	Strength Rating: (all case types) 61%	x	x	x	x	x
<b>Item 3:</b> Risk and Safety Assessment and Management	Strength Rating (all case types): 68%		x	x	x	x
<b>Permanency Outcome 1: Children have permanency and stability in their living situations</b>						
<b>Item 4:</b> Stability of Foster Care Placement	Strength Rating (all case types): 80%	x		x	x	x
<b>Item 5:</b> Appropriate and Timely Permanency Goals Established	Strength Rating (all case types): 60%	x			x	x

Outcome	2023 CFSR Final Report Rating	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
<b>Item 6:</b> Achieve Reunification, Guardianship, Adoption, or Other Planned Living Arrangement	Strength Rating (all case types): 22.5%	x		x	x	x
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children						
<b>Item 7:</b> Placement with Siblings	Strength Rating (all case types): 76%	x				x
<b>Item 8:</b> Child Visits with Parents and Siblings in Foster Care	Strength Rating (all case types): 60%	x			x	x
<b>Item 9:</b> Preserving Child's Connections	Strength Rating (all case types): 65%	x				x
<b>Item 10:</b> Relative Placement	Strength Rating (all case types): 75%	x				x
<b>Item 11:</b> Relationship of Child in Care with Parents	Strength Rating (all case types): 61%	x				x
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs						
<b>Item 12:</b> Needs and Services of Child, Parents, and Foster Parents	Strength Rating (all case types): 37%	x	x	x	x	x
<b>Item 13:</b> Child and Family Involvement in Case Planning	Strength Rating (all case types): 47%		x	x	x	x
<b>Item 14:</b> Quality and Frequency of Caseworker Visits with Child	Strength Rating (all case types): 62%		x		x	x
<b>Item 15:</b> Caseworker Visits with Parents	Strength Rating (all case types): 30%		x		x	x
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs						
<b>Item 16:</b> Educational Needs for Child	Strength Rating (all case types): 77%		x	x	x	x
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs						
<b>Item 17:</b> Physical Health of the Child	Strength Rating (all case types): 78%	x	x	x	x	x

Outcome	2023 CFSR Final Report Rating	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
<b>Item 18:</b> Mental/Behavioral Health of the Child	Strength Rating (all case types): 42%	x	x	x	x	x

**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

Objective	Strategy	Activities/Tasks to achieve strategy	Target Date
O1.1: Enhance the service array to better meet the needs of children and parents.	S1.1: Connect children and families to the services and resources available within their community through Hope Florida.	S1.1a: Collaborate with faith-based organizations, private businesses, and other community and state agencies to establish a foundational network of service providers.	Q1, 2025
		S1.1b: Establish Hope Navigator positions and core processes for connecting individuals to agencies and resources available through Hope Florida- A Pathway to Prosperity and for providing follow-up to ensure the needed services are provided.	Q3, 2025
		S1.1c: Implement a centralized tool (Unite Us) that connects Floridians, including children and families involved in the child welfare system, to the network of care and services made available through Hope Florida.	Q4, 2026
		S1.1d: Formalize plans for a Hope Florida – A Pathway to Prosperity mobile unit to increase access to services and provide more immediate, real-time supports to individuals in need.	Q2, 2027
		S1.1e: Implement a youth in transitions mobile application to connect youth transitioning out of foster care to Hope Florida – A Pathway to Prosperity.	Q1, 2028

**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

		S1.1f: Collaborate with other state agencies to formalize processes for establishing points of contact for client transfers.	Q1, 2029			
		S1.1g: Recruit additional faith-based, private business, and other community partners to deepen the service menu made available through Hope Florida.	Q1 2026, ongoing			
		2025	2026	2027	2028	2029
Number of children and families served by Hope Florida	Actual					
	Target	32,858	33,183	33,833	34,483	35,133
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S1.2: Increase awareness, prevention, and treatment capacity of behavioral health services to mitigate the impact of behavioral health challenges and improve access to needed assessments and treatment for Floridians.	S1.2a: Develop a prevention campaign to improve understanding of the life-altering effects of substance misuse among school-aged youth.	Q4, 2025			
		S1.2b: Develop a suicide prevention Public Service Announcement with a focus on children and families.	Q1, 2026			
		S1.2c: Increase awareness of Mobile Response Team (MRT) services.	Q4, 2025			
		S1.2d: Increase statewide capacity for Short-Term Residential Treatment (SRT).	Q4, 2028			
		2025	2026	2027	2028	2029
Percent of awareness, prevent, and treatment services initiated	Actual					
	Target	40%	60%	80%	90%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			

Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.

	S1.3: Expand and increase awareness for services available for survivors of domestic violence.	S1.3a: Expand domestic violence/intimate partner violence knowledge to increase protective factors for survivors and batterer accountability within the faith-based partner network through the Safe Space Faith Based initiative.	Q1, 2025			
		S1.3b: Develop the batterer accountability program to improve service quality in the Batterer’s Intervention Program (BIP), increase BIP service providers, as well as increase access to BIP programs. This includes training prosecutors and other legal partners, Judges, law enforcement, child welfare, and community-based programs, on how to maximize all tools available to engage and hold accountable perpetrators of domestic and intimate partner violence.	Q1, 2027			
		S1.3c: Housing expansion through state funding to increase accessibility of housing opportunities for domestic violence survivors (prevention of homelessness and opportunities for transitional housing options).	Q1 2026			
		S1.3d: Expand domestic violence services array, support, outreach, prevention, and community education through system coordination with local stakeholders to increase knowledge around domestic violence services, prevention of domestic violence, and batterer accountability.	Q4, 2029			
		2025	2026	2027	2028	2029
Percent of outreach initiatives completed	Actual					
	Target	25%	50%	75%	89%	90%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			

Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.

S1.4: Utilize Challenge Plus Grant funding to provide housing assistance to youth exiting the foster care system and families engaged in the child welfare system.	S1.4a: Amend homelessness unified contracts to outline funding requirements, identify target populations, and establish prioritized initiatives for Challenge Grant Plus funding. Initiatives will focus on providing rapid re-housing needed to support the reunification of families and target homelessness prevention for target populations.	Q1, 2025				
	S1.4b: Continuums of Care (COCs) will collaborate with the Community Based Care (CBC) Lead Agencies to review funding requirements/initiatives and establish a memorandum of understanding (MOU) regarding the usage of the Challenge Plus Grant funding.	Q1, 2026				
	S1.4c: COCs will develop a spending plan for Challenge Plus Grant funding and allocate funding to be used for identified initiatives.	Q2, 2026				
	S1.4d: COCs will collaborate with CBC lead agencies to provide families working toward reunification with rapid rehousing services and provide preventative services to vulnerable populations and will submit a detailed monthly account of services provided. Preventative services may include, but are not limited to rental assistance, rental arrears, rental application fees, security deposits, rent advancements, utility deposits/payments, moving costs, housing search/placement, housing stability case management, mediation, legal services, and credit repair.	Q1, 2027 ongoing				
		2025	2026	2027	2028	2029
Number of service providers utilizing Challenge Plus grant	Actual					
	Target	26	27	29	30	32

Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.

Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
O1.2: Increase relative placements and enhance foster care capacity to support greater placement stability.	S1.5: Evaluate Family Finding efforts occurring across the life of case to ensure fidelity to the national model (evidence-based practice).	S1.5a: Review existing Family Finding processes and performance during initial, ongoing, pre-termination of parental rights (TPR), and post-TPR stages in cases. Within this, explore how processes may differ when locating maternal and paternal family members and how extended family members are located when a parent is newly identified.	Q4, 2025			
		S1.5b: Compare findings from S1.6a to evidence-based standards to identify fidelity gaps in current process and inconsistencies throughout the life of the case.	Q2, 2026			
		S1.5c: Determine updates needed to CFOP and/or contract language and resulting training needs to address inconsistencies and/or gaps in fidelity identified. Modify CFOP/Contract Language and update training, as identified, and establish protocols/tools for communicating critical information such as relationships, childcare experience, connections, and resource possibility with located Relatives.	Q3, 2027			
		1.5d: Develop ongoing process/cadence for assessing/measuring the fidelity to evidence-based process.	Q1, 2029			
		2025	2026	2027	2028	2029
Percent of Family Finding tasks completed	Actual					
	Target	25%	50%	75%	89%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			

**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

	S1.6: Develop and implement foster home recruitment and retention strategies for serving children with unique needs.	S1.6a: Lead agencies will conduct an annual assessment and submit an annual recruitment and retention plan to the Department with a special focus on children with enhanced needs who are underserved in their area.	Q1, 2026, ongoing			
		S1.6b: The Department will provide quarterly oversight and direction on the effectiveness of regional recruitment and retention strategies and share successes by analyzing data and assessing foster home capacity, retention, and growth. Involve lead agencies and subcontracted child placement agencies.	Q4, 2026, ongoing			
		S1.6c: Facilitate quarterly conference calls, between lead agency’s licensing and placement entities to improve recruitment and retention strategies based on data analysis.	Q4, 2025, ongoing			
		S1.6d: Explore opportunities that exist currently within the law and are available through other potential funding sources that could increase the foster care board rate.	Q4, 2027			
			2025	2026	2027	2028
Percentage of recruitment strategies developed and implemented	Actual					
	Target	25%	65%	80%	89%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			



**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

	S1.7: Provide additional supports to foster parents to help develop stabilized living environments for children.	S1.7a: Lead agencies will develop a retention plan that outlines methods to support foster parents based on stay interviews or other needs assessments completed with existing foster care parents and exit interviews completed with the foster parents that voluntarily close their homes. Retention plans will be reviewed by the Department for feedback.	Q1, 2026				
		S1.7b: Certified Trust Base Relational Intervention (TBRI) Practitioners at each PIP site will train additional staff on how to provide TBRI to support foster parents.	Q2, 2025				
		S1.7c: Train individuals within CBC lead agencies who can provide CORE Teen training to foster parents.	Q4, 2025				
		S1.7d: Provide CORE Teen training to foster parents.	Q4, 2026				
		S1.7e: The Department’s Office of Licensing and Substance Abuse and Mental Health team will collaborate to provide foster parents with training on mobile response teams (MRT). Through the execution of MRT, foster parents will have immediate services available to provide support to children with complex needs that may experience placement disruption.	Q4, 2027				
		S1.7f: Lead agencies will assess and expand TBRI and CORE Teen training to Level I–V foster parents caring for children with complex needs.	Q4, 2028, ongoing				
		2025	2026	2027	2028	2029	
Percent of supportive trainings implemented	Actual						
	Target	34%	68%	85%	94%	100%	

**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S1.8: Develop tracking mechanisms for reporting on licensure status and over capacity waivers.	S1.8a: Develop a standardized tracking tool to capture the status of initial and renewal licensure and ensure timely licensing aligned with Florida Statute <a href="#">409.175</a> . The Department will utilize the Department’s Ad Hoc Licensed Provider report as a resource to track expiration dates for licenses.	Q4, 2025, ongoing			
		S1.8b: Replace current process with the automated process through use of the tool developed in Activity S1.8a. Require lead agency use of the updated electronic tool, providing the Department with data on timeliness and accuracy of submissions. Data will be shared with Department and lead agency leadership as needed to ensure compliance and identify opportunities for improvement.	Q1, 2026			
		S1.8c: Implement the utilization of the state Overcapacity Assessment report that identifies which homes are overcapacity and when an updated assessment is required.	Q4, 2026, ongoing			
		2025	2026	2027	2028	2029
Percent completion of tracking tool implementation	Actual					
	Target	34%	60%	75%	89%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			

Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.

O1.3:  
Strengthen the case review process to support timely achievement of appropriate permanency goals.

S1.9:  
Prioritize permanency in 12 months through reunification based on meeting Conditions for Return (CFR).

S1.9a: Deliver baseline and specialized training on CFR (preservice, ongoing training, continued discussion) that includes a component related to the limits on the number of continuances along with untimely findings, to the following groups:  
 a. CM, CPI, CMS, CPIS  
 b. CLS  
 c. Parents Attorneys  
 d. Child Attorneys  
 e. GAL  
 f. Judicial/Magistrate

Q4, 2027

S1.9b: Convene workgroup(s) from the DCIP panel to create:  
 a. A Bench Book Section specific to CFR:  
     i. Create a special tab on CFR to incorporate discussions occurring within the court hearing(s) and documentation of the CFR discussion within the court orders. More than a check box- narrative to include regarding understanding CFR, what are the CFRs, and barriers to meeting the CFR (why the child cannot go home based on the CFR.  
 b. Review and update current Bench Cards- to incorporate direction on CFR.  
  
 Incorporate language on CFR discussions to occur at the hearing(s). (Narrative not just check box)

Q4, 2026

**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

		<p>S1.9c: Measure success by:</p> <p>a. Collaborating with Judicial Court Attorney Measures Performance (JCAMP)) initiative to review:</p> <p>i. Court observations at implementation sites with court observation tool to capture CFR actions occurring.</p> <p>ii. Frequency will be based on JCAMP activities already occurring.</p> <p>Conducting Permanency Hearing pulls from within the FSFN/CCWIS- quarterly random 90/10 sampling to review court orders to determine if CFR discussion/language included and correlate with permanency timeframe if included</p>	Q4, 2028			
		2025	2026	2027	2028	2029
Percent of children achieving permanency in 12 months	Actual					
	Target	31%	32%	33%	34%	35%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S1.10: Deploy a specialized quality team to jurisdictional circuits across the state to identify barriers to permanency and develop localized and/or statewide resolutions.	S1.10a: Conduct barrier analysis in Circuits 6, 11, and 13 to identify opportunities to improve the permanency process. Analysis will include input from stakeholders, case managers, leadership, the Guardian Ad Litem (GAL), Children’s Legal Services (CLS), and parent attorneys.	Q4, 2025			
		S1.10b: Use the results from barrier analysis listed in S1.11a to create a process for the Reunification Project. The purpose of this project is for key stakeholder groups to identify families who they feel have met conditions for return or who have successfully completed post-placement supervision and work toward reunification.	Q2, 2026			

**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

		S1.10c: Develop user-friendly language for conditions for return, with input from CPIs, CMs, parents with lived experience, quality staff, and legal staff. Provide training to case management, judiciary, parents, Department attorneys, and GAL on changes made.	Q4, 2027			
		S1.10d: Streamline adoption policies/procedures and background checks, to include changes to 65C-16, Florida Administrative Code.	Q2, 2025			
		S1.10e: Streamline adoption home study processes, including the use of DocuSign.	Q2, 2025			
		S1.10f: Partner with OSCA and Dependency Court Improvement Panel to create statewide adoption packet protocols.	Q3, 2025			
		S1.10g: Review policies and procedures to determine efficiencies to reduce case manager workload.	Q1, 2029			
		2025	2026	2027	2028	2029
Percent of streamlined process established and implemented	Actual					
	Target	14%	42%	57%	85%	100%
<b>Objective</b>	<b>Strategy</b>	<b>Activities/Tasks to achieve strategy</b>	<b>Target Date</b>			
	S1.11: Establish a three-tier cadence of accountability around permanency staffings to ensure that actions recommended for achieving permanency receive	S1.11a: Identify cadences, involved personnel, and issues of accountability within each PIP site to determine the best approach for incorporating the 3 Tiers of Accountability.	Q4, 2025			
		S1.11b: Develop operating procedure/written guidance that outlines requirements for implementing 3 Tiers of Accountability structure into existing permanency roundtable structures.	Q3, 2026			

**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

	adequate follow-up. (Best Practice).	S1.11c: Provide training and/or distribute materials, as needed, to support implementation of operating procedure/written guidance provided.	Q4, 2027			
		S1.11d: Incorporate 3 Levels of Accountability into permanency staffings at PIP sites.	Q1, 2027			
		S1.11e: Reassess permanency roundtable structures/processes to determine effectiveness of implementation.	Q2, 2028			
		2025	2026	2027	2028	2029
Percentage of Accountability Measures Achieved	Actual					
	Target	20%	40%	60%	80%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
O1.4: Strengthen agency engagement with parents to support keeping children in their homes to achieve permanency goals.	S1.12: Implement a professional development infrastructure to improve the understanding, capacity, and culture of the workforce to engage with parents.	S1.12a: Collaborate with stakeholders to review and edit current tools related to "Quality Contact" visits to ensure alignment with federal standards and disseminate to workforce and stakeholder groups.	Q1, 2026			
		S1.12b: Review CFSR and Life of Case (LOC) findings to identify potential opportunities and locations for providing real time training, coaching, and mentorship.	Q3, 2026			
		S1.12c: Confirm with the Academy to ensure the following is addressed in the current pre-service training curriculum: 1) voice of the parent, 2) field consultants, 3) caseworker training by OCFW, and 4) cultural competency.	Q4, 2025			

**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

		S1.12d: Collaborate with the Academy, stakeholders, and subject matter experts to develop ongoing, refresher trainings and explore making this training mandatory. Ensure consistency with other strategies in section 1.13.	Q4, 2027			
		S1.12e: Establish the infrastructure needed to support mandating the Certified Child Welfare Supervisor credential as a requirement for all supervisors.	Q1, 2029			
		2025	2026	2027	2028	2029
Progress towards completion of professional development infrastructure	Actual					
	Target	20%	60%	75%	80%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S1.13: Develop parent feedback loops to enhance cultural understanding and gain perspective of parents and their views of staff.	S1.13a: Form a statewide committee to consist of family members with lived experience, Department staff, lead agency staff, and parent advisory board member(s) to conduct a baseline assessment of parent engagement efforts.	Q4, 2025			
		S1.13b: Develop recommendations for rolling out best practices identified in S1.14a.	Q4, 2026			
		S1.13c: Share complexity tool with PIP sites and explore opportunities for installing this tool at PIP sites to build efficiencies and support greater family engagement.	Q1, 2027			

**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

		S1.13d: Increase accessibility for visits with incarcerated parents by providing information to staff on how to connect incarcerated parents, to include points of contact at each facility, and determining potential procedural changes between DCF and DOC to give case workers access to parents involved in prisons/local jails.	Q4, 2027				
		S1.13e: Evaluate parent feedback surveys currently being used across the state and, with input from persons with lived experience, develop a standardized survey with standardized expectations for conducting surveys.	Q4, 2028				
		S1.13f: Educate partners on expectations, benefits, and goals related to quality contacts with parents, taking into consideration feedback from partners on barriers/issues with quality contacts.	Q1, 2029				
		2025	2026	2027	2028	2029	
Progress of Parent Feedback Loops	Actual						
	Target	17%	34%	68%	85%	100%	
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date				
	S1.14: As part of the (larger) Father First, the responsible fatherhood initiative, develop a father engagement specialist within the lead agency to address the unique needs of fathers of children served by the lead agency.	S1.14a: Amend lead agency contracts to require the designation of a father engagement specialists within the organization and outline general roles and expectations. Individuals with similar experience to fathers being served shall be prioritized.	Q1, 2025				
		S1.14b: Lead agencies will conduct an initial assessment of its engagement with fathers and services provided to fathers to identify gaps in existing father engagement.	Q1, 2025				



**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

		S1.14c: Lead agencies will submit action plan for utilizing the father engagement specialists to address gaps identified in the assessment conducted in S1.15b.	Q1, 2025			
		S1.14d: Department will review and approve action plans submitted by the lead agency to ensure adherence to contract requirements and alignment with the intent of the father engagement specialist role.	Q1, 2025			
		S1.14e: Implement the action plan submitted in S1.15c and submit an annual report to the Department on activities to meet the needs of fathers.	Q1, 2026 - 2029			
		S1.14f: Explore opportunities to modify and/or expand the father specialist role and to share best practices, based on successes realized in annual reporting.	Q4, 2029			
		2025	2026	2027	2028	2029
Percentage of Fatherhood Initiatives implemented	Actual					
	Target	66%	76%	81%	86%	100%
<b>Objective</b>	<b>Strategy</b>	<b>Activities/Tasks to achieve strategy</b>	<b>Target Date</b>			
	S1.15: Expand and standardize the use of Parent Advisory Councils to connect parents involved in the child welfare system with support from individuals with lived experience.	S1.15a: Develop a statewide directory of existing parent boards/councils that could provide support and resources to lead agencies across Florida in facilitating Parent Advisory Councils.	Q4, 2025			
		S1.15b: Create a toolkit with best practices and lessons learned in the creation and current use of Parent Advisory Councils to support areas interested in developing and sustaining their own councils.	Q4, 2028			

**Goal 1: Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.**

		S1.15c: Consider adding language to CBC standard contracts requiring the development and use of Parent Advisory Councils within each lead agency's system of care.	Q1, 2027				
		S1.15d: Reassess background screening requirements for parent partner or peer support positions and explore opportunities to streamline process and encourage hiring people with lived experience.	Q1, 2026				
		S1.15e: Implement and standardize a process by which lead agencies develop and support relationships between caregivers and birth or legal parents of children in out-of-home care using "Comfort Calls".	Q2, 2028				
		2025	2026	2027	2028	2029	
Percent of expansion task completed statewide	Actual						
	Target	20%	40%	60%	80%	100%	

**Goal 2: Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family's protective factors and build family resilience.**

Objective	Strategy	Activities/Tasks to achieve strategy	Target Date
O2.1: Enhance the service array to better meet the needs of children and parents.	S2.1: Utilize funding from the Opioid Settlement agreement to broaden access to support state and local efforts to abate the opioid epidemic and	S2.1a: Recipients of settlement funds for plan years will submit an annual implementation plan to report its intended use of the funds to the Statewide Council on Opioid Abatement.	Q4, 2025, ongoing through 2029
		S2.1b: Annually distribute funding for Opioid Settlement Agreement to city, county, and regional recipients.	Q4, 2025, ongoing through 2029

Goal 2: Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family’s protective factors and build family resilience.

	support the victims and families of the crisis.	S2.1c: Annually submit financial data to inform the Statewide Council on Opioid Abatement on how funding was spent.	Q4 of 2026-2029			
		2025	2026	2027	2028	2029
Percentage of Opioid Settlement plans implemented	Actual					
	Target	13%	32%	51%	70%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S2.2: Utilize Challenge Plus Grant funding to provide housing assistance to youth exiting the foster care system and families engaged in the child welfare system.	S2.2a: Amend homelessness unified contracts to outline funding requirements, identify target populations, and establish prioritized initiatives for Challenge Grant Plus funding. Initiatives will focus on providing rapid re-housing needed to support the reunification of families and target homelessness prevention for target populations.	Q1, 2025			
		S2.2b: Continuums of Care (COCs) will collaborate with the Community Based Care (CBC) Lead Agencies to review funding requirements/initiatives and establish a Memorandum of Understanding (MOU) regarding the usage of the Challenge Plus Grant funding.	Q1, 2025 Q2, 2025			
		COCs will develop a spending plan for Challenge Plus Grant funding and allocate funding to be used for each initiative identified in 2-B1.				

Goal 2: Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family’s protective factors and build family resilience.

		S2.2c: COCs will collaborate with CBC Lead Agencies to provide families working toward reunification with rapid rehousing services and provide preventative services to vulnerable populations and will submit a detailed monthly account of services provided. Preventative services may include, but are not limited to, rental assistance, rental arrears, rental application fees, security deposits, rent advancements, utility deposits/payments, moving costs, housing search/placement, housing stability case management, mediation, legal services, and credit repair.	Q4, 2025, ongoing through Q4, 2029			
		2025	2026	2027	2028	2029
Number of providers utilizing Challenge Plus grant funding	Actual					
	Target	26	27	29	30	32
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S2.3: Connect children and families to the services and resources available within their community through Hope Florida.	S2.3a: Collaborate with faith-based organizations, private businesses, and other community and state agencies to establish a foundational network of service providers.	Q1, 2025			
		S2.3b: Establish Hope Navigator positions and core processes for connecting individuals to agencies and resources available through Hope Florida – A Pathway to Prosperity and for providing follow-up to ensure the needed services are provided.	Q3, 2025			

Goal 2: Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family’s protective factors and build family resilience.

	S2.3c: Implement a centralized tool (Unite Us) that connects Floridians, including children and families involved in the child welfare system, to the network of care and services made available through Hope Florida.	Q4, 2026				
	S2.3d: Formalize plans for a Hope Florida mobile unit to increase access to services and provide more immediate, real-time supports to individuals in need.	Q2, 2027				
	S2.3e: Implement a Youth in Transitions mobile application to connect youth transitioning out of foster care to Hope Florida.	Q1, 2028				
	S2.3f: Collaborate with other state agencies to formalize processes for establishing points of contact for client transfers.	Q1, 2029				
	S2.3g: Recruit additional faith-based, private business, and other community partners to deepen the service menu made available through Hope Florida – A Pathway to Prosperity.	Q1 2026, ongoing				
		2025	2026	2027	2028	2029
Number of children and families served through Hope Florida initiative	Actual					
	Target	32,858	33,183	33,833	34,483	35,133
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S2.4: Expand and increase awareness for services available for survivors of	S2.4a: Expand domestic violence/intimate partner violence knowledge to increase protective factors for survivors and batterer accountability within the faith- based partner network through the Safe Space faith-based initiative.	Q1, 2025			

Goal 2: Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family’s protective factors and build family resilience.

domestic violence.	S2.4b: Develop the batterer accountability program to improve service quality in the Batterer’s Intervention Program (BIP), increase BIP service providers, as well as increase access to BIP programs. This includes training prosecutors and other legal partners, Judges, law enforcement, child welfare, and community-based programs, on how to maximize all tools available to engage and hold accountable perpetrators of domestic and intimate partner violence.	Q1, 2026				
	S2.4c: Housing expansion through state funding to increase accessibility of housing opportunities for domestic violence survivors (prevention of homelessness and opportunities for transitional housing options).	Q2, 2026				
	S2.4d: Expand domestic violence services array, support, outreach, prevention, and community education through system coordination with local stakeholders to increase knowledge around domestic violence services, prevention of domestic violence, and batterer accountability.	Q1, 2027, ongoing				
		2025	2026	2027	2028	2029
Percent of outreach initiatives completed	Actual					
	Target	25%	50%	75%	89%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S2.5: Increase the capacity of behavioral health services to	S2.5a: Develop a prevention campaign to improve understanding of the life-altering effects of substance misuse among school-aged youth.	Q4, 2025			

Goal 2: Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family’s protective factors and build family resilience.

	improve access to needed assessments and treatment services for children and families.	S2.5b: Develop a suicide prevention Public Service Announcement with a focus on children and families.	Q1, 2026				
		S2.5c: Increase awareness of Mobile Response Team (MRT) services.	Q4, 2025				
		S2.5d: Increase statewide capacity for Short-Term Residential Treatment (SRT).	Q4, 2028				
			2025	2026	2027	2028	2029
Percent of awareness, prevent, and treatment services initiatives	Actual						
	Target	40%	60%	80%	90%	100%	
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date				
O2.2: Strengthen agency engagement with parents to support keeping children in their homes to achieve permanency goals.	S2.6: Implement a professional development infrastructure to improve the understanding, capacity, and culture of the workforce to engage with parents.	S2.6a: Collaborate with stakeholders to review and edit current tools related to “Quality Contact” visits to ensure alignment with federal standards and disseminate to workforce and stakeholder groups.	Q1, 2026				
		S2.6b: Review CFSR and Life of Case (LOC) findings to identify potential opportunities and locations for providing real time training, coaching, and mentorship.	Q3, 2026				
		S2.6c: Confirm with the Academy to ensure the following is addressed in the current pre-service training curriculum: 1) voice of the parent, 2) field consultants, 3) caseworker training by OCFW, and 4) cultural competency.	Q4, 2025				
		S2.6d: Collaborate with the academy, stakeholders, and subject matter experts to develop ongoing, refresher trainings and explore making this training mandatory. Ensure consistency with all trainings.	Q4, 2027				

Goal 2: Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family’s protective factors and build family resilience.

		S2.6e: Establish the infrastructure needed to support mandating the Certified Child Welfare Supervisor credential as a requirement for all supervisors.	Q1, 2029			
		2025	2026	2027	2028	2029
Percent of implemented workforce development improvements	Actual					
	Target	20%	60%	75%	80%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S2.7: Develop parent feedback loops to enhance cultural understanding and gain perspective of parents and their views of staff.	S2.7a: Form a committee to consist of family members with lived experience, Department staff, lead agency staff, and parent advisory board member(s) to conduct a baseline assessment of parent engagement efforts.	Q4, 2025			
		S2.7b: Develop recommendations for rolling out best practices identified in S2.7a.	Q4, 2026			
		S2.7c: Share complexity tool with PIP sites and explore opportunities for installing this tool at PIP sites to build efficiencies and support greater family engagement.	Q1, 2027			
		S2.7d: Increase accessibility for visits with incarcerated parents by providing information to staff on how to connect incarcerated parents, to include points of contact at each facility, and determining potential procedural changes between DCF and DOC to give case workers access to parents involved in prisons/local jails.	Q4, 2027			



Goal 2: Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family’s protective factors and build family resilience.

		S2.7e: Evaluate parent feedback surveys currently being used across the state and, with input from persons with lived experience, develop a standardized survey with standardized expectations for conducting surveys.	Q4, 2028			
		S2.7f: Educate partners on expectations, benefits, and goals related to quality contacts with parents, taking into consideration feedback from partners on barriers/issues with quality contacts.	Q1, 2029			
		2025	2026	2027	2028	2029
Progress of Parent Feedback Loops	Actual					
	Target	17%	34%	68%	85%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S2.8: As part of the (larger) Father First, the responsible fatherhood initiative, develop a father engagement specialist within the lead agency to address the unique needs of fathers of children served by the lead agency.	S2.8a: Amend lead agency contracts to require the designation of father engagement specialists within the organization and outline general roles and expectations. Individuals with similar experience to fathers being served shall be prioritized.	Q1, 2025			
		S2.8b: Lead agencies will conduct an initial assessment of its engagement with fathers and services provided to fathers to identify gaps in existing father engagement.	Q1, 2025			
		S2.8c: Lead agencies will submit action plan for utilizing the father engagement specialists to address gaps identified in the assessment conducted in S2.8b.	Q1, 2025			

Goal 2: Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family’s protective factors and build family resilience.

		S2.8d: Department will review and approve action plans submitted by the lead agency to ensure adherence to contract requirements and alignment with the intent of the father engagement specialist role	Q1, 2025			
		S2.8e: Implement the action plan submitted (5-C4) and submit an annual report to the Department on activities to meet the needs of fathers.	Q1 2026 - 2029			
		S2.8f: Explore opportunities to modify and/or expand the father specialist role and to share best practices, based on successes realized in annual reporting.	Q4, 2029			
		2025	2026	2027	2028	2029
Percentage of Fatherhood Initiatives implemented	Actual					
	Target	66%	76%	81%	86%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S2.9: Expand and standardize the use of Parent Advisory Councils to connect parents involved in the child welfare system with support from individuals with lived experience.	S2.9a: Develop a statewide directory of existing parent boards/councils that could provide support and resources to lead agencies across Florida in facilitating Parent Advisory Councils.	Q4, 2025			
		S2.9b: Create a toolkit with best practices and lessons learned in the creation and current use of Parent Advisory Councils to support areas interested in developing and sustaining their own councils.	Q4, 2028			

**Goal 2: Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. The focus of this work will be to increase the family’s protective factors and build family resilience.**

	S2.9c: Consider adding language to CBC standard contracts requiring the development and use of Parent Advisory Councils within each lead agency’s system of care.	Q1, 2028				
	S2.9d: Reassess background screening requirements for parent partner or peer support positions and explore opportunities to streamline process and encourage hiring people with lived experience.	Q1, 2026				
	S2.9e: Implement and standardize a process by which lead agencies develop and support relationships between caregivers and birth or legal parents of children in out-of-home care using comfort calls.	Q2, 2027				
		2025	2026	2027	2028	2029
Percent of expansion tasks completed statewide	Actual					
	Target	20%	40%	60%	80%	100%

**Goal 3: Enhance the service array around substance abuse and mental health to support families and children receiving adequate and timely services to meet their needs.**

Objective	Strategy	Activities/Tasks to achieve strategy	Target Date
O3.1: Identify gaps in the service continuum and use funding and contracting opportunities to build a seamless	S3.1: Engage stakeholders and providers to identify gaps in the system of care and work	S3.1a: Leverage existing opportunities related to established boards, committees, working groups, advisory coalitions, etc. to conduct a gap analysis and needs assessment and utilize tools such as stakeholder engagement strategies including key informant interviews, focus groups, learning collaboratives, surveys, etc.	Q2, 2025

**Goal 3: Enhance the service array around substance abuse and mental health to support families and children receiving adequate and timely services to meet their needs.**

system of care to meet the behavioral health needs of Floridians	collaboratively to develop strategies to close the service gaps necessary to improve behavioral health outcomes for Floridians.	S3.1b: Implement the findings of the needs assessment and gap analysis.	Q4, 2026			
		2025	2026	2027	2028	2029
Percent of stakeholder engagement tasks completed	Actual					
	Target	33%	66%	90%	95%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S3.2: Connect children and families to the services and resources available within their community through Hope Florida – A Pathway to Prosperity.	S3.2a: Collaborate with faith-based organizations, private businesses, and other community and state agencies to establish a foundational network of service providers.	Q1, 2025			
		S3.2b: Establish Hope Navigator positions and core processes for connecting individuals to agencies and resources available through Hope Florida and for providing follow-up to ensure the needed services are provided.	Q1, 2025			
		S3.2c: Implement a centralized tool (Unite Us) that connects Floridians, including children and families involved in the child welfare system, to the network of care and services made available through Hope Florida.	Q1, 2025			
		S3.2d: Formalize plans for a Hope Florida mobile unit to increase access to services and provide more immediate, real-time supports to individuals in need.	Q2, 2025			
		S3.2e: Implement a Youth in Transitions mobile application to connect youth transitioning out of foster care to Hope Florida.	Q2, 2025			
		S3.2f: Collaborate with other state agencies to formalize processes for establishing points of contact for client transfers.	Q3, 2025			

Goal 3: Enhance the service array around substance abuse and mental health to support families and children receiving adequate and timely services to meet their needs.

		S3.2g: Recruit additional faith-based, private business, and other community partners to deepen the service menu made available through Hope Florida.	Q4, 2025				
		2025	2026	2027	2028	2029	
Number of children and families served by Hope Florida	Actual						
	Target	32,858	33,183	33,833	34,483	35,133	
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date				
	S3.3: Utilize funding from the Opioid Settlement agreement to broaden access to support state and local efforts to abate the opioid epidemic and support the victims and families of the crisis.	S3.3a: Recipients of settlement funds for plan years will submit an annual implementation plan to report its intended use of the funds to the Statewide Council on Opioid Abatement.	Q4, 2025, ongoing				
		S3.3b: Annually distribute funding for Opioid Settlement Agreement to city, county, and regional recipients.	Q4, 2025, ongoing				
		S3.3c: Annually submit financial data to inform the Statewide Council on Opioid Abatement on how funding was spent.	Q4, 2026 -2029				
		2025	2026	2027	2028	2029	
Progress of Opioid Settlement plans completed	Actual						
	Target	13%	32%	51%	70%	100%	
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date				
	S3.4: Increase the capacity of behavioral health services to improve access to needed assessments and treatment services	S3.4a: Develop a prevention campaign to improve understanding of the life-altering effects of substance misuse among school-aged youth.	Q4, 2025				

**Goal 3: Enhance the service array around substance abuse and mental health to support families and children receiving adequate and timely services to meet their needs.**

	for children and families.	S3.4b: Develop a suicide prevention Public Service Announcement with a focus on children and families.	Q1, 2026			
		S3.4c: Increase awareness of Mobile Response Team (MRT) services.	Q4, 2025			
		S3.4d: Increase statewide capacity for Short-Term Residential Treatment (SRT).	Q4, 2028			
		2025	2026	2027	2028	2029
Percent of awareness, prevent, and treatment services initiatives	Actual					
	Target	40%	60%	80%	90%	100%

**Goal 4: Identify administrative and practice efficiencies to streamline workflows and increase staff time spent with families**

Objective	Strategy	Activities/Tasks to achieve strategy	Target Date
O4.1: Redesign one-two business processes and provide training and capacity building to supervisors and managers each year to improve efficiencies and increase staff time spent with families. This	S4.1: Implement a professional development infrastructure to improve the understanding, capacity, and culture of the workforce to engage with parents.	S4.1a: Assess the need for modifications to existing reports to better alert staff on upcoming visitations, and implement modifications, as needed.	Q1, 2026
		S4.1b: Collaborate with stakeholders to review and edit current tools related to "Quality Contact" visits to ensure alignment with federal standards and disseminate to workforce and stakeholder groups.	Q3, 2026
		S4.1c: Review CFSR and Life of Case (LOC) findings to identify potential opportunities and locations for providing real time training, coaching, and mentorship.	Q4, 2025

Goal 4: Identify administrative and practice efficiencies to streamline workflows and increase staff time spent with families

would be measured by the department's quality assurance plan.		S4.1d: Confirm with the Academy to ensure the following is addressed in the current pre-service training curriculum: 1) voice of the parent, 2) field consultants, 3) caseworker training by OCFW, and 4) cultural competency.	Q4, 2027			
		S4.1e: Collaborate with the Academy, stakeholders, and subject matter experts to develop ongoing refresher trainings and explore making this training mandatory. Ensure consistency with other trainings.	Q3, 2029			
		S4.1f: Establish the infrastructure needed to support mandating the certified child welfare supervisor credential as a requirement for all supervisors.	Q1, 2029			
		2025	2026	2027	2028	2029
Progress towards completion of professional development infrastructure	Actual					
	Target	20%	60%	75%	80%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S4.2: Implement a comprehensive supervisor enhancement program, to include coaching and mentoring components, to better support child welfare staff in	S4.2a: Conduct surveys, hosting focus groups, and/or evaluating training/proficiency models and existing supervisor support tools to identify supervisor coaching needs.	Q4, 2025			
		S4.2b: Develop training that strengthens supervisor coaching skills on information gathering, safety plan development, controls for safety threats, referrals to safety-related services, and safety monitoring. Focus will be on introducing supervisors to new tools and supports.	Q4, 2026			

Goal 4: Identify administrative and practice efficiencies to streamline workflows and increase staff time spent with families

	conducting comprehensive assessments and building effective safety plans.	S4.2c: Develop a tool kit for supervisors that prompts questions for supervisors to address during child welfare staffings for topics such as: identifying danger threats; elements to include in a safety plan; appropriate services to put in place and how to make and follow-up on service referrals; and how to review safety plans and include safety monitors. Mechanisms and/or processes for tracking tool kit usage and assessing its usefulness should be considered prior to its production.	Q1, 2027				
		S4.2d: Review and ensure that local/agency coaching teams (DCF & Lead Agencies) are present in the regions/circuits that will be PIP implementation sites.	Q1, 2028				
		S4.2e: Identify staff, with an emphasis on supervisors, who will participate in the “train the trainer” program and provide coaching and mentoring around assessment and safety planning to supervisor colleagues.	Q1, 2029				
		2025	2026	2027	2028	2029	
Progress of completion toward supervisor enhancement tasks	Actual						
	Target	20%	40%	60%	80%	100%	
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date				
	S4.3: Develop parent feedback loops to enhance cultural understanding	S4.3a: Form a committee to consist of family members with lived experience, Department staff, lead agency staff, and parent advisory board member(s) to conduct a baseline assessment of parent engagement efforts.	Q4, 2025				



Goal 4: Identify administrative and practice efficiencies to streamline workflows and increase staff time spent with families

	and gain perspective of parents and their views of staff.	S4.3b: Develop recommendations for rolling out best practices identified in S4.3a.	Q4, 2026			
		S4.3c: Share complexity tool with PIP sites and explore opportunities for installing this tool at PIP sites to build efficiencies and support greater family engagement.	Q1, 2027			
		S4.3d: Increase accessibility for visits with incarcerated parents by providing information to staff on how to connect incarcerated parents, to include points of contact at each facility, and determining potential procedural changes between DCF and DOC to give case workers access to parents involved in prisons/local jails.	Q4, 2027			
		S4.3e: Evaluate parent feedback surveys currently being used across the state and, with input from persons with lived experience, develop a standardized survey with standardized expectations for conducting surveys.	Q4, 2028			
		S4.3f: Educate partners on expectations, benefits, and goals related to quality contacts with parents, taking into consideration feedback from partners on barriers/issues with quality contacts.	Q1, 2029			
		2025	2026	2027	2028	2029
Progress of Parent Feedback Loops	Actual					
	Target	17%	34%	68%	85%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S4.4: Implement a programmatic monitoring structure within the	S4.4a: Establish a workgroup to develop programmatic monitoring procedures, standards, and a review tool. Standards will align with CFSR standards and will include feedback loop from stakeholders and persons with lived experience.	Q4, 2025			

Goal 4: Identify administrative and practice efficiencies to streamline workflows and increase staff time spent with families

Department's Quality Assurance Plan to assess systemic factors and their impact on child and family outcomes and establish a formalized structure for continuous quality improvement.	S4.4b: Develop a monthly programmatic process that is embedded into Contract Oversight (Co-Team) process.	Q1, 2026				
	S4.4c: Conduct monthly programmatic monitoring, following the framework described in S4.4b.	Q2 2026, ongoing				
	S4.4d: Develop training materials and provide training to programmatic monitoring review teams designated in PIP implementation sites.	Q1, 2027				
	S4.4e: Conduct on-site programmatic monitoring and develop feedback reports with follow-up required by the Lead Agency.	Q4, 2027, ongoing				
	S4.4f: Lead agencies will develop performance improvement plans to address findings from programmatic monitoring.	Q4, 2028				
	S4.4g: Evaluate implementation and effectiveness of performance improvement plans during monthly programmatic monitoring.	Q4, 2026, ongoing				
	S4.4h: Incorporate systematic process by which best practices from on-site reviews are shared and evaluated for statewide implementation.	Q4, 2029				
		2025	2026	2027	2028	2029
Percentage of programmatic monitoring tasks completed	Actual					
	Target	13%	52%	78%	91%	100%

Objective	Strategy	Activities/Tasks to achieve strategy	Target Date
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O5.1: Utilize current quality assurance systems to ensure efficacy and accountability of our system of care.	S5.1: Implement a programmatic monitoring structure to evaluate systemic factors and create a framework for continued quality improvement	S5.1a: Establish a workgroup to develop programmatic monitoring procedures, standards, and a review tool. Standards will align with CFSR standards and will include feedback loops from stakeholders and persons with lived experience.	Q4, 2025			
		S5.1b: Develop a monthly programmatic process that is embedded into Contract Oversight (Co-Team) processes.	Q1, 2026			
		S5.1c: Conduct monthly programmatic monitoring, following the framework described in S5.1b.	Q2 2026, ongoing			
		S5.1d: Develop training materials and provide training to programmatic monitoring review teams designated in PIP implementation sites.	Q1, 2027			
		S5.1e: Conduct programmatic monitoring and develop feedback reports with follow-up actions required by the Lead Agency.	Q4, 2027, ongoing			
		S5.1f: Lead agencies will develop performance improvement plans to address findings from programmatic monitoring.	Q4, 2028			
		S5.1g: Evaluate implementation and effectiveness of performance improvement plans during monthly programmatic monitoring.	Q4, 2026, ongoing			
		S5.1h: Incorporate systematic process by which best practices from on-site reviews are shared and evaluated for statewide implementation	Q4, 2029			
		2025	2026	2027	2028	2029
Percentage of programmatic monitoring tasks completed	Actual					
	Target	13%	52%	78%	91%	100%
Objective	Strategy	Activities/Tasks to achieve strategy	Target Date			
	S5.2: Revise the Life of Case (LOC)	S5.2a: Establish and train a team of reviewers to complete statewide CFSR desk reviews.	Q4, 2025			

	review process to align more closely with federal case review standards and provide clearer, more actionable feedback to staff for enhancing case work quality.	S5.2b: Establish and train a team of reviewers to conduct initial quality assurance.	Q4, 2025			
		S5.2c: Transition from LOC Ongoing case management review instrument to CFSR desk review.	Q4, 2026			
		S5.2d: As part of monthly Programmatic Monitoring calls with each Lead Agency, establish a standing agenda item to discuss CFSR desk reviews findings and performance improvement actions occurring at the lead agency to address items noted as needing improvement.	Q1, 2027, ongoing			
		2025	2026	2027	2028	2029
Percent of LOC Revisions Completed	Actual					
	Target	25%	50%	75%	83%	100%

## Staff Training, Technical Assistance, and Evaluation related to the 2025-29 CFSP Goal Achievement

To support the goals and objectives of the CFSP and to improve overall performance of our child welfare staff across the state, the Department is introducing Florida's new pre-service program for CPIs, case managers, and licensing staff called the Florida Academy for Child Protection and Family Resilience.

In 2022, the Department determined the pre-service curriculum needed to be revised. Stakeholders were interviewed and consistently reported revisions needed to include content updates, experiential learning, and retention efforts. The pre-service program was redesigned to include a robust curriculum with a focus on family-centered practice, engagement, and trauma-informed care as well as virtual reality experiences and opportunities for new learners to practice skills in simulation. The program was renamed The Florida Academy for Child Protection and Family Resiliency (the Academy).

The pre-service process also was redesigned. Previously, the new learner completed pre-service curriculum, passed a competency exam, and achieved provisional certification. In the Academy, all new learners complete Foundations, a five-week course that focuses on child welfare history and overall requirements. After Foundations, the learner passes the competency exam and continues on to a role-specific specialty track: CPI (six weeks), case management (seven weeks), or licensing (under development).

The Academy also introduces a new process to pre-service—Assessment—which begins at the date of hire and continues through the entire pre-service program. Through assessment, the new learner is required to observe and discuss role-specific job functions with a certified peer and/or supervisor. While progressing through pre-service and Assessment, the new learner practices skills under supervision and ultimately must exhibit basic competencies. The Assessment process ensures the bridging of the gap from the learner being trained by the trainer to the ongoing training the continues by the supervisor and creates a partnership between training and operations with a shared goal of employee growth and retention.

After completing Foundations, Specialty Track, and Assessment, the new learner achieves provisional certification. Once provisionally certified, the child welfare professional is given a training caseload with a reduced number of cases for the first 30 days. After the first thirty days, each agency decides on the professional’s caseload size based on their individual knowledge, skills, and abilities.

The process for full certification, Pillars, is in development and will include the requirements of 1,040 hours of on-the-job practice, 20 hours of individual supervision, 10 hours of group supervision, an additional 10 hours of individual and/or group supervision with an attestation from the supervisor that the child welfare professional has the ability to competently deliver child welfare services. Additionally, when complete, the Pillars program will require 10 one-day courses that focus on complex child welfare topics such as domestic violence, substance abuse, mental health conditions, physical abuse, sexual abuse, medical neglect, trauma, and neglect. Those courses are in development.

Absent special circumstances, a child welfare professional has one year from provisional certification to attain full certification. To maintain certification, the child welfare professional must complete at least 40 hours of continuing education every two years.

The Foster Care Licensing Specialty Track, released in 2017, is another one-and-a-half-week-long training following Foundations. It focuses on recruiting, supporting, assessing, and retaining foster homes through the licensing and relicensing process. This track is under development in the Academy.

The newly designed pre-service program will support the goals and objectives of the CFSP by providing an updated and robust curriculum that incorporates experiential learning through Virtual Reality and simulation. There was also an “assessment” portion added that requires the supervisor and a qualified evaluator (field trainer, specialist, etc.) to assess the new CPIs on eleven competencies prior to obtaining provisional certification to ensure a basic level of skill and confidence exists prior to the new CPI meeting with families on their own.

The Academy launched the CPI track in April 2024. The Case Management track is scheduled for pilot July 2024 and launch January 2025. The licensing track is in development, with plans to pilot in 2026.

The complete description of the planned implementation efforts for the Training Plan can be found in Florida’s Statewide Training Plan.

## SECTION 3: SERVICES

### Child and Family Services Continuum

Effective service provision to children, parents, relatives, and other caregivers will be an ongoing priority and focus of the 2025-2029 CFSP.

An array of services are available across the state. Florida is experiencing success in terms of expanding baseline system capacity for all four types of services: family support, safety management, treatment, and child well-being. The Child Service Array workgroup identified existing evidence-based services throughout the state of Florida, permitting local areas to continue identifying additional services to support the child welfare system. The next critical steps for the service array workgroup involve expanding the specific capacity needed in each circuit, including methods to achieve and maintain fidelity to promising and evidence-based interventions. The implementation of CCWIS as described previously in this plan will provide an opportunity to create standard definitions and methods for documenting service costs. It will allow direct exchange of data with other systems, for example the Agency for Health Care Administration and Medicaid claims. The next five years offer additional opportunities to better gather, assess, and correlate specific services costs with outcome information.

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

- Serve all children referred as a result of a report of abuse, neglect, or abandonment to the Hotline including children who are the subject of verified reports and not verified reports but are at moderate to extremely high risk of abuse, neglect, or abandonment regardless of funding allocated. The lead agencies serve children who are at risk of abuse, neglect, or abandonment to prevent entry into child protection or child welfare system.
- Provide accurate and timely information necessary for oversight by the Department as established in the child welfare results-oriented accountability program (ROA).
- Serve dependent children through services that are research-based or best child welfare practice; may provide innovative services, including family-centered, cognitive-behavioral, and trauma-informed interventions designed to mitigate out-of-home placements.

- Follow financial guidelines developed by the Department and provide for a regular independent auditing of its financial activities.
- Prepare all judicial reviews, case plans, and other reports necessary for court hearings for dependent children, except those related to the investigation of a referral from the child abuse hotline and submit these documents timely to the Department’s attorneys for review, any necessary revision, and filing with the court. The lead agency shall make the necessary staff available to Department attorneys for preparation for dependency proceedings and provide testimony and other evidence required for dependency court proceedings in coordination with Department attorneys.

Child protective investigation requirements are defined and delivered pursuant to [Chapter 39](#), Florida Statutes. The Department was previously responsible for conducting child protective investigations in 60 of 67 Florida counties. However, legislation passed in the 2023 legislative session, transitioned the responsibility of conducting child protective investigations from the Sheriff’s offices in the remaining seven counties (Broward, Hillsborough, Pasco, Pinellas, Manatee, Seminole, and Walton counties) back to the Department. The Department’s website provides a lead agency map, which also shows the six regions and 20 circuits.

### Functioning of Florida’s Service Array

**Family support services** are provided to families at risk of future maltreatment. The Florida child welfare system has made concerted efforts over the past several years to implement, expand, and evaluate the efficacy of family support services.

**Safety management services** manage or control the condition(s) that make a child unsafe until the parent can fully resume his/her responsibilities. When a child is receiving child welfare system services, the CPI or case manager responsible must be able to assess the family and conditions in the home to determine whether specific criteria are met for an in-home safety plan. One criterion for an in-home safety plan is the availability of appropriate safety management services. If a child is placed in out-of-home care, “conditions for return” are established that describe what must change for the child to be reunified and protected in the home with an in-home safety plan. An adequate array of safety management services helps to prevent unnecessary out-of-home placements and to achieve timely reunification.

**Treatment services** usually are formal services and interventions designed to achieve fundamental change in parent functioning and behavior associated with the reason that the child is unsafe. Treatment services must be trauma-informed, the correct match to the problem, the right intensity, a cultural match, accessible and affordable. A few treatment service examples are in-home family preservation services; child-parent psychotherapy; nurturing parents; substance abuse services (outpatient, residential, aftercare) and mental health services.

The following statewide collaborative strategies continue to be developed for overall system of care:

- Collaboration with statewide inpatient psychiatric programs (SIPPs), DCF, AHCA, and lead agencies to increase capacity and programming. This work includes not only SIPP, but also the therapeutic CoC for children (therapeutic group care, foster care, short-term residential services, crisis care, and respite).

- Continued enhancement of the DCF’s placement array that includes specialization to better meet the needs of children dually served such as human trafficking safe houses and safe foster homes, at-risk homes for sex trafficking, and Behavioral Qualified Residential Treatment Programs (B-QRTP). The B-QRTP allows for specialization within the homes for children needing behavioral management coupled with developmental disabilities, aggressive behaviors, sexual behaviors, and specialized medical needs.
- Expansion of the Citrus CHANCE model per funding allocation in the 2023 Legislative Session. This expansion will focus on developing safe foster homes as well as the CHANCE outreach program in two high-priority areas of the state, then further expansion into other areas of the state dependent on funding availability.

During the 2022 legislative session, the Department received funding for fatherhood grants. The grants were used to fund mentorship programs for at-risk male students and to address the needs of fathers. DCF has begun offering mentorship services to at-risk male youth this year, and the initiative is expected to benefit dually served male youth.

The DJJ has extended the availability for dually served youth to participate in the evidence-based programs of FFT, cognitive behavioral therapy (CBT), and HomeBuilders. FFT is a strength-focused family counseling model designed for at-risk youth. It assists youth and families with overcoming behavior problems, conduct disorder, substance abuse, and delinquency from a family-based perspective. CBT is focused on helping youth and families replace maladaptive coping skills, thinking, emotions, and behaviors with more adaptive ones by challenging an individual’s way of thinking and their reaction to habits and behaviors. CBT challenges patterns and beliefs and replaces negative thinking with more realistic thoughts, which decreases emotional distress and self-defeating behavior. HomeBuilders provides intensive, in-home crisis intervention, counseling, and life skills education for families who are at imminent risk of out-of-home placement.

The Department has extended the availability of FFT as well as multisystemic therapy (MST) and BSFT through the implementation of the FFPSA. At present ten (10) community-based care lead agencies across the state in various stages of implementing FFT to enhance their service options.

Sunshine Health is partnering with the Department to support the implementation of BSFT through their reinvestment grant for community-based care lead agencies and are supporting four programs across the state.

The Department’s Substance Abuse and Mental Health Program is supporting funding for six evidence-based services

through managing entity contracts. These services are designed for children identified through the community and DCF’s OCFW.

The Department continues to provide training support for TBRI, an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI uses empowering principles to address physical needs, connecting principles for attachment needs, and correcting principles to disarm fear-based behaviors, as well as CORE Teen training. This innovative training solution is provided to foster parents to promote stability and permanency for adolescents in the foster care system.



## Service Coordination

**Connection between Service Array, Resources, and Financial Viability.** Resources are a primary driver for the availability of sufficient service array capacity. Three overarching challenges are key to the financial viability of Florida's child welfare system:

- Florida's performance in achieving timely permanency is decreasing. The length of stay for children exiting out-of-home care has been steadily increasing.
- As the behavioral health needs of youth in care have evolved, Florida is experiencing challenges with whether SIPPs can meet those needs.
- Enhanced resource needs, along with other factors like workforce, have affected the costs associated with out-of-home care, particularly with group home providers, specialized therapeutic group homes and SIPPs. These needs require additional supports and services to be provided to ensure the needs of children in

There is a general gap in awareness among child welfare professionals and those they serve regarding the available services in their areas. To address this, the CFSR PIP activity aims to utilize Hope Florida to connect individuals with the appropriate services in their communities.

**Service Coordination with Tribes.** The Department adopts a collaborative and integrative approach to involving various stakeholders to address issues such as substance use disorders, domestic violence, behavioral health, education, and developmental disabilities for all of Florida's children and families. Recognizing the unique needs of tribal communities, the Department collaborates with tribal governments and organizations to ensure appropriate services are provided. Florida's tribes are educated on the Department's many resources as they relate to these issues and are aware that they are available as needed. Services from our SAMH office, benefits of the use of the HOPE Line, Extended Foster Care/PESS programs, the Adoption Reunion Registry, Kinship Navigation, and Level I Licensure Programs are just some of the resources and services tribal communities have access to as they support their families. Regional liaisons assist the tribes in accessing community resources and are able to provide state and CBC Lead Agency level points of contact within their local areas as needed.

**Child and Family Services Continuum.** The services described are the primary components of Florida's child welfare system. This includes responsibilities of the Department of Children and Families (Department) and contracted providers; basic descriptions of interventions and relationship to the practice model; service coordination among the system components; coordination with other services and benefits; and strengths, gaps and relationships to activities in the CFSP. The following list reflects where special topics that must be addressed are included in components of the child welfare services continuum.

- Florida's Practice Model
- Prevention
  - Efforts to Track and Prevent Child Maltreatment Deaths
  - Populations at Greatest Risk of Maltreatment

- Family Support Services
  - Title IV-B, Part 1, Stephanie Tubbs Jones
  - Title IV-B, Part 2, Promoting Safe and Stable Families (PSSF), 26 %
- Intake (Child Abuse and Neglect Statewide Hotline)
- Child Protective Investigations
- Case Management Services
  - Monthly Caseworker Visit Grants and Standards for Caseworker Visits
- In-Home Protective Services
  - Title IV-B, Part 1, Stephanie Tubbs Jones
  - Title IV-B, Part 2, PSSF
    - Family Preservation, PSSF
    - Family Reunification, PSSF
- Out-of-Home Care
- Independent Living Services
- Adoption
- Title IV-B, Part 1, Stephanie Tubbs Jones
- Adoption Promotion and Support Services, PSSF
- Services for Children Adopted from Other Countries
- Interstate Compact on Adoption

## Florida's Child Welfare Practice Model

Florida's practice model consists of seven professional practices. As used throughout Florida Administrative Code and operating procedures, a child welfare professional is primarily responsible for case activities and meets the criteria for Florida certification as a child protection investigator, case manager, or a licensing counselor.

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

Safety concepts are codified in statute, administrative code, and operating procedure.

### 1. Engagement

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

## 2. Teamwork

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

## 3. Collect Information

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

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

## 4. Assess and Understand Information

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

## 5. Plan for Child Safety

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

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

## 6. Plan for Family Change

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

child welfare professional responsible assists the family in identifying the services and supports necessary to achieve each outcome. When conditions of return are met, a child in out-of-home care should be reunified with an in-home safety plan. Parents continue to receive treatment services and other interventions until they have successfully completed the case plan.

## 7. Monitor and Adapt Case Plans

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

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

Implementation of the FFPSA provides new opportunities to expand and strengthen prevention services and support the overall improvement of child welfare practice. The Department will continue efforts to ensure that child welfare professionals are developed and supported to practice with fidelity to the safety constructs and skills associated with Florida's child welfare practice model. The relationship between these skills and constructs is

included in each component of the service continuum, beginning with the discussion of family support services. These constructs and skills are essential to prevent unnecessary family disruption, reduce family and child trauma, interrupt intergenerational cycles of maltreatment, and build a well-functioning child welfare system (see Table 4.0).

**Table 4.0. Prevention Programs: A Statewide and Local Collaborative Approach**

Prevention Programs	SFY 2022-2023
Circle of Parents	1,035 parents
HFF [Source: HFF]	9,048 families 16,105 children
Family Support Services [Source: FSFN]	14,148 children

The Department is the CBCAP lead agency designated to administer the CBCAP grant, which includes the development, implementation, and monitoring of the CBCAP Plan. The CBCAP plan is described in the CBCAP Grant Annual Report submitted to the Children’s Bureau in January for the previous year’s reporting period, October 1 through September 30.

### Coordination with Executive Office of the Governor’s Office of Adoption and Child Protection (OACP)

**Public Awareness Campaigns.** Annually, the governor signs a [proclamation](#) designating April as Child Abuse Prevention Month to remind Floridians of the importance of preventing child abuse and neglect and in recognition of Florida’s annual Pinwheels for Prevention™ campaign.

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

**Parent Peer Support.** The Department’s contract with The Ounce also funds the Circle of Parents® Program. The Ounce provides training and technical assistance to local providers throughout Florida who agree to host and facilitate a local meeting using the Circle of Parents® model. The technical assistance provided includes how to recruit families and sustain a local Circle.

Part of a national model and network, the Circle of Parents® provides a non-judgmental, supportive environment led by parents and other caregivers. The practice of shared leadership among facilitators and parents ensures participants both receive and provide help to others. Families receive resource information through the informal

family-friendly group meeting format. The interaction of families provides reassurance that challenges parents face is neither unique nor insurmountable. Parents improve communication and problem-solving skills through their discussions of the frustrations and successes involved in challenging family circumstances. The program's webpage on The Ounce's [website](#) offers an interactive map to find a local meeting.

**Hope Florida—A Pathway to Prosperity.** Secretary Harris and First Lady DeSantis launched Hope Florida – A Pathway to Prosperity. Through this initiative, spearheaded by First Lady DeSantis and implemented by the Department, Hope Navigators guide Floridians on an individualized path to prosperity by focusing on community collaboration between the private sector, faith-based community, nonprofits, and government entities to break down traditional community silos, maximize resources, and uncover opportunities. Services are available to Floridians statewide, including children aging out of foster care, pregnant mothers contending with SUD and other families needing assistance. Hope Florida – A Pathway to Prosperity is now available in every county.

## Community-Based Child Abuse Prevention

Florida understands that it is paramount that children are protected from abuse and neglect. The Department, with primary support from the Office of Child and Family Well-Being (OCFW), continues to be the lead agency designated to administer the CAPTA grant funds. The OCFW is also the designated lead agency for the CBCAP federal grant and the 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

Florida receives the federal CBCAP grant award based on Florida's child population. 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 activities related to the annual child abuse prevention campaign.

The Department is awarding CAPTA, CBCAP, CAPTA ARP, and CBCAP ARP grant dollars to provide direct client services to Florida families, especially programs that serve populations most vulnerable to abuse or neglect, including home visiting programs and the development of plans of safe care, and providing local community-based organizations (CBOs) with funding that will increase or improve their ability to serve their communities through capacity building improvements.

Florida continues to seek innovative solutions and programming to best serve our families. To support these efforts, the state has received \$20 million dollars in funding for community providers and local CBC lead agencies

through CAPTA and CBCAP, to support local prevention program grants to build capacity within communities to provide a continuum of prevention services.

These grants can be used to provide either direct services or develop capacity building functions like training or investments in a technology solution.

## Children’s Justice Act

Florida has been a 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.

The Child & Family Well-Being Council was established to advance the well-being of Florida’s children and families and fulfill the Department’s statutory mission and purpose of collaborating with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The Council was created out of the CJA/Child Welfare Task Force, as the number of stakeholders wanting to participate in that venue has grown over the years. In early 2022, the Department redesigned the Child Welfare Practice Council, a parent entity of the CJA Task Force, to a Child and Family Well-Being Council (Council). This redesign was an intentional shift from viewing our role as only a child welfare agency to embracing a more holistic child and family well-being system of care. The CJA Task Force and the Youth Subcommittee are two existing subcommittees of the Council.

The Department’s vision and goals for the newly designed council include:

- Provide opportunities for people with lived experience (youth, biological parents, foster parents) to have a voice at the table and to be engaged in decision making
- Formalize the Department’s focus on the family and family-centered approaches that promote holistic, long- term well-being
- Broaden the view of our work and our ability to think about the work, as well as consider non-traditional partners and approaches to support a holistic system of care
- Foster greater cross-sector collaboration to better integrate across disciplines: child and family well-being, behavioral health, juvenile justice, healthcare, and education
- Promote transparency, consistency, and accountability

The Child and Family Well-Being Council, which includes representatives from a variety of stakeholder groups throughout Florida, is a collaborative partner for the CFSR and CFSP development. The Department has provided the Council with regular updates on the Children and Family Services Review and provided opportunities for stakeholders to join in on writing and responding to surveys for the CFSR and CFSP.

The Council advances the Department’s vision and strategy to invite multiple stakeholder groups, including non-traditional stakeholders, parent and lived experience voices, and sister agencies to the same discussions. As the Child and Family Well-Being Council continues to take shape, the addition of subcommittees to engage relevant stakeholders with specific areas of interest is occurring with the intent to create a collaborative policy development and recommendation system for these stakeholders to better inform the Department’s direction.

## Florida’s Prevention Efforts

The Department will continue to administer statewide prevention programs to address child abuse and neglect. Child abuse prevention and family support programs in Florida focus on the provision of support and services to promote positive parenting, healthy family functioning, and family self-sufficiency, and to reduce barriers to building family resiliency. Additional primary and secondary prevention and early intervention services continue to be implemented at the local level throughout the state to address unmet needs in many communities. Florida is working diligently to build a continuum of prevention services and resources and is focused on ensuring that Florida families have “no wrong door” to access community-based, coordinated, quality services at the right time to meet their specific needs and support their long-term well-being.

The Department also had adopted a proactive approach to interacting with individuals and families served by using Hope Florida to improve collaboration between offices and enhance partnerships with state and local stakeholders. Floridians may call Hope Florida to be connected with a Hope Navigator. The Department promotes the use of Hope Navigation to connect families to resources and achieve the goal of increasing the number of families on their pathway to prosperity. Given the complex needs of families, the Department must coordinate with available resources in the community to help families overcome the challenges and barriers they are facing. Hope Navigation focuses on community collaboration between the private sector, faith-based community, nonprofits, and government entities to maximize resources available to help families in need. Improved integration of program offices and increased collaboration with state and local stakeholders allow for an individual or family’s needs and preferences to be identified and communicated to the right parties to provide safe and effective care. This aligns with the Department’s ongoing priority of continuing effectively engage all community partners, parents, advocates, the faith-based community, special population stakeholders, the courts, schools, health and housing programs, funders, and legislators.

The Department has a monthly meeting with the Office of the State Courts Administrator, who oversees the administration of the Court Improvement Program (CIP), to share and collaborate on child welfare issues. Legal and judicial partners have been involved with CFSR Round 4 at all points with the assistance of OSCA and the CIP. The CIP panel has been identified as the lead panel/workgroup to facilitate action items in the PIP that relate to the case review systemic factor. The Department has staff appointed to the CIP (OCFW and CLS).



### *Prevention Partnerships*

The OCFW collaborates with various state and community stakeholders and administers other statewide prevention and family preservation programs to address child abuse and neglect. Major partnerships are described as follows.

**The Office of Adoption and Child Protection (OACP)**, within the Executive Office of the Governor, continues to engage and collaborate with staff from the Department at the regional and circuit level, lead agencies and their subcontracted providers, DJJ, DOH, and the Office of Children’s Mental Health Services. In addition, a statewide workgroup was established that includes faith-based leaders from a variety of denominations. This faith-based workgroup raises awareness with the faith-based communities about ways to assist with child abuse prevention efforts, promotion of adoption of children from foster care, and support of adoptive families after finalization.

**The Ounce of Prevention Fund of Florida Inc. (The Ounce)** is a private, nonprofit corporation that works to identify, fund, support, and evaluate innovative prevention and early intervention programs that improve the health, education, and life outcomes of Florida’s at-risk children and families. The Ounce collaborates with the Department as well as other funding and collaborative sources. Through its contractual relationship and in partnership with the Department, The Ounce serves as the state Chapter Liaison for PCA America. The Ounce’s Prevention Services Unit is PCA Florida. Florida recognizes the collective knowledge and function of other state chapters, all working to prevent the abuse and neglect of children allowing for early access to innovative research that can be translated into policy and programs, in Florida. The benefit of having immediate access to the national bank of prevention resources, campaign, and media materials, promising program

practices, strategies for maintaining collaborative partnerships, and funding options are a major acquisition to the State of Florida. PCA Florida also manages the Florida Circle of Parents Network, a self-help parent support group program, funded through the CBCAP grant.

**Florida Department of Health:** The Department collaborates closely with its sister agency, the Florida DOH, which chairs the Statewide Child Abuse Death Review Committee and publishes an annual report displaying data on the cause and types of child abuse and neglect deaths. DOH is a partner in the multi-agency prevention meetings that address emerging trends, concerns, and prevention activities and messaging. DOH also has a prevention focus, and it is critical that both agencies are informed and involved in the other’s prevention efforts. Many Department staff are part of priority area workgroups of DOH’s State Health Improvement Plan. Collaboration and communication maximize Florida’s prevention funds and help provide consistent prevention messaging.

CAPTA requires that states develop and implement provisions and procedures for referral of a child under age three who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the IDEA. The Department participates in an interagency agreement with DOH, which outlines the process for referral of infants and toddlers from the Department to the DOH Early Steps program and participates in DOH’s FICCIT.

## Service Description: Stephanie Tubbs Jones Child Welfare Services (Title IV-B)

The Department uses Title IV-B, Subpart 1, of the Stephanie Tubbs Jones Child Welfare Services Program to support the costs of family support services, family preservation services, time-limited reunification services, and adoption promotion and support services.

Family support services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by:

- Strengthening protective factors that will increase the ability of families to nurture their children successfully
- Enhancing the social and emotional well-being of each child and the family
- Enabling families to use other resources and opportunities available in the community
- Assisting families with creating or strengthening family resource networks to enhance and support childrearing

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

Through this program, the lead agency or their contracted providers link families to services in the community. The Department completed an analysis in 2018 to identify the service gaps and encouraged each lead agency to identify additional services to close the gap.

Florida's recently implemented HOPE Florida- A Pathway to Prosperity (2021) and Family Navigation (2022) programs help link families with needed support services as early as possible to prevent the occurrence of future child abuse investigations and child maltreatment.

Family preservation services include:

- Information and referral to include SUD and domestic violence-related services
- Target services geographically in zip codes with greater needs
- Use of the family team conferencing model
- Creation of the clinical response teams
- Home safety and maintenance activities and use of wraparound services

Time-Limited Reunification services are used for children removed from their home and for the parents or primary caregivers. These services are designed to support the reunification of a child safely and appropriately within a 12- to 15- month period. The Department and lead agencies continue to build local capacity for safety management,

treatment services, and trauma-informed/evidence-based in-home treatment approaches to prevent the need for out-of-home placements.

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

Examples of adoption promotion include:

- Child-specific or targeted population recruitment efforts
- Quarterly matching events for children available for adoption and potential families
- Child recruitment biographies
- Use of social media
- Media blitzes targeting severely medically fragile available children
- 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 specialist

Adoptive parent and youth support groups provide opportunities for adoptive parents and youth to meet with other adoptive parents and youth who are struggling with similar challenges and concerns. These groups generally meet once a month and are appropriate for the languages, cultures, and needs of the participants in each community and receive support from umbrella organizations and qualified facilitators when appropriate (e.g., teen support groups). In rural areas with a limited number of adoptive families, newsletters, and group emails are being used to provide new information about post-adoption services and provide an avenue for adoptive families to communicate with each other.

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

or more of the support group meetings during the year. Each teen support group has an adoption-competent mental health professional facilitating.

## Services for Children Adopted from Other Countries

When a child from an international adoption is removed because of abuse, abandonment or neglect, the child and family receive services to help the child and family remain safe, and services are provided to assist with reunification efforts. Children with no documented abuse, abandonment, or neglect who have experienced an international adoption receive post-adoption services and support through the private agency that completed the adoption.

## Services for Children Under the Age of Five

Special efforts to achieve permanency for children under the age of five and identification of promising and evidence-based services are provided below.

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

### *Identification of Promising and Evidence-based Services*

The Department implemented a standardized multidisciplinary team staffing to allow for effective assessment through an integrated team for children who are vulnerable because of existing histories of trauma that led to the child's entrance into the child welfare system. This assessment is especially important for children who are three years old or younger, who have an enhanced need to have healthy and stable attachments to assist with necessary brain development. Stable and nurturing relationships in the first years of life, as well as the quality of such relationships, are integral to healthy brain development, providing a foundation for lifelong mental health and determining well-being as an adult. The Department will implement evidence-based prevention services through FFPSA to support the stability of maintaining permanency upon reunification.

**Early Childhood Court (ECC).** In the 2022 General Appropriations Act, the Florida legislature allocated \$2,000,000 in recurring general revenue to the community-based care lead agencies. This funding supports case management and prevention services to aid ECCs. In May 2023, DCF hired a statewide early childhood community coordinator to focus on providing case management and prevention services to support the development of Early Childhood Courts. Subsequent statewide efforts have been focused on assessment, providing TA support, increasing system collaboration, promoting the integration of community resources, and creating partnerships with Help Me Grow.

Further, an early childhood dashboard is in development and once completed will display data for all children younger than age five in Florida who are in out-of-home care. Additionally, it will merge data from the Florida Dependency Court Information System (FDCIS) data system to incorporate the Early Childhood Court population alongside demographics for all children under five in Florida. This dashboard will improve data collection and reporting, significantly enhancing local court teams, lead agencies, and stakeholders' ability to obtain high-value data points. This database will cover crucial areas such as permanency and child well-being. This wealth of meaningful data will be critical in site decision-making and future planning and will guide local and statewide CQI projects. Moreover, it will serve as an additional tool for tracking, oversight, and monitoring within the Department for allocation reporting purposes.

A total of 35 sites covers 16 circuits, and 29 sites have active court dockets and cases with a population of 305 as of March 2024. In all, 216 closures occurred in 2023 (FDCIS from 2023-2024).

2023 data on closure suggest:

- Children in ECC reached permanency sooner across all permanency outcomes.
- Data pulled in 2021: ECC children reached reunification with a parent 137 days (approximately 4.5 months) sooner than non-ECC children. The 2023 data pull suggests ECC children reached reunification with a parent on average 267 days sooner than non-ECC children.
- Data pulled in 2021: ECC children reached adoption 79.5 days (almost three months) sooner than non-ECC children. The 2023 data pull suggests ECC children reached reunification with a parent on average 107 days sooner than non-ECC children.
- Data pulled in 2021: ECC children obtained **permanent guardianship 152 days (approximately 5 months) sooner** than non-ECC children. The 2023 data pull suggest ECC children reached reunification with a parent on average 183 days sooner than non-ECC children.
- The 2023 data pull suggests 61 percent of cases closed with at least one parent versus 43 percent of non-ECC children.

**FIT teams** comprise a highly effective program that provides community-based behavioral health treatment and support to families with child welfare involvement and parental SUD. FIT teams apply a multidisciplinary approach to behavioral health intervention in the overall system of care that provides early identification and coordination, as well as support to families through navigation of the child welfare and treatment processes. At present, 28 FIT team providers are available throughout the state. FIT teams are available to families with children under in-home protective supervision or with children in out-of-home care. Eligibility criteria requires that families have at least one child determined to be unsafe, with priority given to families with children 0–10 years old. Most families served by FIT teams have children ages five and younger.

A core component of the FIT model is the integration of substance abuse, mental health, and child welfare services for families served. To qualify for FIT services, parents must be eligible for publicly funded substance abuse and mental health services and have a SUD. FIT program guidelines require the use of evidence-based and informed

practices to treat substance abuse, mental health, and improve parental capacity, though do not mandate specific interventions to be used. Most providers reported practicing:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Dialectical behavior therapy may be offered by FIT Team providers
- The parenting intervention models being used by most providers were Nurturing Parenting Program and Seeking Safety
- Most providers offer support group activities for parents receiving FIT services such as daily recovery group meetings, peer support and relapse prevention groups, and continuing care groups led by peer support specialists after formal treatment has ended

## Efforts to Track and Prevent Child Maltreatment Deaths

The OQI [Child Fatality Prevention](#) website provides a data dashboard and child fatality information. This website was created to raise public awareness about child fatalities throughout the state and assist communities with identifying where additional resources or efforts are needed to assist struggling families. It is the Department's expectation that the data and the narratives provided are "a call to action for communities to join the Department to work together to meet the needs of their neighbors and protect vulnerable children to prevent future deaths." The Department and community partners use this information to improve child welfare practice to better protect children and assist at-risk families.

This website includes real-time information regarding all child fatalities called into the Florida Abuse Hotline (Hotline) alleged to be a result of abuse or neglect. The definitions of abuse, abandonment, and neglect can be found in [Chapter 39](#), Florida Statute. The data can be sorted and viewed by year, region, county, child's age, causal factor, and prior involvement. The website features current year data and includes 15 years of historical information dating back to 2009. On the Child Fatality Prevention homepage is a chart with the most recent five years of historical data to provide the capability for greater trend analysis. Current and past data reveal three notable trends:

- Drowning continues to be a primary cause of preventable death among children between the ages of one and three in Florida. Unsupervised access to pools, spas/tubs, and open bodies of water remains a potential threat to child safety.
- Sleep-related incidents (bed-sharing, excessive bedding, sleep position, unsafe sleeping accommodations, etc.) continues to be the primary cause of preventable death among infants younger than one year old.

- Inflicted trauma/wounds caused by a weapon, primarily firearms or bodily force (e.g., fists or feet) to inflict harm, account for less than 10 percent of the total child fatalities reported to the Florida Abuse Hotline in any given year.

The website also includes information about the Department’s prevention campaigns relating to the leading causes of child fatalities in Florida—primarily unsafe sleep and drowning. These campaigns provide useful information for parents and caregivers and are avenues for community involvement.

This website is updated daily with information available from the Hotline and the Department’s field staff. Supporting documents are posted after the case is closed following a review by a regional child fatality prevention specialist. Information provided includes the cause and circumstances surrounding the death, age and gender of the deceased child, previous reports of child abuse or neglect, and actions taken by the Department.

**Statewide Child Abuse Death Review Committee (CADR)**, established in [Section 383.402](#), Florida Statutes, provides statewide and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths that were accepted for investigation by the hotline. CADR’s duties extend to all deaths reported to the hotline. The goal of these reviews is to eliminate preventable child deaths. CADR operates under the purview of the DOH.

The Department’s statewide child fatality prevention manager serves on the statewide CADR to provide staff support to the statewide and local CADRs. Based on the statewide CADR team’s review of all cases, an annual report is produced with key findings and recommendations for preventable deaths. The [CADR](#) website provides information about the statewide and local death review processes and includes the [Statewide Child Abuse Death Review Team’s Annual Report](#) published December 2023.

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

- Share and analyze data (Child Welfare Information System, CADR, and vital statistics)
- Determine additional data elements needed
- Identify evidence-informed child fatality prevention programs focusing on sleep-related and drowning fatalities
- Jointly plan and implement targeted campaigns
- Perform supplemental analyses on select data elements when needed
- Examine the influence of brain injury and trauma patterns within a family on maltreatment and fatality likelihood

**Critical Incident Rapid Response Teams (CIRRT)** are multi-agency teams that conduct on-site investigations of certain subset of child deaths or other serious incidents involving a child with a prior report of verified maltreatment. CIRRT was created by the Florida legislature to identify root causes and determine the need to change policies and practices related to child protection and child welfare ([Section 39.2015, Florida Statutes](#)). Each

CIRRT team is required to have at least five professionals with expertise in child protection, child welfare, and organizational management.

The Department will continue to provide ongoing CIRRT training and recruit professionals from the Department and other agencies who can participate on CIRRT reviews. The Department is responsible for organizing and leading the on-site reviews, facilitating the team's findings, and preparing the individual reports. The CIRRT Advisory Team reviews the individual reports created for each review and submits a report of reviews conducted to the legislature each quarter.

The Department maintains information on the [Child Fatality Prevention](#) website specific to the CIRRT process including current and historical data. The Department posts all reports submitted to the Florida legislature on the Department's website under [Legislatively Mandated Reports](#).

## MaryLee Allen Promoting Safe and Stable Families

The PSSFs program assists in providing child safety, permanency, well-being, and trauma-informed care and expanding and refining the service array to ensure it reflects evidenced-based, best or emerging practices about child development and family functioning. To increase parents' confidence and competence in their parenting abilities and to ensure children are in a safe, stable, and supportive family environment is a top priority for Florida. The PSSF program allows the Department to develop, expand, and operate coordinated programs of community-based services. Through family support, family preservation, time-limited reunification, and adoption services, the Department continues to serve vulnerable children and families to ensure:

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

**Family Support Services.** The Department will continue to use the PSSF grant to fund family support services, which are offered to families with children who are determined to be safe but have risk factors, with particular focus on families who are high-risk. These services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by strengthening protective factors that will increase the ability of families to nurture their children successfully, enhancing the social and emotional well-being of each child and family, enabling families to use other resources and opportunities available in the community, and assisting families with creating or strengthening family resource networks to enhance and support childrearing. This support is to encourage resiliency in families and ensure the safety and well-being of children.

**Family Preservation Services.** This resource funds in-home services for families undergoing challenges that put them at risk of separation, with the goal of safely maintaining children in their homes by providing the family with supports, including:



- Information and referral to include substance use and domestic violence-related services
- Targeting services geographically in ZIP codes with increased needs
- Use of the Family Team Conferencing Model
- Use of the CRTs
- Home safety and maintenance activities
- Use of wraparound services

**Time-Limited Family Reunification Services.** These services are in place for children removed from their home and for the parents or primary caregivers. These services are designed to support safe and appropriate reunification of families. 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 childcare services
- Parent (adoptive, biological, caregiver, foster) education and training relationship skill-building activities

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

The estimated number of individuals and families to be served and the geographic areas where services will be available is provided in CFS 101 forms in Section 7.

## Service Decision Making Process for Family Support Services

**Family Support Services (26% of the promoting safe and stable families federal grant).** Florida's Service Array reflects how the child welfare continuum is designed. The household responsible for any report that has been screened- in by the Hotline and investigated by a CPI is assessed using the Structured Decision-Making Assessment Tool® (SDM) adapted by the National Council on Crime and Delinquency's (NCCD's) Children's Research Center

(CRC) for use in Florida. The actuarially risk assessment estimates the likelihood of future harm to children in the household.

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

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones, and Part 2, PSSF to support the costs of Family Support Services. The Department dedicates the full allowable 26 percent of the federal PSSF grant to fund family support services. Family support services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by:

- Strengthening protective factors that will increase the ability of families to nurture their children successfully
- Enhancing the social and emotional well-being of each child and the family
- Enabling families to use other resources and opportunities available in the community
- Assisting families with creating or strengthening family resource networks to enhance and support childrearing

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

The recently implemented HOPE Florida – A Pathway to Prosperity and Family Navigation programs will help link families with needed family support services as early as possible to prevent the occurrence of future child abuse investigations and child maltreatment.

## Intake: Central Abuse Hotline (Hotline)

**Table 4.1. Florida Abuse Hotline Data<sup>30</sup>**

Type	Totals SFY 22-23
Total child abuse reports and special conditions contacts	339,731

<sup>30</sup> Source: CCWIS Reporting

Total child abuse reports and special conditions contacts screened	214,880
Total investigations (initial, additional, supplemental)	191,323
Total special condition contacts	23,557

### Reporting in Florida

Florida’s single-entry point to child welfare services is the Hotline. Table 4.1 above shows the number of contacts received and the associated investigation and special condition types that were generated in FY 2022–2023. All child abuse and neglect allegations are received through the centralized Hotline located in Tallahassee. Reports may be made in English, Spanish, or Creole on different toll-free numbers provided. The Hotline also uses an interpreter service by making a conference call to the service and requesting which language the reporter speaks; the counselor assesses the call through the interpreter.

Reports may be made through one of the following methods:

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

[Section 39.201](#), Florida Statutes, states that “any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child’s welfare must report such knowledge or suspicion to the Florida Abuse Hotline. Members of the general public may report anonymously if they choose.”

**Screening Reports to Determine Response Path** When the Hotline accepts a report for investigation, the following criteria must be met:

- The victim must be a child, as defined in Florida Statutes, younger than age 18 and neither emancipated nor married.
- Must involve an alleged perpetrator or caregiver responsible based on statutory and administrative definitions. If the alleged perpetrator’s relationship to the child is unknown but all other screening criteria have been met, a report will be accepted.
- Must involve alleged maltreatment as described in, [CFOP 170-4 Child Maltreatment Index](#).
- An acceptable means to locate the child must be available.

The Hotline determines initial response times based on an assessment of the potential for immediate danger or threat of harm, as indicated by the information provided. Based upon having more complete or up-to-date information than the Hotline initially collected, a CPI supervisor may change the response time.

The three investigation types in which a child has been allegedly to be maltreated are: in-home, other, and institutional. The main determinants in identifying the type of investigation are the alleged abuser's relationship to the alleged child victim(s) and the setting or location in which the alleged maltreatment occurred. The Hotline assigns one of the following timeframes to the investigation:

- An immediate response time established by the Hotline requires the investigator to attempt to make the initial face-to-face contact with the alleged child victim as soon as possible but no later than four hours following assignment by the Hotline.
- A 24-hour response time established by the Hotline requires the investigator attempt to make initial face-to-face contact with the alleged child victim as soon as pre-commencement activities are completed but no later than 24 hours following assignment by the Hotline.

Upon receiving and accepting a report for an allegation of abuse, neglect, and/or abandonment, Hotline counselors generate reports in the Child Welfare Information System, which is then forwarded to crime intelligence staff to complete criminal history checks. The complete abuse/neglect report is then forwarded to the appropriate investigative office in the county where the investigation has been assigned.

**Crime Intelligence Unit.** The Hotline operates a Crime Intelligence Unit with staff who complete criminal history checks for the following purposes:

- Investigations to include subjects of the investigation for both child and adult abuse reports, other adult household members, and children in the household ages 12 and older
- Emergency and planned placements of children in Florida's child welfare system to assess caregivers

Procedures for all background checks are published in [CFOP 170-01, Chapter 6, Requesting and Analyzing Background Records](#).

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

- Florida Crime Information Center (FCIC)—Florida criminal history records and dispositions
- National Crime Information Center (NCIC)—National criminal history records and dispositions
- Hot files (FCIC/NCIC)—Person and status files such as: wanted person, missing person, sexual predator/offender, protection orders
- DJJ—Juvenile arrest history
- DOC—Current custody status, supervision, incarceration information
- Sexual Predator Website—Provides fact sheets that include charges and release status of convicted sexual offenders/predators

When a lead agency case manager or CPI is considering a placement, the agency must contact the Crime Intelligence Unit and request criminal history record information on potential caregivers and household members for a child requiring removal from his or her current residence. When a lead agency or child welfare professional is considering permanent placement of a child, fingerprint submissions must be obtained within 10 days for all people in the placement or potential placement home older than age 18 following the Hotline’s query of the NCIC database for the purpose of a placement initially requested by a CPI or case manager.

## Child Protective Investigations

**Table 4.2. Child Protection Investigations Data<sup>31</sup>**

Type	Measure
Total investigations (initial, additional, supplemental)	191,323
Total special condition contacts	23,557
Percent of children seen in 24 hours (DCF standard is 90 percent or higher)	90.31%
Percent of investigations completed in 60 days	98.12%
Of children determined to be unsafe, the percent removed from home	47.95%
Of children determined to be unsafe, the percent remaining at home with in-home safety plan	45.26%

Table 4.2 shows the number of total investigations conducted in FY 2022–2023, special conditions contacts and other data associated with investigations completed.

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

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

**Co-located Behavioral Health Specialists:** Each region has a behavioral health consultant housed with child protective investigations and funded through State Targeted Opioid Response grants. Additional behavioral health consultants have been funded by the managing entities (MEs) responsible for behavioral health services in

<sup>31</sup> Source: SFY 2022-2023 DCF Key Indicator Report, OCFW Dashboards.

each region. This resource has proven to be extremely helpful to the CPIs in determining the impacts of SUD and behavioral health needs for parents.

When information obtained during the interactions with and assessment of the family's functioning indicates that substance misuse is believed to be occurring in the home and the CPI feels as though the substance misuse is having an impact on child safety, or the CPI is unsure of the impact of the substance misuse on child safety, the CPI must consult with a Behavioral Health Consultant or another substance use/misuse expert in order to:

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

**Co-located Domestic Violence Advocates** The primary goal of the statewide CPI Project is to facilitate collaboration between child welfare professionals and domestic violence providers to enhance family safety and create permanency for children by keeping the child safe in the home with the non-offending caregiver, while increasing perpetrator accountability measures and strategies. The Office of Domestic Violence (ODV) continues to partner with the Office of Child and Family Well-Being (OCFW) to increase positive outcomes for the families we serve. Due to the success of the Better Together sessions, workshops are now facilitated on an as needed basis, allowing ODV to partner with OCFW in other areas of need where domestic violence and child welfare intersect.

In 2023, ODV collaborated with OCFW to create and facilitate a CFOP based domestic violence training series to support staff transitioning to the Department from Sheriff's Office Child Protective Investigations.

- 99% of participants reported the training enabled them to understand new concepts.
- 97% of participants reported they feel they can be successful or preform at an expert level putting what they learned into practice.

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

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

#### Completion of the Family Functioning Assessment (FFA)-Investigations (Safety Determinations)

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

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

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

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

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

**Case Management (Service Coordination, Contacts, Child Visits)** [Chapter 65C-30.002, Florida Administrative Code](#)

requires that the transfer of primary responsibility for a case involving an unsafe child from an investigator to a case manager be achieved through a case transfer conference. The Child Protection Investigator is tasked with ensuring information has been updated and provided at the time of the case transfer conference. The case transfer conference shall address the identification of danger threats, caregiver protective capacities and child vulnerability, including assessment information provided by the Child Protection Team. Operating Procedure [CFOP 170-01, Chapter 7](#), Case Transfer from Investigations to Case Management, provides the responsibilities that the CPI must address prior to case transfer including documentation in the Child Welfare Information System; and the information that must be presented and discussed at a case transfer conference.

At the point of formal case transfer from child protective investigations to case management services (judicial or non-judicial and family-made arrangements), case managers take over responsibility for ongoing supervision of the child and family. The scope of case management services includes monitoring or modifying the safety plan, completing a Case Plan and filing it with the court for approval with one of the following goals: Reunification of child(ren) with parents, Adoption when a termination of parental rights has been granted by the Court, Permanent Placement with a fit and willing relative, or Placement in Another Planned Permanent Living Arrangement.

When there is judicial oversight of a family, the case manager has ongoing responsibilities for collaborating with CLS to keep the court informed about the child and family's needs and progress and to support court ordered services. [65C- 30.007](#), Case Management Responsibilities After Case Transfer, F.A.C., also requires face-to-face contact with children every seven days if the child is in shelter status and every 30 days after release from shelter status. Contact shall be made with the parents every 30 days. Discussions during contact shall include the status of the case plan, services and any barriers and concerns. Progress in school as well as medical and dental care shall be monitored and staffings for modifications should occur as needed.

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

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

**In-Home Safety Plan and Safety Management Services** The first responsibility of the case manager after the case has been formally transferred is to review the effectiveness of the safety plan and modify it, as needed. The availability of an appropriate array of local safety management services is essential to keeping children safe at home with an in-home safety plan. Safety management services manage or control the conditions(s) that make a child unsafe until the parent can fully resume his/her responsibilities. The specific types of safety management services that should be available in a safety management service array are described in CFOP 170-07, [Chapter 8](#), Safety Management Services.



**Family Functioning Assessment-Ongoing (FFA-O) and Progress Updates TO determine child and family needs**

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

**Family Preservation Services** The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of family preservation services. Family preservation services include:

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

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

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

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

**Out-of-Home Care** Table 4.3 shows the total number of children in out-of-home care and setting types as of April 30, 2024. More information about the characteristics of children in care is provided in Florida’s Foster and Adoptive Parent Diligent Recruitment Plan.

**Table 4.3. Children in Out-of-Home Care<sup>32</sup>**

Category	Statistics
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<sup>32</sup> Data Sources: Child Welfare Dashboard

Removal rate per 100 children investigated	3.4
Children in out-of-home care as of April 30, 2024	17,989
Percentage of children placed with approved relatives/non-relatives	30.73%
Percentage of children placed in licensed foster care	53.79%
Percentage of children placed in group care	9.48%
Percentage of children in other settings	6.00%

### *Reasonable Efforts to Achieve Reunification*

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

### *Reasonable Efforts to Achieve Permanency*

Lead Agencies are responsible for identifying and reporting to the court the permanency options available to each child removed from a parent or legal guardian. The scope of case management services includes reunification of children with parents or arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child.

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

## Populations at Greatest Risk of Maltreatment

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

services matched to their needs and preferences. The following prevention services are targeted to populations at the greatest risk for future child maltreatment:

**Coordinated Intake and Referral for Home Visiting Services through Universal Newborn Screening** The Memorandum of Agreement between Florida Association of Healthy Start Coalitions, Inc. and the Department outlines the ongoing collaboration that occurs to implement a coordinated system of primary prevention services at the state and community level, including where practical the use of a single-intake system to facilitate the identification and appropriate referral of vulnerable families using the state’s universal prenatal and infant screens. The local Healthy Start Coalition is responsible for reviewing all universal screens conducted in their community and providing outreach to families to let them know what home-based visiting choices for which they are eligible. Participation in any home visiting program is voluntary. The choices of home visiting programs offered, depending on the locale, may be Healthy Start, Healthy Families Florida, Nurse-Family Partnership, or Parents as Teachers.

**Universal Newborn Screening** The goal of the DOH’s Healthy Start program is to reduce infant mortality, reduce the number of low-birth-weight babies, and improve health and developmental outcomes. Since 1991, Healthy Start legislation has provided for the screening of all Florida’s pregnant women and infants to identify those at risk for poor birth outcomes, health, and developmental outcomes. All pregnant women are offered the Healthy Start Prenatal Risk Screening at their first or consequent prenatal visit and the Healthy Infant (Postnatal) Risk Screening is offered to parents or guardians of all infants born before leaving the delivery facility. These completed screens have provided the Healthy Start Coalitions with information to contact families and offer them home visiting programs available in their communities.

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

A woman who has abused schedule I or II drugs during pregnancy or postpartum, as documented by:

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

[Section 39.201](#), Florida Statutes requires mandatory reporting when any individual suspects that a child is being maltreated. Harm from exposure to a controlled substance or alcohol is defined in [Chapter 39.01\(34\)\(g\)](#) as:

1. A test administered at birth to an infant which indicates exposure of any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or newborn infant
2. Evidence of extensive, misuse, and chronic use of a controlled substance or alcohol by a parent to the extent that the parent's ability to provide supervision and care for the child has been or is likely to be severely compromised

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

HFF works diligently to maintain the program's national accreditation with HFA—the nationally recognized, evidence-based home visiting program of PCA America. Rigorous research has demonstrated HFA effectiveness, based on nineteen publications of randomized control trials. HFA meets the criteria for federal funding established by the Maternal Infant Early Child Home Visiting (MIECHV) for expectant parents and parents of newborns experiencing stressful life situations. In 2011, the Department of Health and Human Services (HHS) named HFA as one of seven proven home visiting models. HFA shows impacts in all eight domains examined by the Home Visiting Evidence of Effectiveness (HomeVEE) review for the MIECHV program:

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

HFF provides specialized screening and assessments to identify families at risk of future maltreatment, home visiting services, and routine screening for child development and maternal depression. Families may receive in-home visitation during pregnancy and up to the time a child turns five years of age. Participation is voluntary. Using nationally developed in-home curricula and well-trained and supported in-home staff, parents learn how to

recognize and respond to babies' developmental needs, use positive discipline techniques, cope with stresses of parenting and family life in healthy ways, and achieve family established goals.

The Department at the state and regional levels and Lead Agencies have a long history of collaboration with HFF to expand access to Florida's most vulnerable families and strengthen community collaboration. HFF is always "at the table" with the Department and other prevention partners to understand new threats to family well-being, such as Florida's opioid crisis, and how to ensure that existing programs have the capacity to respond. During FY 22/23, HFF served 9,048 families and their 16,105 children with state funding and local contributions. Projects exceeded every goal for child and parent outcomes including:

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

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

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

The Florida multidisciplinary and multi-agency team will continue to work on the following long-term goals over the 2025-2029 plan period:

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

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

**Neonatal Abstinence Syndrome (NAS) Quality Improvement Initiative:** With funding from the Maternal and Child Health Block Grant, the Maternal and Child Health Section within the DOH has contracted with the Florida Perinatal Quality Collaborative (FPQC), at the University of South Florida (USF), to develop and implement a NAS Quality Improvement initiative. The FPQC has established an expert multidisciplinary advisory group to develop the NAS initiative. The goal of the initiative was to standardize assessment and treatment of NAS to reduce the length of hospital stay and ultimately the cost to care for these infants. Infants with NAS have longer hospital stays than healthy newborns without NAS. Other complications of NAS include low birth weight, feeding difficulties, jaundice, respiratory distress syndrome, central nervous system irritability, and seizures.

The Florida Birth Defects Registry (FBDR) currently conducts enhanced surveillance of NAS, which in addition to multi- source passive case finding efforts, incorporates trained abstractor review of maternal and infant hospital medical records in order to capture all relevant clinical information to classify potential NAS cases, determine specific agents to which mother/infant were exposed, and to obtain a more complete understanding of this public health issue. The DOH [Substance Use Dashboard](#) reports current NAS data statewide and by county.

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

In order to provide additional statewide guidance and ensure infants and families affected by substance use receive the proper assessments and service intervention, the Department developed and implemented [CFOP 170-08](#), Chapter 1, Plan of Safe Care for Infants Affected by Prenatal Substance Exposure.

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

- Infant's medical care including prenatal exposure history, hospital care, other medical or developmental concerns, pediatric care and follow-up, referral to early intervention and other services

- Mother’s medical care including prenatal care history, pregnancy history, other medical concerns, screening and education, follow-up care with obstetrician/gynecologist referral to other health care services
- Mother’s substance use and mental health needs including substance use history, mental health history, treatment history, medication assisted treatment history and referrals for service
- Family/caregiver history and needs including family history, living arrangements, parent-child relationships, prior involvement with child welfare, current support network, current services, other needed services, and child safety and risk concerns

Depending on the concerns and the level of need of the family, agency involvement may vary. All mothers and infants will be screened by Healthy Start both prenatally and postnatally. Should concerns of child maltreatment arise at the time of the infant’s birth or through home visitation service provision, Florida’s robust reporting requirements require those with concerns to report the information regarding the mother, infant, or family to the Hotline. Once accepted by the Department for investigation, Plans of Safe Care will be incorporated into the investigative process, Family Support Services or through the more intrusive dependency case management process. The Department recognizes it will take a well-coordinated effort from many partners to have an effective and sustainable system of care for this vulnerable population. The Department is continuing to review practice and use data analytics to inform training, policy development, and service provision. The Department will continue to collaborate at the state and regional level with FICCIT, FPQC, early learning coalitions (ELCs), and DOH Universal Screening workgroup to strengthen outreach and supports to at-risk families.

The Department will appoint a lead for the Plans of Safe Care within the Florida Child Welfare Information System (FI CCWIS) project. This lead will review the developments from Phase I, focusing on intake and investigation, to identify any gaps that may prevent compliance with federal requirements. Any identified gaps will be addressed in coordination with the Florida CCWIS Maintenance and Operations Change Request team, ensuring necessary changes are implemented by the full application launch in late 2026. Additionally, the lead will continuously review and contribute to the ongoing design of the Florida CCWIS throughout State Fiscal Years 2024-25 and 2025-26, ensuring it aligns with federal and state operational requirements for Plans of Safe Care. The lead will work closely with the Florida CCWIS Project Management Office (PMO) team, Office of Information Technology Services (OITS), Deloitte, and other stakeholders to ensure full compliance with federal and operational Plans of Safe Care requirements by late 2026, including conducting gap analyses and developing necessary project-related documentation.

**Early Intervention Services for Infants with NAS:** Florida’s Early Steps program provides services to infants and toddlers with disabilities and developmental delays, and their families, from birth to 36 months of age. Effective January 1, 2018, Early Steps began serving children at-risk of developmental delays, including infants with NAS with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding. Services include Individualized Family Support Planning; Service Coordination; Developmental Surveillance; and Family Support. Screening for potential developmental delays or disabilities is a critical component of assessing child functioning for child protective investigations. Whenever a child protective

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

Caseworker contacts is the term used in Florida Administrative Code for “visits.” Contacts are a vital component of the child welfare continuum for children and families regardless of the child’s setting or permanency goal. Caseworker contacts with children, parents, and caregivers are all equally important and are included in this discussion. The Department believes that frequent and quality engagement with children and families is foundational to improving safety, permanency, and well-being outcomes for children and families involved in the child welfare system. Improving the frequency and quality of these interactions is addressed in the CFSP goals (section 3).

## Monthly Caseworker Visit Formula Grants and Standards

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

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

- 2023 requirement: 95 percent – Florida achieved 95.54 percent (224,418/234,870).
  - Florida did achieve the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in out-of-home care occurring in the child’s residence.
- 2023: 99.58 percent (223,486/224,418).

The Department will continue to use the Monthly Caseworker Visit Formula Grant to improve the quality of caseworker visits, meet state and federal standards for caseworker visits, improve caseworker decision-making on the safety, permanency, and well-being of foster children, and improve caseworker recruitment, retention and training during the next five years through implementation of the goals, strategies and activities outlined within 2025-2029 CFSP.

For example, some agencies will utilize these funds to develop flyers and marketing materials for job fairs to increase recruitment. Others have utilized the funds to implement evidence-based practices to help address the core qualitative expectations for caseworker discussions with children and families. Some areas also implement field trainers who act in a supportive role to case management, providing field experience to new trainees and administrative support to seasoned staff. Smaller agencies can also use this funding to create tailored visitation



competency trainings or support an annual wellness day for case management staff to utilize during the calendar year.

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

- Children:
  - Face-to-face contact with the child to occur no less than once every 30 days.
  - Face-to-face contact with the child once every seven days when a child is initially placed in licensed care or with a relative or non-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.
- Parent(s):
  - Face-to-face contact at least every 30 days unless parental rights have been terminated or the court rules otherwise
- Caregiver(s):
  - Face-to-face contact a minimum of every 30 days

#### *Standards for Quality of Caseworker Contacts*

The standards for case managers regarding the management of a safety plan are provided in [CFOP 170-07](#), Develop and Manage Safety Plans. The standards for efforts to engage parents; develop the FFA-Ongoing and Progress Updates; engage children and families in case planning; and documentation requirements have been codified in [CFOP 170-09](#), Family Assessment and Case Planning. Many of the standards for safety management, assessment, and case planning activities can only be met through thoughtful, respectful conversations that the caseworker has during their contacts with children, parents, and caregivers.

#### *Placement Matching*

In December 2022, [65C-30.023](#), F.A.C. Multidisciplinary Team Staffings and [65C-28.024](#), F.A.C. Placement Transitions were adopted to align with Florida Statutes. The additions to Florida Administrative Code outlined processes and timeframes that require the Department to conduct multidisciplinary team staffings and create transition plans for all children in out- of-home care who need possible placement changes. A Placement Transition form (FSP5466) and the Comprehensive Placement Assessment form (FSP 5438) were created and updated to aide in the effectiveness of MDT and transition processes.

**Diligent Search and Diligent Efforts** Locating parents, relatives, and fictive kin is important for maintaining and strengthening the child's long-term or permanent family connections and developing a visitation plan. These persons are possible placement resources for concurrent planning. They also have specific rights for notice and participation in the child's dependency case. These family connections should not only be used for placement purposes, but also to establish long-term emotional support networks with other adults who may not be able to

have the child placed into their home but wish to remain connected to the child. (CFOP 170-01, [Chapter 14](#)) Completing a Diligent Search for Parent or Diligent Efforts to Locate Relatives).

**Florida's Placement Services Array** Florida has a variety of types of placement settings in each Lead Agency. Since October 2017, Florida's out-of-home population has been declining. Entries to OHC are operating at/near lows over the last three state fiscal years. Full implementation of level 1 licensure has modified the placement array numbers.

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

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

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

**Level 1.** Child-specific foster home - The caregiver must meet all level 2 requirements pursuant to this section.

However, requirements not directly related to safety may be waived.

**Level 2.** Non-child-specific foster home.

**Level 2.** Enhanced non-child-specific foster homes.

**Level 3.** Safe foster home for victims of human trafficking.

**Level 4.** [Specialized Therapeutic Foster Care Services](#) are specialized therapeutic services for children in foster care with emotional, behavioral, or psychiatric problems. Intensive treatment services are provided. Therapeutic foster care is provided through Medicaid Managed Care.

**Level 5. [Medical Foster Care](#)** is provided by the Department of Health through Medicaid Managed Care. It is designed to care for children in foster care with a chronic medical condition, provided in a family-like setting. The program offers a range of services to the children, their birth families, and to the medical foster parents.

**Congregate Care** Through FFPSA, the Department was able to enhance the placement array throughout Florida with the addition of QRTP. The Department partnered with AHCA to License Homes as Residential Treatment Centers with a credential from the Department as a QRTP. This allows both AHCA and DCF to have oversight of the QRTP. The Department, on average, has 38 children in residential treatment center placements each month, excluding specialized therapeutic group homes (STGH) and SIPP, for ongoing treatment for mental health.

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

The plan to address improved recruitment and retention is described in Florida’s Foster and Adoptive Parent Diligent Recruitment Plan.

### Addressing Needs of Dually Involved Youth

Department and DJJ have worked diligently over the past several years to develop and implement interagency efforts statewide for dually involved youth. Dually involved youth is a broad term that refers to youth who have an open or closed case with the DJJ and the Department. Youth with an open case simultaneously with the DJJ and the Department are referred to as dually served youth.

The activities and results of this work have been described in the last four APSRs and the final report submitted to the Children’s Bureau. The Department/DJJ partnership established provides an important foundation for the next five years as the Department aligns group home standards with FFPSA restrictions on federal reimbursement for children not placed in a foster home and provided a certification in the state plan assuring that new policies and practices will not result in an increase in the number of youth in the juvenile justice system.

The statewide and local MOU guiding principles and objectives that are currently being practiced are:

1. To provide services and supports that are family-centered, culturally and linguistically appropriate and in the least restrictive environment. Residential placement should be provided as a last resort with a transition plan to return the crossover youth to their home as soon as possible.
2. To maintain ongoing coordination and collaboration of services to meet the comprehensive needs of these youth and their families.
3. To provide mechanisms for the equitable sharing of costs for services to dually involved youth and their families.
4. To effectively involve community partners for the local collaboration of services and minimizing of state costs while providing the appropriate level of services needed.

5. To ensure the regular sharing of data costs for early identification of youth being dually served by DJJ and the Department.
6. To maintain regularly scheduled joint team meetings for prevention/early intervention in cases to include addressing issues of family engagement and transition planning.

The Department and DJJ continue to collaborate as follows:

- Actively implement the state and local MOUs to achieve resolution in complex crossover cases.
- In 2023, DCF and DJJ Crossover Champions were provided access to both Departments' data systems (Child Welfare Information System and Juvenile Justice Information System). This enables staff at both agencies to obtain critical information on dually involved youth and their families.
- One Department and one DJJ Crossover Champion serve in each circuit as the points of contact for crossover- related matters and to be the champions of local collaboration efforts, including education of staff and community partners. To further strengthen the local teams, additional Crossover Champions were identified in 2022-23 to represent each Community-Based Care agency and the GAL program.
- The Crossover Champions are responsible developing, implementing and refining local collaboration plans to meet the complex needs of these youth. The local MOUs establish specific local protocols that describe how these guiding principles are put into practice.
- The Department and DJJ continue to maintain a Headquarters' Crossover Team to:
  - Facilitate Quarterly Champion Chats with Crossover Champions.
  - Host Monthly Interagency Collaboration Trainings to respond to technical assistance or training needs of Crossover Champions.
  - Utilize and maintain a Crossover SharePoint page, using a cloud-based approach to information-sharing among Crossover Champions and additional relevant parties.
  - Enable access to data on a public-facing dashboard for ongoing analysis of data regarding dually involved youth, which was launched in 2024.
  - Facilitate an annual Dually Served Statewide Collaboration Meeting. Participants include leadership from DJJ and DCF, Judiciary and other legal representation, Crossover Champions from both Departments and the CBC Lead Agencies, CBC Lead Agency leadership, and other partners. The training unites agencies and community partners that work with dually served youth to share ideas and best practices.

## Addressing Needs of Survivors of Human Trafficking

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

- Ensure these children are safe.

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

DCF utilizes a collaborative strategy to address the intricate challenges of identifying and responding to human trafficking. This involves partnerships with law enforcement, healthcare providers, social services, and community organizations. Through this collaborative network, the Human Trafficking Unit shares resources, information, and best practices to improve the effectiveness of interventions and ensure a cohesive and well-informed response.

This strategy involves two essential tools: the Human Trafficking Screening Tool (HTST) and the Level of Care Placement Tool. Following recommendations from the Florida Institute for Child Welfare, the HTST has been updated to an electronic format. Launched in December 2023, this digital version is accompanied by extensive training and is currently in a validation research phase with the USF. The Level of Care Placement Tool, used alongside the HTST, plays a critical role in determining appropriate support and accommodation services for victims. It evaluates each victim's specific needs to ensure they receive customized care.

For children suspected or confirmed as victims of human trafficking, DCF coordinates multidisciplinary staffing's to develop customized service plans. These plans, in conjunction with the HTST and the Level of Care Placement Tool, outline the child's and family's needs, identify local services, and determine if placement in a safe house or safe foster home is necessary. DCF invites a comprehensive group to these meetings, including the child (if appropriate), their family or legal guardian, guardian ad litem, Department of Juvenile Justice staff, school district staff, local health and human services providers, victim advocates, and other relevant personnel. State law mandates specialized training for child welfare professionals responsible for human trafficking cases, and DCF continues to provide ongoing training for state and private entities.

In addition, DCF actively collaborates with existing providers of residential services for verified minor victims of human trafficking to ensure appropriate housing options. Currently, six providers operate eight safe harbor shelters statewide, with seven classified as Tier 2 (most restrictive) and one as Tier 1 (less restrictive). Two providers are expanding capacity by adding 17 more beds, increasing the total to 60 by early 2025. Partnerships with organizations like Devereux and Citrus also help manage and expand safe foster home initiatives. Devereux oversees 11 safe foster homes, with four more in the process of being licensed. The Citrus CHANCE program, contracted by DCF, is expanding to deliver specialized services to CBC Lead Agencies and increase safe foster homes in four additional circuits statewide.

To support young adults transitioning out of foster care, DCF implements strategies ensuring services continue beyond age 18. This includes active involvement in the Youth Committee, focusing on training youth advocates and young adults who have experienced human trafficking and are in Independent Living services. This initiative

empowers these individuals with specialized training and support, enabling them to advocate effectively for themselves and others.

DCF also ensures comprehensive training for all staff involved in human trafficking cases to understand the unique challenges faced by survivors who have aged out of foster care. This includes identifying safe housing options and equipping IL staff with resources to provide ongoing support. The need for safe housing is critical, as up to 80% of survivors risk re-victimization without it. Currently, only 13 emergency beds are available statewide for adult victims. In response, the 2024 legislative session has appropriated funds to increase emergency beds, adding 48 beds across the state with a focus on regions lacking sufficient placements. These beds are essential for providing immediate crisis stabilization, medical care, and access to necessities.

Continuing from the initiatives mentioned, DCF is actively engaged in ongoing collaborations and efforts to combat human trafficking at multiple levels:

- **Human Trafficking Council Co-chairing:** The Secretary of DCF and the Florida Attorney General co-chair the Human Trafficking Council, providing recommendations through an annual report to the Legislature.
- **Participation in Task Forces:** Representatives from the Human Trafficking Team are active in human trafficking task forces across the state, focusing on education, awareness, legislative responses, and plans to address trafficking cases. DCF often takes a leadership role, enhancing understanding of regional needs and identifying gaps in care.
- **Statewide Team Collaborations:** The statewide team collaborates with the Attorney General's Office, DJJ, DOH, and Department of Education to develop and implement strategic plans for preventing human trafficking and coordinating responses. Collaborative projects include school awareness trainings, public health evaluations, and participation in the Interagency Workgroups on Human Trafficking.
- **Health Improvement Goals:** DCF works with DOH on two human trafficking prevention goals for the State Health Improvement Plan (SHIP), implementing them by the end of 2026.
- **Training Initiatives with APD:** DCF collaborates with the APD on training staff to recognize and respond to trafficking involving persons with disabilities.

These ongoing efforts for a comprehensive and collaborative approach to combating human trafficking, designed to enhance prevention and response strategies across Florida.

## Interstate Compact on The Placement of Children (ICPC) and Interstate Compact on the Administration of Medicaid

The Department is an active participant in the ICPC and Interstate Compact on Adoption and Medical Assistance (ICAMA). ICPC ensures protection and services to children placed across state lines. The need for a compact to regulate the interstate movement of children was recognized in the 1950s. Since then, the Department has worked with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) to address identified areas of concern within the ICPC and provide timely interstate placements.

The need for the ICAMA was developed to ensure that children covered under a Title IV-E adoption assistance agreement or subsidized guardianship were assured continued medical coverage when moving to another state. The Compact also allows for continued Medicaid coverage for children adopted under a state funded adoption assistance agreement provided the other state extends Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) option to interstate adoption assistance agreements. The ICPC office participates in the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) annual business meeting and has staff on the executive committee. Florida uses the ICAMA system to process requests electronically and participated in the development of the current system.

The ICPC office collaborates with all major child welfare partners, other states, and stakeholders. Each Lead Agency identifies a lead ICPC liaison so that there is a single point of contact for both the Lead Agency and the ICPC office to communicate with. This streamlines communication and increases the efficiency of the ICPC process. The ICPC office collaborates with the regions through monthly conference calls, face-to-face meetings, through use of the National Electronic Interstate Compact Enterprise (NEICE), and through daily emails. In 2023, new ICPC operating procedures and job aids were implemented to modernize and simplify ICPC processing within the state.

The Department's compact administrator participates in the AAICPC and currently serves on the executive committee. The compact administrator regularly attends the annual AAICPC conference and serves on various committees within the organization, allowing for the establishment and maintenance of relationships with ICPC staff from other states. The compact administrator also attends conferences and presents at meetings with both private and public sector partners throughout the year. This participation is crucial for the continued improvement to the Compact.

The ICPC office works with CLS, case managers, and representatives from other states on difficult cases and often facilitates conference calls between Florida child welfare professionals and other states to ensure positive outcomes for children. Additionally, the Florida ICPC office provides presentations as needed to the CLS attorneys, judiciary, GAL, Attorneys ad Litem, case managers, supervisors, licensed social workers, CPI, and ICPC liaisons at Lead Agencies. The ICPC office is currently developing tailored training that cover specific duties for various child welfare professionals. In 2024, a tailored training specific for Lead Agency ICPC liaisons was completed, along with development of a Child Protective Investigator specific training that was completed in 2022.

The Florida ICPC office divides cases among staff by state. This method of assignment has resulted in personal relationships being developed between Florida ICPC specialists and their counterparts in other states. This method has also enabled staff to prevent unnecessary delays in the processing of ICPC requests by gaining state specific knowledge of the requirements of their assigned states.

Florida process all ICPC requests electronically through the NEICE system. Florida's utilization of the NEICE system provides access to the courts, Lead Agencies, GALs, and CLS for review of ICPC cases and case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida. As one of the original pilot states of NEICE, Florida has been highly involved in its

continued development. The compact administrator has consistently participated on NEICE technical teams and guidance committees to aid in enhancement of the system. Through this participation, NEICE enhancements such as automatic reminders including Safe and Timely reminders have been built into the system. Other enhancements include an overhaul of the user interface making the system more intuitive and simpler to use, and the development of a dashboard that provides live data that assists the users with better oversight of the cases.

#### Future Plans:

- Continue to work on the various NEICE project teams and committees to further aid in development of enhancements to the NEICE system to include enhanced reporting functionality for improved oversight.
- Continue development and implementation of enhanced ICPC job aids to avoid potential errors.
- Continue development and implementation of training to various child welfare professionals that is specific to their role in the ICPC process.
- Identify and resolve barriers to ICPC efficiency and/or areas of possible improvement through collaboration between stakeholders and regularly scheduled conference calls.
- Continue to participate and/or serve on the executive committee of AAICPC as well as assigned subcommittees to assist with addressing national ICPC issues.
- Update ICAMA procedures to include methods for connecting adoptive families that relocate to Florida with available post-adoption services.

## Adoption

Lead Agencies are responsible for identifying and reporting to the court the permanency options available to each child removed from a parent or legal guardian. The scope of case management services includes arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child. Lead Agencies are responsible for pre-and post-adoption services including the provision of maintenance adoption subsidies. Data on the number of children available for adoption and adoption related information is included in Florida's Foster and Adoptive Parent Diligent Recruitment Plan.

**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.

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

To ensure that documents are located in one centralized location that can be accessed electronically by users, the ADORE database was created. ADORE is a database system that facilitates the reunification of adult adoptees with



birth parents and relatives. Additionally, ADORE permits adoption staff to electronically store, index and retrieve documents related to private agency adoptions or adoptions completed by the Department prior to privatization that have been finalized in the state of Florida.

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

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

**Adoption Competency:** Adoption-competent mental health professionals have completed the Rutgers Adoption Competency or an equivalent curriculum approved by the Department to provide educational and therapeutic services for adoptive families. The educational and therapeutic services focus on strengthening relationships within the family unit and assist families in understanding the developmental stages of adoption and how adoption affects each family member and the family as a unit.

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

The use of evidence-based, evidence-informed, promising, and innovative practices in recruitment, orientation, and preparation of appropriate adoptive families, matching children with families, supporting children during the adoption process, and providing post-adoptive support

**Prospective Adoptive Parents Surveys:** The Department, in conjunction with the lead agencies, conducts an annual adoption survey to gather feedback from prospective adoptive parents, children in the child welfare system, adoptees, and other stakeholders between August 2, 2023, and August 31, 2023. Overall, participants reported that their Lead Agencies excelled in three areas:

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

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

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

**Post-Adoption Support Surveys:** The Department, in conjunction with the lead agencies, conducted a Post-Communication Survey between August 2, 2023, and August 31, 2023, to gather feedback from families who requested and received services as a result of the one-year post-communication contact requirement outlined in section [39.812\(6\)](#), Florida Statutes. The intent of the survey is to determine the types of services received by the family and the quality of those services. The major findings about post-adoption services are:

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

**Sunshine Specialty Plan Services:** As discussed in Florida's Health Care Oversight and Coordination Plan, Sunshine Health has broadened support services for families with children adopted. Services include community partnerships with organizations and adoption supports; network development including additional adoption-competent counselors; and training to adoptive parents, Lead Agencies, and other stakeholders.

**Inter-Country Adoptions:** Approximately 13 private agencies manage international adoptions in Florida. The Department does not monitor the number of inter-country adoptions completed. When a child from an international adoption is removed due to abuse, abandonment or neglect, the child and family receive services to help the child and family remain safe, and services are provided to assist with reunification efforts.

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

**Adoption and Legal Guardianship Incentive Awards** Florida received an Adoption Incentive Award for four of the last five consecutive years and all incentive award payments have been used to assist with Florida’s significant maintenance adoption subsidy budget. The primary reason for Florida’s significant subsidy budget is the fact that over the last several years Florida has completed over 3,600 adoptions annually. The Department anticipates a decline in subsidy costs over the next five years in proportion to the decline in the out-of-home care population.

The Department’s Revenue Management Office, each Lead Agency contract manager, and the Lead Agency Fiscal Unit within the Administrative Services office all monitor expenditure of these funds and provide oversight toward timely, accurate, and fiscally responsible management of resources.

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

## John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

### John H. Chafee Foster Care Program and Educational Training Vouchers

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) and Educational Training Vouchers (ETV) help ensure that youth and young adults who participate in, or who have aged out of, foster care have access to the supports they need. Florida continues to provide a robust array of services designed to assist youth with a successful transition to self-sufficiency. As shown in Table 4.4, in SFY 2023, the Department provided services to 4,423 youth between the ages of 13 and 17 residing in an out-of-home care placement. These youth are currently eligible to receive transitional services and supports in the form of independent living needs assessments, opportunities to engage in developmentally appropriate life skill-building activities, academic support, and many more services that assist in the transition to adulthood. There are an additional estimated 5,500 former foster care youth that have aged out of the Florida foster care system between 18 and 22 years of age that are potentially eligible to receive services to become self-sufficient.

**Table 4.4. Transitioning Youth and Young Adults<sup>33</sup>**

Measurement	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024 (Mar)
Total number of youth ages 13–17 in out-of-home care (end of month counts)	4,316	4,357	4,340	4,434	4,425	4,244
Number of youth ages 13–17 in relative/non-relative settings (end of month counts)	1,563	1,323	1,210	1,132	1,077	1,000
Number of youth ages 13–17 in group care (end of month counts)	1,233	1,144	1,055	1,129	1,207	1,294
Youth turning age 18 while in foster care (end of month counts)	816	629	507	462	464	335
Youth ages 16 and older who were adopted (potentially eligible for Postsecondary Education Services and Support [PESS])	168	171	173	167	149	102
Youth ages 16 and older whose cases were closed to guardianship (potentially eligible for PESS) 1	296	270	260	286	240	192
Number of young adults receiving extended foster care (EFC) (end of month counts)	1,337	1,267	1,178	1,338	1,474	1,174
Number of young adults receiving PESS (end of month counts)	1,217	1,140	934	872	886	776

<sup>33</sup> Source: FSFN

Measurement	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024 (Mar)
Number of young adults receiving aftercare services (end of month counts)	435	410	318	437	651	530
Unduplicated total number of young adults receiving ECF, PESS, aftercare (end of month counts)	2,284	2,364	2,092	2,252	2,402	2,066

## Program Oversight and Monitoring

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

The Offices of Quality and Innovation, Continuing Care, and Child and Family Well-Being collaborated to develop Quality Assurance reviews for programs that supports our youth and young adults in Florida. Quality assurance reviews now include relevant Independent Living specific questions, both within the LOC reviews and as standalone post-18 Independent Living program case reviews. As reviews continues over the next coming years, the department will be able to obtain substantive data will be able to assess the adequacy of Florida’s post 18 programs and service delivery.

## Description of Program Design and Service Delivery

Florida programmatic and general oversight requirements for Chafee program and ETV are governed within Florida Statutes and Florida Administrative Code to ensure that there is consistency in serving youth across the state of Florida. As a result, there are highly structured statutory requirements that govern EFC, PESS, and aftercare services. Program requirements include establishing client eligibility, payment calculations, payment disbursement requirements, payment amounts, standards of progress, as well as due process and appeals for a denial or termination of services. Requirements in Florida Administrative Code further detail the framework for how the array of Independent Living services are administered, including application and discharge procedures,

transition planning, and documentation requirements. Florida continues to update and reevaluate the service array.

### Requirements Related to Case Management, Caregiver Activities, and Judicial

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

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

Florida recently passed into law an increase in the monthly PESS stipend from \$1,256 to \$1,720 for a young adult who does not remain in foster care and is attending a postsecondary school, per [s. 409.1451\(2\), F.S.](#)

In addition to the increased stipend, the Department will assess each young adult's financial literacy, executive functioning, self-regulation, and similar skills prior to the young adult being enrolled in postsecondary education and provide information or referrals to the young adult to assist with strengthening those skills. This assessment must be included in the transition plan. The Department or contractor shall review the transition plan with the young adult during the year before they graduate from postsecondary education or the year before they turn 23,

whichever occurs first. The transition plan must include an assessment of the young adult's current and future needs and challenges for self-sufficiency and at a minimum address how they will meet their financial needs when funding under the section is no longer provided.

[Section 409.1452, F.S.](#), also requires that the Florida Board of Governors, the Florida College System, and the Florida Department of Education establish academic support systems and provide a comprehensive support structure that helps assist youth and young adults who choose to attend college, providing the opportunity for a successful transition from the foster care system to a publicly supported postsecondary educational program. All Florida public postsecondary institutions can engage former foster care youth in campus-based academic support services, intended to improve former foster care student retention and graduation rates. The Department continues to collaborate with these agencies to ensure that youth and young adults who attend postsecondary education receive support to promote matriculation, including access to a campus coach.

### Youth Involvement and Voice

Florida's focus on providing opportunities with lived experience to influence policy is made possible by the state's strong connection with youth advocacy groups and organizations. Florida has increased its collaboration to support engagement and provide a voice to youth, service providers, and advocates.

**Independent Living Services Advisory Council (ILSAC):** The ILSAC assesses the implementation and operation of Florida's Road-to-Independence Program (postsecondary education services and support and aftercare) along with extended foster care and advises the department on actions that would improve the ability of the Road-to-Independence Program services to meet established goals. The advisory council, which includes at least one young adult with lived experience, keeps the department informed of problems being experienced with services, barriers to the effective and efficient integration of services and support across systems, and successes that the system of services has achieved. From these assessments, the council creates an annual report that provides information on outcomes for young adults who turned 18-23 years of age while in foster care, relating to education, employment, housing, financial, transportation, health and well-being, and connections, along with an analysis of such data and outcomes.

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

Florida. Each FYLA class concludes with a graduation ceremony during the annual Family and Child Well-Being Summit.

**Florida Youth SHINE.** FYS engages current and former youth in foster care across the state of Florida, with 14 local chapters that facilitate local meetings and partner with or serve as representatives on local youth advisory/advocacy boards. The goal of each chapter is to provide a voice for the youth and address local issues through the development of proposed solutions and bring them to the statewide level. Chapters also work on community education activities to better educate the communities and gain public speaking experience. Chapters come together four times per year to work on statewide issues that affect youth in Florida. Chapters are open to members ages 13–24 who have been touched by the system of care (foster care, adopted, non-relative care, relative care, and reunification). FYS is comprised of youth younger than age 18, ages 18–22, and young adults ages 23 and older who may no longer receive support in Florida.

**One Voice Impact.** The One Voice Impact (OVI) Network of Councils harnesses authentic youth voice, creates space for youth and young adults with lived experience to work alongside system leaders to find solutions to local issues, and gives local youth councils a platform for statewide collaboration. These youth councils and advisory boards allow for youth ages 13 and up to participate in the councils with their respective Lead Agencies. OVI is partnered with the Florida Coalition for Children and the Selfless Love Foundation.

OVI Benefits:

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

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

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



- Using their experiences in foster care to identify and inform priorities and offer ideas to improve best interest advocacy and child representation
- Educating policymakers and other stakeholders about their varied experiences in child welfare
- Sharing their lived experiences with foster care to identify and inform program priorities and offer ideas to improving best interest child advocacy practice
- Analyzing the effectiveness of practices and policies based on the experiences of youth in child welfare

GAL CHAMPIONS has 20 members ages 16–29 years old and representing 13 circuits in the state of Florida.

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

The Department has also established a Youth Committee within the Child & Family Well-Being Council. This Committee creates a space for a youth-led, self-standing body comprised Youth and Young Adults with Lived Experience to provide feedback and expertise on topics and discussions from the Child and Family Well-Being Council in addition to topics deemed necessary by the youth. The membership currently consists of youth from One Voice Impact, FYS, and the GAL Champions statewide youth advocacy groups in addition to several at-large youth representatives from the community. The Department has provided extensive presentations to this group, from legislative updates to listening sessions on policy implementations and high-level discussions with Department Leadership. This body ensures lived experience is incorporated into all aspects of the Department and is a consistent avenue to solicit feedback from subject matter experts.

### Positive Youth Development

Positive Youth Development (PYD) is a comprehensive framework aimed at fostering healthy, successful, and socially responsible adolescents. It emphasizes the potential of youth and focuses on building their strengths rather than correcting their deficiencies. The My Pathway to Success Plan is designed to encourage youth and young adults to think critically about their future. The Department’s Facilitator guide supports the PYD model and guides facilitators to foster healthy, successful, and socially responsible young adults.

The Department’s transition planning documents capture additional information including information on independent living services and programs. The document is tailored to the individual needs and plans of the child, including, at a minimum, the specific benefits of each program and how such benefits meet the needs and plans of the child, the advantages, and disadvantages of participation in each program, and the financial value of each program to the child. When completed, the plan provides a road map for not only the youth but their entire team

for the child's path to self-sufficiency. Within the transition planning document various subjects are discussed that correlate to the PYD model. Those subjects include,

1. The vision statement should provide inspiration and convey youths or young adults' ideal picture of their future. The vision statement is designed to motivate both life and career path aspirations. This statement is what the youth or young adult would like to accomplish and uses their definition of success. Vision statements are an important step into adulthood and can assist in keeping youth or young adults on track toward reaching long-term goals and inspire them to keep working despite obstacles they may encounter along the way.
2. Strengthened and Improvement areas section addresses the youth or young adult's assessment of what they perceive as strengths or positive skills as well as areas that may need improvement. Understanding strengths and opportunities for improvement will help identify services and supports needed to overcome barriers and capitalize on existing strengths.
3. Short- and Long-Term goals section addresses the youth or young adult's planned accomplishments. Short-term goals should focus on the next three to six months and long-term goals in the next six months to two years. Goals should be straightforward, measurable, and attainable. Setting goals help youth and young adults stay motivated and informs the responsibilities that the youth or young adult and their team need to achieve goals.
4. Housing Section focuses on ensuring the youth or young adult has safe and stable housing options and specifies the youth or young adults current and preferred future living arrangements. The youth or young adult's permanency goal, disability and/or mental health diagnosis, and participation in a current Independent Living Program should be taken into consideration.
5. The healthcare section specifies the youth or young adult's medical information and current medications. The focus should include ensuring the youth or young adult has the means and knowledge to access physical, dental, and mental health services.
6. Th Education section covers the strategy for achieving the youth or young adult's educational plan, which includes the need for additional support or resources, as well as any identified barriers to obtaining educational goals.
7. Employment Section focuses on the youth or young adult's current employment status and should detail the steps necessary to reach career goals.
8. The transportation section supports, community involvement by connecting the young adults with community resources to aid transportation endeavors and allowing the communities to support our young adults with innovative ways to travel through the state.
9. The mentors and permanent connections section focuses on supportive environments and ensuring supportive adults are identified in the youth or young adult's life. If none are identified a plan should be documented for obtaining a mentor or establishing and maintaining a positive connection that will continue into adulthood. Any identified mentors or adult positive connections should be included in transition planning and be in attendance, if possible, at transition meetings.

10. This financial planning section focuses on ensuring young adults have a reliable income to pursue their goals as well as the financial skills to manage their income and expenses. This includes the young adult's budget worksheet that records expenses and income, bank account access, financial literacy education, and completion.
11. Assessment which is required for our Chafee Programs assesses the young adult's financial literacy, and executive functioning, self-regulation, and similar skills. If deficiencies are identified referrals or information should be provided to the young adult to assist with strengthening those skills. This is assessed every six months to ensure the needs of the young adults effectively are being provided and support preparation to their level of self-sufficiency.

The activities addressed within the transition plan start at the age of 16 and continue through our Chafee and post-18 programs in Florida until the age of 23. Florida's model of continuing to transition youth and young adults supports PYD's model and supports the belief that when young adults thrive, they can maximize their full potential and become contributing members of society.

### National Youth in Transition Database Outcomes Survey Administration

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

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

The Department continues to contract with Cby25<sup>®</sup> Initiative, Inc. to administer the federally required NYTD baseline and follow-up NYTD surveys to eligible youth and young adults. The survey is provided to a cohort of transitioning young people at ages 17, 19, and 21 for a longitudinal study. The objective of the survey is to gain a better understanding of how this population is moving towards achieving independence and stability, measuring outcomes relevant to health, housing and transportation, education, employment, and involvement with the Juvenile/Criminal Justice System.

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

- Services that support youth 13-17 and eligible young adults 18-23 during their transition to adulthood; and

- Placements and supportive services for young adults who move to the extended foster care program.

## Serving Youth at Various Stages of Achieving Independence

### *Statewide Services for Youth of Various Ages and Stages*

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

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

Judicial oversight of life skills under [s. 39.701\(3\)\(a\), F.S.](#) requires the courts to inquire about the life skills the child has acquired at the first judicial review hearing held after the child's 16th birthday. At the judicial review hearing, the Department must provide the court with a report that includes specific information related to the life skills that the child has acquired since their 13th birthday or since the date of entering foster care. Additionally for any child who may meet the requirements for the appointment of a guardian advocate, an updated case plan must be developed in a face-to-face conference with the child, court-appointed guardian ad litem, the custodian of the child, and the parents of the child if those rights have not been terminated.

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

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

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

## Medicaid

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

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

Youth and young adults who are eligible for Medicaid over the age of 18 years of age are eligible to transfer their Medicaid coverage to Florida, and Florida young adults are eligible to transfer Medicaid coverage to other states. In Florida, if a young adult from another state wishes to apply for Medicaid, then they only need to self-attest that they are former foster youth to continue Medicaid enrollment status in Florida.

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

**Transition Assistance Funds through Florida's Sunshine Health** Transition Assistance Funds consist of a one-time payment of up to \$500 per young adult transitioning out of foster care or Extended Foster Care between the ages of 18-21. These funds may be used toward services and items such as rental deposits, utility services, or household supplies (i.e., linens, appliances, furniture).

## Services for Young Adults 18 to 26 Years of Age

The Department recognizes that the transition to adulthood can be challenging for young people. For current and former foster youth, it can be even more difficult without an existing support system. The Office of Continuing Care has a renewed innovation-focused approach to improving the lives of young adults both entering and exiting the child welfare system. Through best practices established at the state level and personal connections established at the community level, the Department can harness person-to-person impact through a systematic, trauma-informed approach. With streamlined oversight of all programs affecting youth and young adults, coupled with the direct client interaction of the statewide resource center, the Department can swiftly respond to the needs of clients through direct services or through more overarching policy conversations.

The Office of Continuing Care, under the umbrella of Hope Florida, – A Pathway to Prosperity is staffed by care navigators with lived experience and offers free one-on-one help for young people who are about to or have recently transitioned out of foster care, aiming to make their leap into adulthood a positive experience.

Young adults between ages 18–26 years old who age out of the foster care system in Florida may receive services, including special services available to former foster youth, a support system to help with next steps, and connections to resources in their community.

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

- Extended foster care (ages 18–21 or 22 with documented disability)
- Postsecondary education services and support (ages 18–23)
- Aftercare support services (ages 18–23)

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

## Extended Foster Care (EFC)

In support of the development of more permanent bonds for Florida’s former foster care youth, [Section 39.6251](#), Florida Statutes established EFC for eligible youth between the ages of 18–21 (up to 22 for young adults with disabilities).

The program utilizes Title IV-E funds. One of the key components of this program is that eligible young adults who wish to remain in foster care should have their placement at the time of reaching the age of majority viewed as the preferred placement for the young adult. Should the young adult’s placement not be available or practical, it is the responsibility of the lead agency service provider and the young adult to identify an alternative placement

that may or may not be licensed and that offers a degree of supervision to best meet the immediate and long-term needs of the young adult.

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

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

By offering young adults the option to enter Extended Foster Care, it is believed that the development of necessary permanent connections will be made available to Florida's former foster youth. Direct care providers, in collaboration with caregivers, provide a more collaborative living environment that takes into consideration the Shared Living Plan when a young adult resides in a natural parenting situation. There are standardized assessments required to determine the appropriate supervised living arrangement type and the transitional services necessary to assist the youth or young adult achieve their goals to reach the appropriate level of self-sufficiency. The Shared Living Plans include the youth or young adult's clearly defined goals of transition and appropriate adult behavior.

Extended Foster Care continues to serve majority of the states' young adults post 18. Over the next few years, the department will continue to reevaluate this program.

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

## Education and Training Vouchers and Postsecondary Education Services and Support

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

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

- Turned 18 years while in the legal custody or licensed care of the Department and spent a total of six months in licensed out-of-home care
- Was adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least six months in licensed care within the 12 months immediately preceding such placement or adoption
- Has earned a standard high school diploma, or its equivalent
- Has reached 18 years of age but is not yet 23 years old
- Is enrolled in programs offering at least nine credit hours and attending a Florida Bright Futures eligible educational institution
- Has submitted a free application for federal student aid
- Has applied for other grants and scholarships
- Has signed an agreement to allow the Department access to school records

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

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

In 2022, legislation increased supports and resources for young adults in PESS under [s. 409.1451, F.S.](#) to require regular transition planning, financial planning, and assessment while the young adults are receiving financial assistance through the program.

Of the three independent living programs, PESS is the only program that allows youth who were adopted or placed with court-approved dependency guardians after the age of 16 the opportunity to participate. The law requires those youth to have spent at least six months in licensed care within the 12 months immediately preceding such placement or adoption. ETV and John H. Chafee Foster Care Independence Program (CFCIP) federal funds cover room and board and other expenses necessary to pay the cost of attendance.

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



Federal ETV payment amounts are set based on a needs assessment that determines the student's total financial need, to ensure that federal ETV payments do not exceed a student's total cost of attendance. However, the monthly payment for PESS is fixed at \$1,720 per month, so any payments more than a student's estimated cost of attendance, or above the \$5,000 federal ETV limit are covered by state funds. In addition, students remain eligible for participation in the program up to their 23<sup>rd</sup> birthday, so students who apply or reenter the program after the age of 21 are required to have the entirety of their payments covered by state funds.

Students receiving the PESS stipend may also opt into EFC. The method of the payment in this situation depends upon whether the young adult is residing in a foster home, or group home, or temporarily residing away from the home.

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

Prior experience and statistical evidence have shown that requiring former foster youth to maintain a standard full-time enrollment of 12 credit hours in postsecondary education can be detrimental to the completion of their education.

Many former foster youth struggle to complete secondary education; others need to work to supplement the financial assistance or are parenting young children. Florida defines full-time for this program as nine credit hours, providing additional flexibility to the young adults served; however, a young adult may enroll in additional credit hours if they choose.

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

Recent legislation has changed the age of eligibility from 16 to 14 years old for those youth and young adults who "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." This new change will require policy and procedures updates to Florida's Administrative Code.

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

A portion of the ETV/Chafee funding has been allocated to support youth and young adults relocating to Florida from other states. Florida continues to assist its young adults pursuing educational opportunities outside the state, in addition to maintaining existing state programs. Guidance for administering these funds was issued before July 1, 2024, with the funds becoming available on that date. Temporary guidance was distributed statewide in July

2024, while updates to the PESS/ETV application are underway. Since the form is codified in rule, any modifications must go through the state's rulemaking process. Nevertheless, the temporary guidance has been provided to the field to ensure that eligible young adults can be served as of July 1, 2024.

## Transition Planning

Florida Legislature created [section 39.6035](#) of Florida Statutes and formalized Transition Planning within Florida's child welfare system.

[Section 39.6035, F.S.](#), requires that specific transition plans be developed for those youth aging out of the foster care system and after the child reaches 18 years of age if he or she is receiving funding under s. [409.1451](#) (2), F.S. During the year after a youth reaches 16 years of age, transition plans are developed in collaboration with the youth, caregiver, and any other individual whom the child would like to include. The youth can include additional topics in the transition plan that will support them as they transition to adulthood. Transition plans are designed to supplement standard case planning activities and are subject to court review. The activities addressed within the transition plan must provide options for the child to use in obtaining services that include housing, health insurance, education, financial literacy, driver's license obtainment, workforce support, and employment services. The plan must also consider establishing and maintaining naturally occurring mentoring relationships, and other personal support services, as well as health care decisions.

The Department's transition planning document was recently updated to capture additional information including information on independent living services and programs. The document is tailored to the individual needs and plans of the child, including, at a minimum, the specific benefits of each program and how such benefits meet the needs and plans of the child, the advantages, and disadvantages of participation in each program, and the financial value of each program to the child. When completed, the plan provides a road map for not only the youth but their entire team for the child's path to self-sufficiency.

The enhanced My Pathway to Success Plan and statewide training initiatives place a strong emphasis on the significance of adult support networks and mentors. To facilitate the process of finding mentors and creating positive connections for staff and young adults, facilitator guides were created, including a specific section dedicated to identifying and fostering supportive adults. In instances where no supportive adults are available, a documented plan must be formulated outlining the steps required to find a mentor or establish a lasting positive connection as they transition into adulthood.

The Department recognized the field needed new guidance to effectively deliver the form, so the Staff Facilitator Guide was created to give staff the tools needed to effectively facilitate a transition meeting with youth and young adults. In addition, to the facilitator guide for staff, the department heard feedback from youth and young adults about the need of an additional Transition Planning guide for them. In collaboration with youth voice, the department created a Youth "What to Expect" Guide for youth and young adults. This guide provides information

for young people on “What to Expect” before their initial transition meeting and provides context for subsequent staffings as well.

The department will continue to host site visits and trainings that will provide guidance on effective facilitation of the My Pathways to Success Plan. The department currently monitors successful transition plan completions and will begin to monitor the quantity of those plans to ensure that effective services delivery will promote successful transition to adulthood.

## Consultation With Tribes for Chafee Program and ETV

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

In December 2022, the Department conducted a Tribe and state collaboration meeting with Florida’s three federally recognized Tribes. During this meeting, the Deputy Director for the Office of Continuing Care provided detailed information regarding Chafee and ETV funds and how they are utilized, and the Department emphasized how tribal children can benefit from these resources. The next collaboration meeting is scheduled sometime in April of 2024.

The department continues to collaborate and educate the Tribes on the Chafee and ETV benefits annually to ensure that young adults within the Tribes maximize their benefits in the state.

## Aftercare Services

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

Aftercare services include the following:

- Mentoring and tutoring
- Mental health services and substance use counseling
- Life skills classes, including credit management and preventive health activities
- Parenting classes
- Job skills training

- Counselor consultations
- Financial literacy skills training
- Daycare referrals
- Extracurricular activities related to secondary or postsecondary education
- Temporary financial assistance for necessities, including educational supplies, transportation expenses, security deposits for rent and utilities, furnishings, household goods, and other basic living expenses

Rules governing aftercare services are found in [Chapter 65C-42.003, F.A.C.](#) Pages 167-168 of this report discuss the Office of Continuing Care, the Lead Agency’s responsibility for reaching out to young adults until 23, and how the Office of Continuing Care provides an avenue for young adults to receive continued resources until 26.

Recently, legislation was passed to expand Florida’s aftercare eligibility to those who were placed in out-of-home care for at least 6 months after turning 14 and did not achieve permanency. The department will need to update policies and procedures to support this new legislation that will take effect July 1, 2024.

## Chafee Program Improvement and Training

The Department supports young adults with Chafee funds through the PESS and Aftercare programs. The Department continues to mentor youth through the FYLA and ongoing community partnerships. The Department also conducts annual IL trainings in addition to trainings provided at the annual Child and Family Well-Being Summit. As the need for trainings increases, the department is looking to expand the IL conferences ensure consistent trainings and updates are provided regularly. The Department takes part in monthly calls, quarterly meetings, and strategy meetings with youth and mentors from statewide groups such as FYS, One Voice Impact, and the GAL Champions.

These monthly calls include region-specific reports of youth involvement in the system, their analysis of implementation in their respective regions, recommendations for improvement, and a report of advocacy in their local areas. The Department continues to meet with these groups as part of a collaborative approach for a youth-focused and youth-centered service implementation.

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

The Department also recognized a need to ensure that staff who work closely with youth and young adult population have the skills, resources and support to aid this population toward adulthood. The department is currently developing and will be implementing an *Independent Living Curriculum* for staff who provide direct services and support to youth and young adults in the state of Florida.

Case management Pre-Service training now includes a module on how case managers should be preparing foster children and youth for independent living. Individual Lead Agencies will be providing in-service training on this and other independent living topics. This new training is set to commence in 2024.

## Youth Rights and Goals Brochure

The Department met with young adults with lived experience in 2020 and 2022 to incorporate youth voice on a youth bill of rights and expectations brochure. In 2021, [s. 39.4085, F.S.](#), with that input, established goals for children in foster care to be included in the bill of rights and required the Department to work with all stakeholders to help children in out-of-home care become knowledgeable about their educational, health, visitation, court participation, and safety rights.

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Both documents are currently [accessible electronically](#) on the Department's website until they are condensed into one inclusive document.

In 2023, [s. 39.4085, F.S.](#), the Office of Children's Ombudsman was established. The office is responsible for updating the youth bill of rights and goals brochure. The Office of the Ombudsman is currently collaborating with youth voice throughout the state to ensure language is accurate as the brochure is being updated.

## Housing (Living Arrangements)

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

As depicted in Table 4.5 below, just over half, or 52% of young adults in EFC are reported as renting individual housing while approximately 16% are in transitional living settings. All out-of-home placement types showing 0% reflect each having four or less reported entries.

**Table 4.5. Out-of-Home Placements of Young Adults in Extended Foster Care<sup>34</sup>**

Placement Type	Percent
Transitional Living Program	16%
Shared Renting Housing	22%
Residential Treatment Facility	0.5%
Own Housing	2%
Military	0.5%
Individual Renting Housing	52%
Homeless	0.5%
Dorm	2%
Detention Facility	0.5%
Assisted Living Facility	4%

### US Department of Housing and Urban Development Awards

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

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

The Department’s Child and Family Well-Being Council spent the last quarter of 2022 dedicated to housing solutions. These meetings provided an avenue for those with lived experience and expertise in the field to share their housing challenges. Housing experts across many areas of expertise provided detailed information about gaps

<sup>34</sup> Source: FSFN

and opportunities in housing, and many focused on the specific needs of young adults from foster care on their path to self-sufficiency.

The OCC facilitated a discussion with the Council on the various housing options for youth and young adults engaged in state and federal programs (Aftercare, Extended Foster Care, and Postsecondary Education Services and Support). The need for mental health, housing, and better collaboration with our stakeholders such as the APD, have been at the forefront of the OCC. The focus on supportive housing as a positive outcome will continue to push conversations about housing, ensuring youth and young adults in Florida have the most appropriate and diverse living arrangement options upon transitioning into adulthood. Part of this effort will include supporting Lead Agencies as they navigate the FYI-FUP Voucher path for young adults. The Department, as well as the IL staff, participated in a call with the Capacity Center for States in May 2022 to discuss HUD's programs, FUP and Foster Youth to Independence (FYI) Vouchers to gain a better understanding on the differences between the two programs.

In addition, the Department has been collaborating with the Florida Housing Finance Corporation on their Extremely Low Income (ELI) Initiative. The Florida Housing Finance Corporation administers the state affordable housing trust fund and provides financing for the development of multifamily rental housing. In return for the financing, the developers must set aside units for ELI households and for Persons with a Disabling Condition or that have Special Needs (independent living population). Each Developer is required to enter into an agreement with at least one Lead Agency that administers or provides supportive services to Special Needs Households or to Persons with a Disabling Condition. The Developer and the Lead Agency create a MOU that outlines the roles and responsibilities of the parties. The apartments provide a first come first serve approach that allows these young adults the opportunity to rent with the developer prior to reaching out to the public. Currently, there are seven Lead Agencies participating in the housing initiative statewide. The Department is still awaiting the 2022, and 2023 report of FYI-FUP voucher usage for the state of Florida.

## Departments Housing Pilot Program

In response to the current housing challenges that young adults exiting foster care are facing throughout Florida. The department is creating a pilot program in the next years to establish best practices and justification for housing specialists that focus on opportunities to meet the unique needs of those who spent formative years in foster care as they navigate adulthood. The pilot will be able to provide lessons learned and meaningful gains with the other programs and determine how this may be advantageous to incorporate in the state.

## Florida Housing Authority

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

## SECTION 4: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

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

The two federally recognized tribes in Florida, the Seminole and Miccosukee, are familiar with the Child and Family Services Plan (CFSP) and the APSR and the accessibility of the documents on the Department of Children and Families' website. In the Department's work with the Seminole and Miccosukee tribes, access to various forms of federal funding have been discussed and neither Tribe has expressed an interest in receiving federal funds as they have their own resources to provide services. The Department works with the Poarch Band of Creek Indians Tribe that is in southern Alabama, as they serve tribal families located on the Florida line.

The Department is responsible for child protective investigations for the Tribes. The Department's operating procedure, [CFOP 170-01, Chapter 15](#), Reports and Services Involving American Indian Children, , Reports and Services Involving American Indian Children, describes processes to be used by CPIs and case managers.

The Department requires the Lead Agencies to obtain a credit report for youth in care ages 14 to 17. This requirement is applicable to all youth in this age group. Case planning services are offered by the Department and the Seminole Tribe of Florida's (STOF) Family Services Department. Case Planning services align with Florida's practice in obtaining credit reports for tribal children. The Miccosukee Tribe provides case planning services to its own children. The Department continues to engage the Miccosukee Tribe to confirm if case planning services include credit reports. The Department has six regional points of contact serving as ICWA liaisons to guide child welfare professionals with aligning practices with federal and state requirements. The regional contacts work closely with the Department's statewide liaison at the Department's headquarters.

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

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

The Department has regular communication with points of contact for all three tribes and has invited the tribes to participate in joint planning meetings, specifically with our Office of Substance Abuse and Mental Health and other initiatives The Department's regularly scheduled bimonthly meeting continues to be held with the Seminole tribe and the Seminole Tribal Courts. The Department has implemented a bimonthly call with all three tribes



where topics of discussion include Florida's State Opioid Response (SOR), Chaffe Funds and Credit Checks, Child and Family Services Reviews, Training Needs and Collaboration, Options for Treatment Providers serving Tribal Members and Adverse Childhood Experience. The Department also completes joint trainings with the Tribes regarding technical assistance with policies for ICWA.

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

The Department and the STOF continue to work towards executing a statewide memorandum of agreement (MOA). Once the MOA is executed representatives of the STOF and the Department will:

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

With the advent of the Hope Florida, the Department continues to engage all Tribes regarding resources available through the program which assists the following populations with supports:

- Youth involved with DJJ or who are transitioning out of DJJ care
- Parents and families concerned with their child's behaviors
- One-on-one support plans for self-sufficiency
- Connections to local referrals and CBC partners

In addition, the Department's Office of Substance Abuse and Mental Health continues to provide educational resources such as integrating substance use prevention with wellness, unresolved childhood trauma and connection to substance use, and adverse childhood experiences and the relationship to substance abuse prevention. The Department continues to invite and encourage participation by the tribes in collaborative efforts such as the CFSR and has discussed the advantages of becoming a Title IV-E agency. Feedback obtained from all tribes indicated that many of their children's needs can be met with their available resources without the need for federal funding.

All tribes explained that the mandated criteria and responsibilities associated with the establishment of becoming a Title IV-E agency expanded beyond their scope at this time. The Miccosukee tribe reported they are transitioning towards a new approach with respect to engagement with state and government agencies. While historically they

have been apprehensive, the continued dialogue with the Department has increased their awareness of the state's position as a partner. The Department will continue to extend opportunities for collaboration with case-specific concerns, training initiatives, and other opportunities to expand resources if needed. The Poarch Band of Creek Tribe offered to extend the opportunity to develop a MOU with their Tribal families residing within Florida to increase ongoing collaboration, and this will be an area of exploration during the next CFSP cycle.

The Seminole Tribe of Florida has been looking to create a new electronic database and inquired if the Department had any potential providers they could access. Additionally, the Tribe's clinical psychologist within their behavioral health department was onboarded with the Department's contracted provider to assist with assessments of tribal children who suffer from serious emotional disturbances and require residential treatment. Lastly, several tribal families have gained the opportunity to become Level I licensed foster parents to assist with the child's needs through benefits through the state's Guardianship Assistance program.

The Department continues to offer and provide collaborative trainings conducted jointly by the Department and Seminole tribe to aide child protective investigators with navigating policies, procedures, and federal requirements associated with ICWA. Trainings have been conducted in Fort Lauderdale, Fort Myers, and Tampa. The Department and Seminole tribe plan to expand training capacity to the state's ICWA regional points of contact to assist with training other staff, such as those in case management.

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

The Department, in conjunction with the Seminole Tribe of Florida, provided ICWA training in select areas of the state where the Seminole Tribe is prominent, and with the intention to deliver this training to all case managers and child protective investigators statewide. The Department has provided the Seminole tribe with a point of contact from the Quality Office to assist with quality assurance training materials for child welfare as well.

The department continues to strengthen the relationship with the STOF through regular communication involving the circuit ICWA specialists and identifying ongoing practice challenges and solutions. The Judge in Broward County (Circuit 17) travels to the reservation to hear all ICWA cases on the Tribe's reservation. The Tribal courts along with the 17th judicial district judge have continued with their new initiative that will focus on families with drug and alcohol abuse, to specifically address the risk and needs through a healing and wellness court, as well as incorporate a diversionary court for cases in the juvenile delinquency court.

The Seminole Tribe continues to participate in the Strong Foundations project as a representative for the tribe on the stakeholder advisory team. The Seminole Tribe has a non-relative group home on the Big Cypress Reservation that is exclusively for children, and it is owned and operated by the Tribe. Any relative or non-relative home studies

that may be needed for a tribal member willing to take placement will be completed by the Tribal Advocate in coordination with the Department.

The case manager assists in the process by completing local background checks as well as Florida Child Abuse Information System checks. The Tribal Advocate completes reunification home studies for any parent(s) that is a tribal member. By working in coordination, the families can be assured of receiving the best services aligned with state and federal law. The local Lead Agency holds quarterly meetings with the Tribal Advocate and senior management to address case progress and any concerns raised by either party. The Tribal Advocate is available to provide records from the behavioral health center for any tribal member receiving services. These coordinated efforts demonstrate the strong partnership that exists between the state and local tribes. The Department continues to extend an invitation to participate in ongoing collaboration efforts to all tribes.

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

Miccosukee Tribe of Indians of Florida

Martha Vega, Miccosukee Social Services Director

Office (305)223-8380 ext. 2267

Cell (305) 409-1241

Fax (305) 894-5232

[marthaV@miccosukeetribe.com](mailto:marthaV@miccosukeetribe.com)

Seminole Tribe of Florida

Designated Tribal Agent for ICWA

Attention: Shamika Beasley, Tribal Family & Child Advocacy Compliance & Quality Assurance Manager Center for Behavioral Health

3006 Josie Billie Avenue Hollywood, Florida 33024

Telephone: (954) 965-1314 ext. 10372 FAX: (954) 965-1304

[shamikabeasley@semtribe.com](mailto:shamikabeasley@semtribe.com)

Additionally, the representative from the Alabama Tribe:

Martha Gookin, Department of Family Services

5811 Jack Springs Road Atmore, Alabama 36502

Telephone: (251)368-9136 extension 2602

FAX: (251) 368-0828

[TMS@pci-nsn.gov](mailto:TMS@pci-nsn.gov)

The Department conducts bimonthly virtual meetings and an annual in-person meeting with all three federally recognized tribes to discuss statewide initiatives, case-specific concerns, available resources and supports. The final CFSP will be shared with the tribes prior to the bimonthly meeting to allow for a detailed review by all parties. During the initial meeting, a general overview of the CFSP will occur in addition to discussion regarding our tribal partners' continued participation in meeting the goals of the CFSP. Ongoing meetings will address the state's CFSP and APSR to ensure collaboration throughout the five-year plan.

The Tribes were invited to attend and participate in the overview and input sessions related to the creation of this year's CFSP Final Report and the new CFSP 2025-2029. Representatives from the Tribes participated on those calls and were afforded the opportunity to review data related to the outcome of Florida's most recent CFSR, current statewide data indicators, and the proposed goals to address the issues identified by the CFSR within the next CFSP. While thus far the Tribes have not offered specific goals, strategies, or activities outside of those already set, they have been provided the new CFSP goals currently pending approval from the Children's Bureau and will discuss these with Department and offer any additional areas of focus and/or activities in support of these goals at the August 2024 meeting. Opportunity for additional discussion and refinement will occur at the Tribal adjunct meeting at the Department's Summit in September.

The Tribes meet virtually bi-monthly, annually in person, and as-needed in between, to address any issues of an urgent nature. Further, they participate as active team members with both the courts and the Department's SAMH teams. Ongoing discussion around the CFSP will continue to occur at each subsequent meeting to provide updates on the status of CFSP goal progress and to allow the Tribes the opportunity to raise any new topics or activities to address trends or issues experienced during the next five-year period.

While there are no barriers in the continuing collaboration between the Tribes and the Department, there are often challenges experienced in the coordination of all three Tribes with respect to scheduling meetings collectively. The Department continues to work with all three tribes on their availability to ensure continued engagement and collaboration and will offer multiple meeting formats to accommodate all schedules.

## SECTION 5: TARGETED PLANS WITHIN THE 2025-29 CFSP

The Targeted Plans for the 2025-29 CFSP are presented in independent documents per the Program Instructions and include:

- Florida's Foster and Adoptive Parent Diligent Recruitment Plan
- Florida's Health Care Oversight and Coordination Plan
- Florida's Statewide Disaster Plan
- Florida's Statewide Training Plan

## Florida’s Foster and Adoptive Parent Diligent Recruitment Plan

This plan reflects the activities that will be conducted over the next five years to ensure that there are a sufficient number of foster and adoptive homes that meet the needs of children served by the child welfare system.

### CHARACTERISTICS OF CHILDREN FOR WHOM FOSTER AND ADOPTIVE HOMES ARE NEEDED

#### All Children in Out-of-Home Care

As of April 30, 2024, there were 18,629 children in out-of-home care. Table A2 below shows the statewide age and gender distribution, and placement types. This information is available on the Child Welfare Dashboard, Trend Reports. Each region and CBC use the dashboard to create local profiles. The following information reflects the characteristics of the statewide number of children in care as of April 30, 2024:

- Placement settings:
  - 30 percent with approved relative/non-relative caregivers
  - 52 percent with licensed foster families (Level I – V)
  - 10 percent in group care/residential treatment center
  - 8 percent in other settings
- Race: 53 percent White, 336 percent Black/African American, and 11 percent are a mix of other races
- Gender: 51 percent are male, and 49 percent are female
- Age: 43 percent are 0-5 years of age; 31 percent are 6-12 years of age; and 26percent are 13-19 years of age
- Of 4,330 sibling groups, 58 percent are placed together (Source: Child Welfare Dashboard, 3/31/24).
  - 44 percent of sibling groups placed together are placed with relative/non-relative caregivers
  - 53 percent of sibling groups placed together are placed in licensed foster care
- The size of sibling groups placed together in care
  - 65 percent of sibling groups are comprised of 2 children
  - 24 percent of sibling groups are comprised of 3 children
  - 11 percent of sibling groups are comprised of 4 or more siblings
- 322 percent of children in out-of-home care are placed outside of their removal circuit with wide variation across CBCs. (Source: Child Welfare Dashboard, 3/31/24).

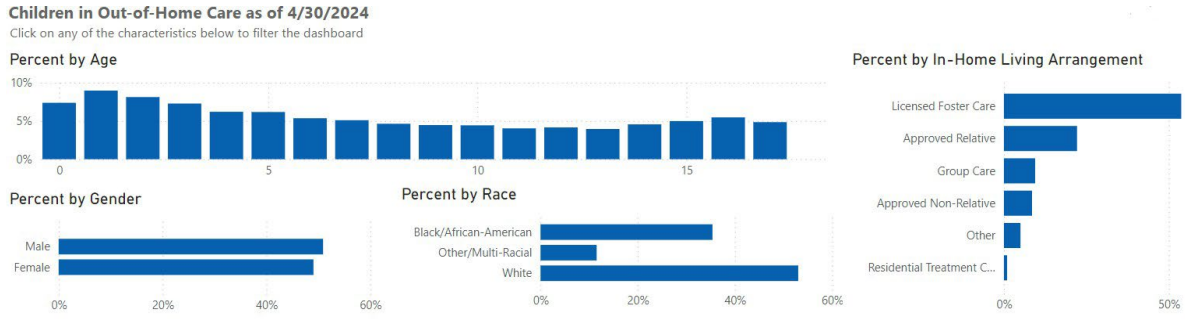
**Table A1: Children in Out-of-Home Care as of 4/30/2024**  
**Children in Out-of-Home Care as of the end of the month)**

Last Updated: 5/10/2024 (Data on or after Apr-2024 is draft data and will be updated next month.)



Source: Florida Child Welfare Dashboard

**Table A2: Children in Out-of-Home Care as of 4/30/2024**



Source: Florida Child Welfare Dashboard

Children Entering Out-of-Home Care

A total of 674 children entered care between 4/1/2024 and 4/30/2024. (Source: Child Welfare Dashboard, Trend Reports) The following information is about the characteristics of the new children entering foster care:

- Age:
  - 26 percent were 0-1 year of age
  - 27 percent were 2-5 years of age
  - 27 percent were 6-12 years of age
  - 19 percent were 13-17 years of age
- Gender:
  - 52 percent female
  - 48 percent male
- Race:
  - 54 percent White, 36 percent Black/African American, and 10 percent a mix of other races

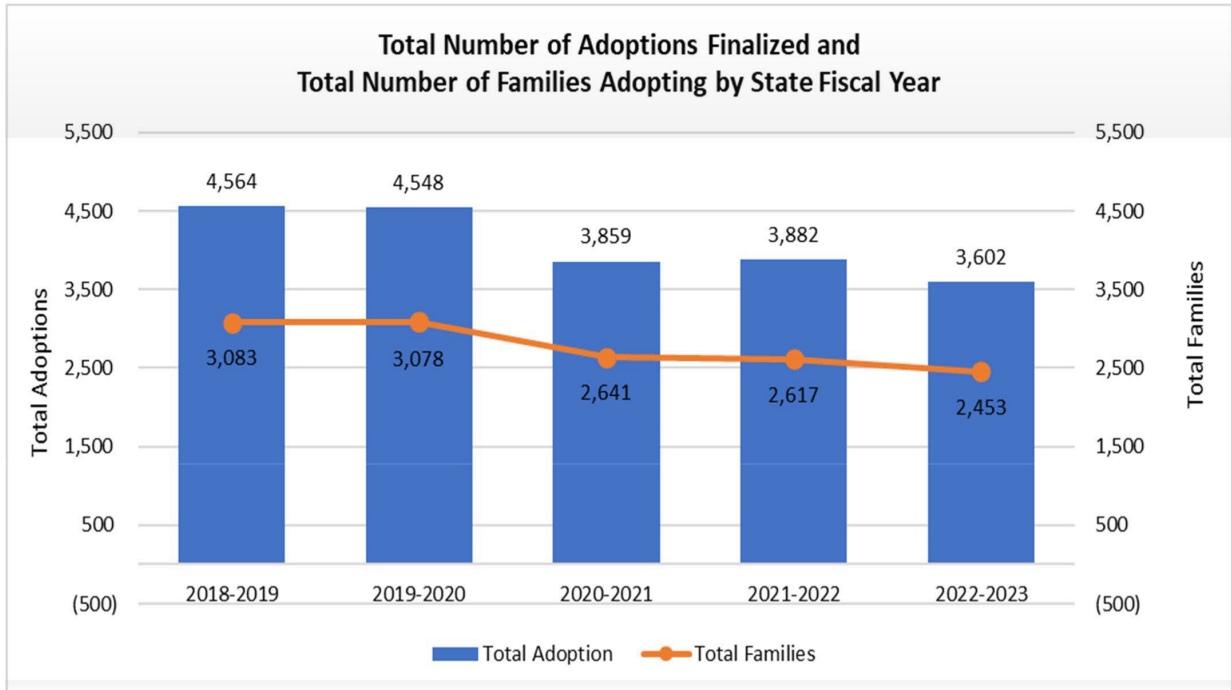
Characteristics of Children with a Goal of Adoption

As shown in Table A3, 20,455 children were adopted from foster care during the last five years. Of the 3,602 children adopted in 2022-2023:

- 45% were adopted by relative caregivers.
- 32% were adopted by foster parents.
- 22% were adopted by non-relatives.
- 1% were adopted by fictive kin.

Less than 10% of our adoptive parents are individuals who had no existing relationship with child and were recruited to adopt.

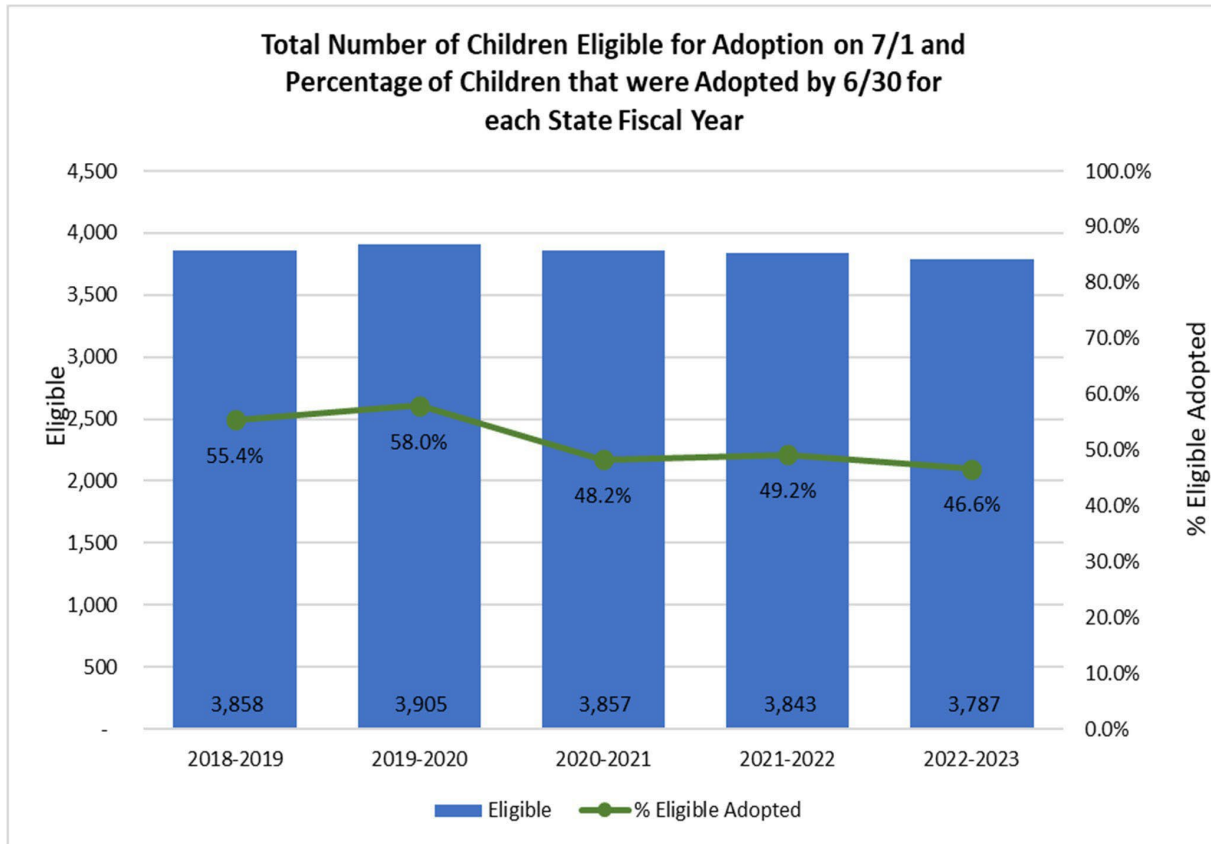
**Table A3: Total Number of Adoptions Finalized and Total Number of Families Adopting**



Source: Adoption Incentive Annual Report November 15, 2023

Table A4 illustrates the overall trend in the number of children eligible for adoption on July 1 of the particular fiscal year and the subset of those children who were subsequently adopted by June 30 of that fiscal year. The number of children eligible for adoption decreased from 3,843 in SFY 2021-2022 to 3,787 in SFY 2022-2023 and the percent adopted decreased from 49.2 percent to 46.6 percent for the same time period.

**Table A4: Number of Children Eligible for Adoption on 7/1 & Percentage of Children Adopted**

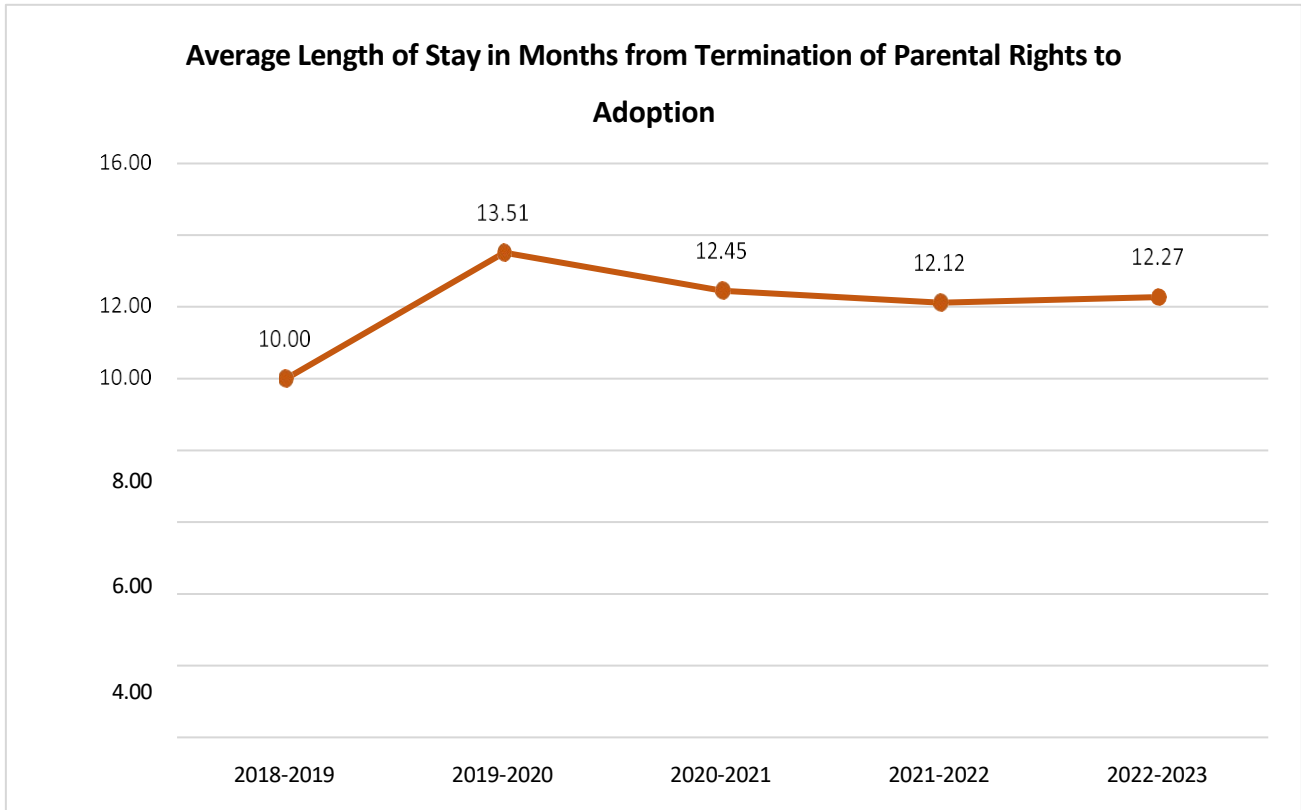


Source: Adoption Incentive Annual Report November 15, 2023

In Florida, children are not eligible for adoption until the parental rights of their legal and/or biological parents have been terminated. Table A5 below represents the average length of time from the termination of parental rights (TPR) to finalized adoption for children. The chart shows the statewide average for the length of time from TPR to adoption finalization increased from 12.12 months FY 2021-2022 to 12.27 months in FY 2022-2023.



**Table A5: Average Length of Stay in Months from Termination of Parental Rights to Adoption**

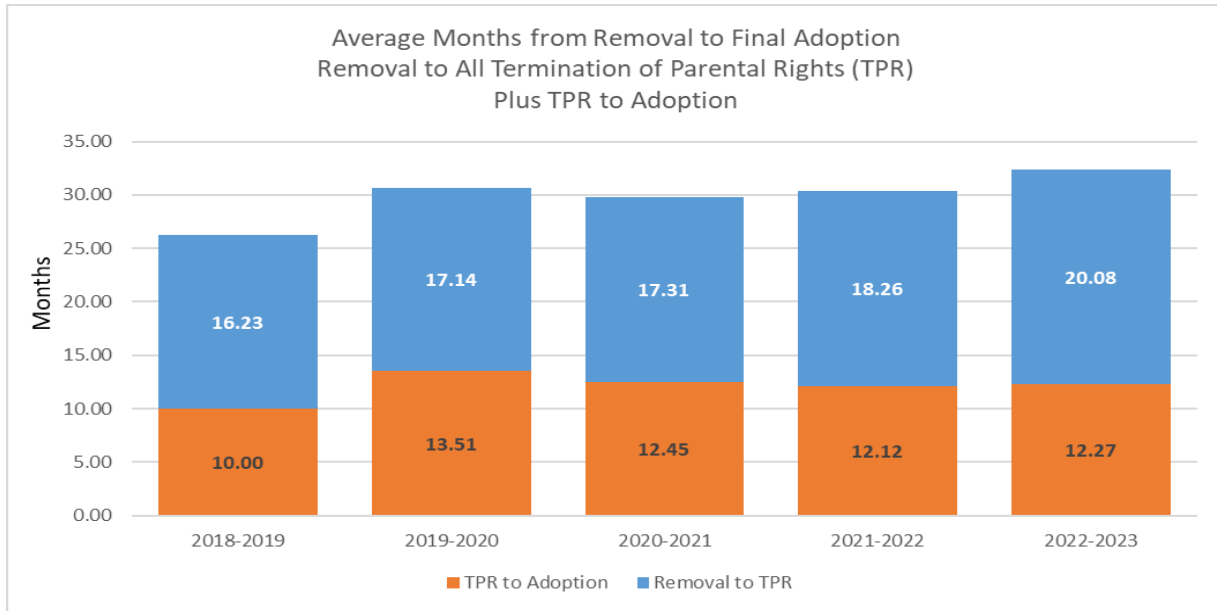


Source: Adoption Incentive Annual Report November 15, 2023

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

The second phase of the adoption process begins with the TPR of both parents and ends with the finalized adoption of the child. Table A6 displays the length of time to complete each phase of the adoption process during the last five state fiscal years, as well as the total length of time it took to reach adoption completion. During FY 2022-2023, there was an increase in the amount of time from removal to TPR by .15 and an increase in the length of time from TPR to adoption of two months compared to FY 2021-2022.

**Table A6: Average Length of Stay in Months from Removal and Time to Finalization from TPR**



Source: Adoption Incentive Annual Report November 15, 2018

## RECRUITMENT AND RETENTION STRATEGIES

### Outreach and Dissemination Activities

#### Websites and Social Media

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

- [Foster Care | Florida DCF \(myflfamilies.com\)](https://myflfamilies.com) provides information about the rewards of becoming a foster parent; information on the licensing process; links to local contacts and resources; and connections to organizations that support fostering.
- [Explore Adoption](#) - 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 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.

Lead agencies, case management organizations, and child placing agencies also have websites. Social media links are found on these websites or are available through social media platforms.

The [Quality Parent Initiative Florida](#) website provides a wealth of resources for foster parents and caregivers and for lead agency CBC staff. A significant number of recruitment tools are provided which include various campaign flyers; recruitment presentations and scripts; a mock recruitment plan; information for developing a targeting recruitment plan; and transition planning information.

#### Other Family Finding Methods

The Office of Child Welfare (OCW) will continue to explore ways to develop additional capacity to provide technical assistance and training to CBCs or other providers to replicate the “Family Finding Model.” Some CBCs are currently implementing this model. The Family Finding Model is an approach designed to discover “lost relationships,” people who could be re-engaged to have meaningful connections with youth in foster care, possibly provide a home. One of several “discovery strategies” in Family Finding is the use of Mobility Mapping. In this work, the youth is walked through a process where they remember where they have lived and who were the important people in those locations. This elicits memories of the relationships that can be captured in order to help build a team of supportive adults.

#### Permanency Roundtables

Permanency Roundtables developed and implemented with technical assistance and training from Casey Family Programs continue to provide a dependable method for child-specific family finding. The purposes of the permanency roundtable process are:

- Develop a child-specific plan to achieve permanency;
- To stimulate thinking and learning about pathways to permanency for other children in foster care; and
- To identify and address barriers to permanency through creative thinking, professional development, policy change, resource development, and the engagement of system partners.

#### Rapid Permanency Reviews (RPR)

Rapid Permanency Reviews, also developed by Casey Family Programs and implemented with technical assistance and training from Casey, are an effective process to find any local operations barrier or bottleneck that is keeping a child in care. The OCW currently has three trained implementors who can provide regional trainings. OCW is committed to finding ways to provide additional training and technical assistance to the field.

#### Florida State Foster/Adoptive Parent Association (FAPA)

The FAPA is a key partner in recruitment activities. The association conducts quarterly training sessions, hosts an annual training conference, and attends Children’s Week activities during Florida’s annual legislative session. Partnership with the association provides opportunities for feedback from current caregivers for recruitment and retention efforts. The association continues to provide wonderful “real life” examples of foster care/adoption experiences to share for recruitment purposes.

#### Adoption Benefits for State Employees and Other Eligible Applicants

The Department provides state employees and other eligible applicants who adopt a difficult to place child from Florida’s child welfare system a one-time lump sum of \$10,000 for a difficult to place child and \$5,000 for a non- special needs child. Since 2017, the State Employee and Other Qualified applicants has expanded to include veterans, active servicemembers, law enforcement officers, health care

practitioners and tax collector employees. The award amount for eligible applicants will increase July 1, 2024, to \$25,000 for a difficult placement child and \$10,000 for a non-difficult to place child adopted through the child welfare system.

#### Successful Foster Parent Recruitment Strategies

Licensure specialists in the OCW will continue to conduct quarterly statewide calls with the regions and lead agencies to report on local recruitment and retention strategies and share best practices. There will continue to be a focus on finding homes for special populations such as human trafficking and behavioral health. The lead agencies continue to recruit enhanced level II foster homes for siblings and teen youth in care. The recruitment strategies for each CBC are recorded by the Department and posted on the Department's Child Welfare Dashboard for [Placement in Out-of-Home Care Data | Florida DCF \(myfamilies.com\)](#). Each lead agency is asked to present their most effective recruitment strategies. The most effective strategies across all agencies include:

- Faith-based outreach and social media;
- Printed marketing;
- Word of mouth and financial rewards; and
- Foster Parent Associations/Support.

#### Successful Adoptive Parent Recruitment Strategies

Throughout the state CBCs reported the use of various tools and practices used in the preparation of appropriate adoptive families, matching children with families, and providing post-adoption supports. Examples follow:

- The Family Match Pilot created by Adoption-Share utilizes data analytics and predictive models to assist adoption staff in their decisions regarding matching children available for adoption with prospective adoptive parents. Several CBCs documented their participation in the Family Match Pilot during spring of 2018.
- In partnership with Casey Family Programs and the Department, ChildNet-Broward, Community Partnership for Children, Embrace Families, Inc., and Family First Network implemented the Rapid Permanency Review (RPR) process model. The RPR process is a method intended to identify barriers and bright spots related to the permanency efforts of children in care. The focus of the RPR process is children who have been in foster care for two years or more with a goal of adoption who have been in the same family type setting for at least six months. The intent is that these children will achieve permanency in a safe home and that barriers will be mitigated and/or removed, resulting in a positive impact.

#### Adoption Promotion and Support Services

In Florida, Adoption Promotion and Support Services are an important factor for promoting the adoption of children by relative, non-relative and licensed foster caregivers. These services are also important to prospective adoptive parents who are not yet as knowledgeable about the needs of the children they will adopt. A description of adoption promotion and support services is provided in Section 4, Description of Services.

## **ADOPTIVE PARENT TRAINING, COMMUNICATION, AND ORGANIZATIONS**

The Department hosts a statewide training opportunity for adoptive parents twice a year, once in January and once in May. Each training contains a general information and question and answer session conducted by the state's adoption policy specialist.

The Department continues to collaborate with the Florida Association of Heart Galleries to provide general awareness of the needs of foster parents, respite providers, mentors, volunteers and adoptive families. The Department's Communication Office works closely with foster/adoptive families and child welfare personnel throughout the state to support recruitment efforts and to conduct public awareness events. This includes prevention events, legislative session activities, and partnerships with CBCs. Post-adoption members were not included in the eligibility for the Sunshine Child Welfare Specialty Managed Care Plan until July 2015. Since that time the Sunshine Plan has learned that this population, and their adoptive families, require a different coordinated care approach to promote the long-term stability of the adoption. Sunshine Health implemented a specific health care program to provide specialized services for post-adoptive families. Sunshine Health specialized care managers work directly with the adoptive family. For members preparing to transition out of the foster care system due to a pending adoption, Sunshine Health care managers with expertise in adoption educates the adoptive family about the child's needs and care and the benefits available through the Sunshine Plan. Care management staff also connect post-adoption families to needed services and when appropriate develop comprehensive, integrated care plans for at risk and complex members. Sunshine Health also has expanded availability of adoption competent therapists within the Sunshine Health network. Through these proactive interventions and supports Sunshine Health intends to prevent crises from arising that could lead to hospitalizations, higher levels of care, or adoption disruptions.

## **INFORMATION AND ACCESS STRATEGIES**

The Department uses and will continue to use several different strategies for potential and existing caregiver access to information, services, resources and supports.

### Guardianship Assistance Program (GAP)

The 2018 Florida legislature authorized the Department to develop and implement the Title IV-E GAP starting July 1, 2019. Relative and non-relative caregivers (referred to as fictive kin) who are committed to caring for children placed in their care will be eligible for guardianship assistance payments. The child would be eligible not only for subsidies paid to the caregiver for the care of the child, but also for Title IV-E Medicaid coverage, and nonrecurring legal costs incurred in establishing permanent guardianship for the child. Although relative and non- relative caregivers will have the option of choosing to become licensed under Level 1 foster care licensure standards or continuing to provide care as an approved home, to receive GAP benefits the relative and non-relative must be licensed.

### Kinship Navigator Funding and Services

Florida received FFY 2018 Kinship Navigator Funding under Title IV-B, Subpart 2. The Department has used the funds to contract with entities to provide an expanded array of community-based family support services, navigation, and case management to families with relatives, non-relatives, and other fictive kin raising children. Kinship care services include the provision or referral to a variety of services to assist kinship caregivers to maintain a healthy, stable, and nurturing home for a child in their care.

Kinship caregivers may need a variety of support and services that may include referrals for legal assistance, parenting support, support groups, housing assistance, health, childcare, respite care, supportive listening and counseling. Children in kinship care may need a variety of supports and services that may include referrals for mental health evaluations; preventive health care including dental, vision or hearing screenings; tutoring; mentoring; and counseling.

Family support navigators coordinate public benefits between child welfare and Department/TANF; helps families navigate to services or tangible items needed to assist children and families in completing their support plans successfully. Navigators make the initial contact with families, and they conduct screening to determine initial level of need. They gather appropriate referral and assessment information and link families to services and natural support systems.

#### Adoption Information Center and Multiple Websites

The Department will continue to contract for the statewide adoption information services provided by the [Adoption Information Center](#). This statewide resource operates as a clearinghouse in every area of adoption. The services of the Adoption Information Center are free and include a toll-free helpline for providing adoption information and referral services to potential and current adoptive parents; adult adoptees; birth relatives; pregnant women, and professionals. The Department will continue to maintain multiple statewide websites for obtaining information about fostering and adoption.

CBCs will continue to offer the following based on local needs and capacity:

- Deliver training and supportive services in multiple locations (churches, neighborhoods, etc.) which helps with transportation;
- Provide childcare services so that families can attend pre-service and in-service trainings;
- Designate staff at CBCs for foster parent liaison work;
- Provide Foster parent mentors (voice of experience); and
- 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.

### **TRAINING FOR DIVERSE COMMUNITY CONNECTIONS**

The following efforts are part of our work with foster and adoptive parents to support their connections with children in diverse community settings:

- Discussions about working with children and foster parents from various diverse communities are woven throughout the Licensing Specialty Pre-Service curriculum which thoroughly addresses this topic.
- The Department's Training Program developed and will continue to provide Cultural Competence Train-the-Trainer workshops. The goal is to educate child welfare trainers so they can in turn teach child welfare professionals how important it is that they are aware of and understand the dynamics of cultural competence when working with Florida's diverse population. This training will help the child welfare professional become accustomed to and understand different cultures, especially those families they are most likely to be working with.
- The Office of Licensing will continue to update as necessary and utilize the Cultural

Competency Tip Sheet provided to licensing staff at the Statewide Licensing Training in January 2019.

- The Department will continue to host the Child Welfare Summit annually. This comprehensive conference will continue to include opportunities for diversity training, such as working with children who have special needs, being sensitive to children's cultures, and children with unique medical needs.
- The Adoption Information Center and the Department will host statewide in-service adoption trainings, one in January and one in May. The attendees include adoption case managers, adoption supervisors, Guardians ad Litem, private adoption agency staff, and Children's Legal Services' attorneys.

## STRATEGIES FOR DEALING WITH LINGUISTIC BARRIERS

The Department has a [DCFStatewideAuxiliaryAidsandServicesPlan.pdf \(myflfamilies.com\)](#). The guide provides the Department's protocols for provision of auxiliary aids and services to ensure accessibility to all programs, benefits, and services to persons with disabilities and foreign language interpreters for persons with Limited English Proficiency. The plan's provisions apply to all Department programs and contracted client services providers who provide direct services to clients/customers or potential clients/customers. Each of the six Regions within the Department, as well as the Headquarters Office, has an Auxiliary Aids Plan unique to their location.

For persons with linguistic challenges, the plan provides for:

- translation of written materials;
- competency of interpreters and translators;
- provision of interpreters in a timely manner;
- other means of communication; and
- effectiveness of communication.

The plan also provides significant resource information in the appendices, including:

- in-person communication etiquette guide;
- interpreter and translation services poster;
- Florida relay information;
- Assistive listening devices;
- Directory of agencies and organizations;
- Language line services; and
- Video remote interpreting.

## NON-DISCRIMINATORY FEE STRUCTURES

The Department ensures that fees, if charged, are fully disclosed and defined in an impartial manner.

- All out-of-home care and adoption services are available free-of-charge.
- Prospective adoptive families may choose to pay for a private adoption home study to expedite the process.
- Rule 65C-15.010, Florida Administrative Code, governs “Finances” for child-placing agencies and provides a structure to ensure fees are based on reasonable costs and are non-discriminatory.

## PROCEDURES FOR TIMELY SEARCH FOR PROSPECTIVE ADOPTIVE PARENTS

All children available for adoption and who have no identified family must be, according to Florida Statute, on the statewide website Explore Adoption with a photo and narrative within 30 days of termination of parental rights. In addition, the national photo listings at [AdoptUSKids](#) and [Children Awaiting Parents](#) are also utilized.

The Department will continue to collaborate with One Church One Child in their efforts to recruit adoptive families for children in foster care by engaging local churches across Florida. Additional child specific recruitment efforts will be conducted for National Adoption Month in November, December, and again for Black History Month in February. A video of an available child, primarily a teen, will be shown each day in November, December, and February on Explore Adoption. The recruitment event is called “30 Days of Amazing Children” and each video will show a child speaking directly to the camera about topics important to him/her. 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.

The statewide Association of Heart Galleries completes annual child specific recruitment initiatives for 30 days and the event generates numerous inquiries and interest to the Department’s toll-free number.

Currently, the Dave Thomas Foundation’s Wendy’s Wonderful Kids program has Wendy’s recruiters in eight CBCs.

## RECRUITMENT AND RETENTION PLAN

1. The Department will implement the following strategies:
  - 1.1 Support local licensure specialists, adoption specialists, other child welfare professionals, kinship peer navigators, and other system stakeholders with the ongoing implementation and tracking of new strategies to improve stability in care and permanency resolution:
    - 1.1.1. Guardianship Assistance Program.
    - 1.1.2. Kinship support services.
    - 1.1.3. Extended Maintenance Adoption Subsidy.
  - 1.2. Continue quarterly statewide calls with recruitment and retention specialists in order to continue identify and share “best practices” for foster parent recruitment and retention.
  - 1.3 Explore and strengthen ways to build local capacity to provide post-adoption



services and achieve more parity across CBCs.

- 1.4 Enhance Adoption Documents and Registry (ADORE) system functionality to expand matches and build out reports, including more functionality for matching sibling groups.
  - 1.5 Develop operating procedures for the role of the Adoption Applicant Review Committee which is in administrative code.
- 2 The Florida Foster/Adoptive Parent Association (FAPA) identified strategies that their organization will provide over the next five years to contribute to recruitment and retention of foster caregivers. The Department will collaborate and support FAPA as the organization:
- 2.1 Continues to provide quarterly and annual education conferences with relevant training for foster, adoptive and kinship caregivers.
  - 2.2 Continues to implement Foster Allegation Support Team and continue to track trends around the state regarding foster and adoptive parent allegations of abuse. Provide training statewide to understand the process and their rights. Provide advocates locally to support families who call in.
  - 2.3 Continues to collaborate with the Department and lead agencies.
  - 2.4 Continue to provide a referral phone line to provide referrals to the Florida Foster Information Center, statewide intake for families considering foster parent licensure, kinship navigation, and other resources as appropriate.

The following chart provides regional specific strategies for foster and adoptive parent recruitment:

Region	Recruitment Efforts
Northwest	<p><b>Northwest Florida Health Network (NWFHN)</b> is dedicated to providing a comprehensive and multi-faceted systematic approach to recruiting, developing, supporting, and retaining a pool of resource/foster families who can meet the needs of children and youth in foster care. Starting in Circuit 2 in 2018, NWFHN dedicated resources to create the Foster Family Support Program, a team of child welfare certified professionals with lived experience to provide 24 hours/7 days a week response and support. This program expanded to Circuit 14 and ultimately expanded to Circuit 1. The program focuses on utilizing lived experience to influence and solidify recruitment efforts, enhanced training opportunities, connections to community-based resources, and 24 hours/7 days a week response and support.</p> <p>Currently, the number one recruitment lead are referrals from other foster families, followed by social media and printed marketing, and faith-based outreach. We believe our on-going support, enhanced training, and success with our retention efforts has led to this complimentary referral base.</p> <p>From the inception of the program, NWFHN Foster Family Support has experienced success recruiting prospective foster parents using targeted paid social media advertisements on Facebook and Instagram. These include single images with easy-to-read dialogue showcasing a need for parents of children of diverse ages, races, and abilities and details around the upcoming foster and adoption pre-service training. In addition, commercials featuring interviews with foster parents licensed with NWFHN have aided in bringing awareness for the need for local families. Nationally, families often cite that they close their foster home because of frustration with the system of care and a lack of support. These interviews share with the public the need for foster homes, the foster family’s appreciation of the provided support, and an invite to others to join. The agency procured Google advertisements, in-game commercials, and Hulu and local television channel commercials which were aired in all three circuit areas. Sponsored social media advertisements are also used in Circuit 1.</p> <p>Understanding that recruitment is complex, and a diverse group of families are needed, NWFHN Foster Family Support focused their efforts on many other opportunities.</p> <p>Many of our communities are rural and may not have the same internet accessibility as more urban communities, NWFHN Foster Family Support has utilized other recruitment efforts.</p> <p>All recruitment efforts provide prospective families with a local phone number that is answered 24 hours a day/7 day a week by individuals with lived experience as a foster parent. After answering the prospective family’s questions and completing a brief introduction about the program, the recruiter emails a detailed outline of basic licensing requirements and answers to frequently asked questions. The recruiter also provides the prospective family a link to a 3-minute video out the licensing process. The family is then added to the roster for the upcoming foster parent pre-service class, Quality Parenting Training (QPT). Quality Parenting Training is taught by child welfare professionals with lived experience and includes many guest speakers, including</p>

reunified birth parents, foster families, adoptive families, therapists, and most importantly foster care alumni.

The NWFHN Foster Family Support Program has been successful recruiting and retaining quality foster families and we strongly believe this is because of our retention efforts. Support is available by phone or in person 24 hours/7 days a week. Each family is assigned a specific Foster Family Support Specialist that stays with the family during their licensing journey. The Foster Family Support Specialist partners with the family to understand and relay the family's needs, identify what will help them be successful and navigate any identified or known challenges to meeting the needs of the child in their home. In addition, the Specialist assists the family in finding tangible and intangible supports and acts as an advocate in court, meetings, and other settings.

Like most professionals, the skills and confidence of our foster families grow with experience, training, and support. Once licensed, the following training opportunities are provided to families in all three circuits to help families gain confidence, increase their skill set, and network with their peers. An increase in confidence and skill set often leads to a family taking children outside of their initially preferred age range and behavior requests, which in turn helps us provide homes for a broader range of children. Families are also likely to accept sibling groups after having a successful fostering experience with one child. Families are also more likely to refer their families and friends.

Upon being licensed, families are asked to complete Fostering 201, a training developed by the NWFHN Foster Family Support program. Fostering 201 is a PowerPoint presentation with audio and is sent to newly licensed families by their Foster Family Support Specialist. The two (2) hour presentation qualifies for relicensing training hours and covers topics such as questions to ask placement, what to expect at court, how to obtain Early Learning Coalition childcare vouchers, understanding the Women's, Infant, and Children's nutrition program, and much more.

Fostering 301, a training developed by the NWF Health Network Foster Family Support program, created by licensed therapists and individuals with lived experience, is available to families after they've accepted their first placement. Fostering 301 is a small group participatory training that expounds on the importance of developmental relationships in healing for children who have experienced trauma. Topics include the dependency system, communication, trauma and the brain, positive and negative consequences, de-escalation techniques, problem solving, and goal setting. Families are surveyed at the completion of the training and the feedback has been positive regarding the format and collaborative style of the class. Hearing real life examples from one another and sharing strategies that have and have not worked for each family has been helpful and encouraging for those who have participated. Families who complete Fostering 301 have been licensed substantially longer than those who have not.

Community Groups, led by foster family support specialists and foster parent mentors, bring foster parents together in small geographically located groups to learn from and

support one another in a safe and guided environment to build a peer support network and gain further knowledge from professionals and experienced foster parents.

Training Tuesday emails are sent out weekly and cover topics ranging from attachment and food hoarding to court participation and how to obtain resources from the community. The weekly emails also include brief instruction on a life skill, training opportunities, and updates unique to the foster parent community.

In addition to having the resource of the Foster Family Support Program available for in-home support, families are provided contact information on how to access and utilize in-home behavioral crisis support. In Circuit 1, families are directed to the Lakeview Center Mobile Response Team (MRT). The Lakeview Center Mobile Response Team serves Escambia, Santa Rosa, Okaloosa and Walton counties. The MRT provides 24/7 intervention and support and is available to respond within 60 minutes via telephone triage or in-person. In Circuit 2, families are directed to the Apalachee Center's Mobile Response Team (MRT). Services can be accessed 24/7 and the team's response time is sixty (60) minutes or less. The team is trained in crisis intervention to provide timely support and services and also works with the individual or family to provide strategies for dealing with future possibly crisis. In Circuit 14, families are directed to Life Management Center's (LMC) Mobile Response Team (MRT). LMC's MRT provides on-demand behavioral health crisis intervention in any setting —schools, homes, emergency rooms, and other locations. The MRT serves anyone in need, focusing on those between ages 3 and 25. MRT is recommended for intervention when a crisis interferes with a child/individual's ability to function and there is a clear and immediate need for stabilization. They will either do in person evaluations or via the Zoom platform.

Our Foster Family Training Supervisor and staff provides one-on-one training for foster parents navigating difficult behavior in the home as needed. This training can be over the phone, zoom, in person, or even via text message when necessary. The Foster Family Training Supervisor and Training Specialists are former foster parents trained in Trust-Based Relational Intervention and other modalities and assists families in both real time and in scheduled appointments. Trust-Based Relational Intervention (TBRI) is a therapeutic model that trains caregivers to provide effective support and treatment for at-risk children.

Families who parent teenagers have unique needs. The Foster Parent of Teens Group meets monthly utilizing an evening, virtual format. Led by foster family support specialists with unique experience working with teens, this group brings foster parents who have welcomed teens into their home in the past, present, or are interested in welcoming teens into their home in the future together to learn from and support one another in a safe environment targeted to the unique experience of caring for teens in care. These families are able to build a peer support network and gain further knowledge from professionals and experienced foster parents of teens.

The tangible needs of foster homes are supported by connecting with community sponsors to meet these requests. Available resources include Valentine's Cards with gift

	<p>cards for coffee and notes of appreciation, Easter Baskets, Foster Parent Appreciation Month gifts, family photography sessions, and Christmas gifts.</p> <p>The challenges created from linguistics barriers are met by utilizing the NWFHN procured Language Line and by reaching out to community partners for support. Each Specialist has downloaded Day Translations, an app available for Android or IOS. This app supports 104 languages for text translation and 33 languages for speech translation. It is also capable of speech-to-speech translations and is developed by a highly experienced global translation service provider. We are fortunate to have access to Florida State University’s linguistics program and resources provided by our local community, including faith-based organizations.</p>
<p><b>Southeast</b></p>	<p><b>4KIDS:</b> The Department contracts with 4Kids pursuant a Specific Appropriation. The 4KIDS Foster Family Recruitment and Placement Stability Project is dual-purposed. It is deigned to 1. Recruit new foster families and 2. Increase foster placement stability. Child placing agencies develop annual recruitment plans. These plans are reviewed annual at relicensure and each agency strives to grow in capacity and to identify families that can meet the needs of children in out of home care.</p> <p><b>ChildNet</b> subcontracts with various child-placing agencies to address recruitment and retention. Beginning July 1, 2024, the lead agency will review and amend contracts accordingly to identify measurable quarterly goals and require a standardized recruitment and retention plan for all subcontracted child-placing agencies. ChildNet will utilize the foster parent semi-annual survey to strengthen retention and address foster parent satisfaction with subcontracted agencies. Retention efforts will include two ChildNet events for foster parent appreciation and support and provide ongoing monitoring of the Tier Matrix and Tier Service Plan to ensure foster parents have the appropriate training and supports. Recruitment efforts will consist of offering CARE classes four times a year, campaigning, surveys, collaboration with community partner to identify individuals open to work with complex youth, partner with Citrus to increase level III safe homes and with Childrens Medical Services (CMS) to for level V medical foster home. ChildNet continues to increase enhanced level II homes for children with complex needs. Additional recruitment methods include social media platforms to host live chats to answer questions about foster parenting.</p> <p><b>Communities Connected for Kids (CCK).</b> The goal of CCK, in partnership with contracted child-lacing agencies is to continuously reduce the number of dependent youth in Circuit 19 being placed outside of local foster home settings. CCK’s goal for the first year is to recruitment approximately 66 new homes to care for children ages 6-17, achieve a goal of at least 25% of homes willing to accept sibling group, and an additional 35 homes to care for children with complex needs. CCK will continue to focus on the year long community-wide foster home recruitment campaign that launched on April 27, 2024.</p> <p>CCK continues to advocate for and recruit foster homes through the #25by 2025 campaign. A list of 25 ways to help was developed as an informative tool to support foster parent recruitment. CCK has developed a year long campaign timeline of monthly activities, including targeted social media posts, corresponding with</p>

	<p>traditional celebrations. These activities are intentional and have been constructed to support efforts and tag line “one connection can change the life of a child.”</p> <p>CCK subcontracts with child-placing agency who develops their own support network to support foster parents. CCK also has a Caregiver Support Program designed to support both the child placing agencies and foster families to troubleshoot issues and resolve problems. Ongoing support through community resources available on the website and ongoing communication about training opportunities through Binti and via email contribute to the retention of foster parents. The lead agency also hosts annual activities for foster family appreciation, back to school, and the holidays as retention effort. CCK will continue to offer incentives as part of retention.</p>
<p><b>SunCoast</b></p>	<p><b>Safe Children Coalitions’</b> goal with in the first year is to</p> <ol style="list-style-type: none"> <li>1. Increase the number of level 2 beds by 50 with a focus on foster parents that will be flexible in age range and open to siblings.</li> <li>2. Increase the number of homes that will take harder to place teenagers with a focus to stabilize them in a home setting.</li> <li>3. Increase the number of beds in C12 by 50 to meet the current needs with 20 of those beds specifically for pre-teens and teenagers so children can be moved from group care when appropriate, siblings can be reunified, etc.</li> </ol> <ul style="list-style-type: none"> <li>• Targeted social media posting: Every Tues. and Thursday on the main SCC social media pages, posting about the need for teens and general needs, while sharing preservice class dates to over 5,400 followers</li> <li>• Attend monthly Networking Events: Recruitment Team attends monthly Networking Events throughout the fiscal year in all three counties</li> <li>• Attend Community Events: Recruitment Team attends monthly Community Events throughout the fiscal year in all three counties</li> <li>• Email campaign with Local School Districts (PeachJar): Recruitment team sent emails to all local school districts at start of school year. Quarterly email blast to community professional (Whole Manatee Child 485 members and Desoto County Chip 200 members)</li> <li>• Inform of specific system needs during virtual informational meetings. Updating slide deck cards to reflect needs, also stating needs in introduction email to all leads. The message starts early and is consistent</li> <li>• Individual Information Meetings/Orientation: Scheduled at the convenience of the interested families</li> <li>• Partner with the Relicensing team on identifying existing homes willing to increase capacity and age range.</li> <li>• Partner with the preservice trainer to discuss need in class. Ongoing discussions that start with informational meeting notes</li> <li>• Ambushes/foster parent recognition: Recruitment and licensing teams plan and attend ambushes when scheduled. Event highlighted on social media and in newsletters</li> </ul>

- Foster parent recognition: Social media recognition of our families in Feb. during foster week and May for Foster Month. Annual appreciation picnic in May and holiday party in December (made up in January due to weather this year)
- 2015-Present Follow up Campaign: Reaching out to old leads to keep them engaged until they are ready to foster
- Referral bonus: Remind foster families and staff of referral bonus in monthly newsletters and on social media
- Recruitment strategy meetings with contracted agencies: Held every other month to share ideas and information

Children **Network Hillsborough** - Once a youth has been permanently committed, the Adoptions Overlay team becomes secondary to the case. This allows the primary to manage the day to day needs while having specialized Adoption staff to manage and minimize delays with adoptions paperwork and recruitment. Children’s Network has a grant with Wendy’s Wonderful Kids to focus on recruitment. All children and youth are placed on the Adoptflorida.org if they do not have an identified placement. Children’s Network partners with the Tampa Bay Heart Gallery and the Selfless Love Foundation who both help spotlight children and youth who are free for adoption.

Public Service informational videos were created with adoptive parents in Hillsborough County to demystify the process of adoption and encourage anyone interested to explore adoption. Resources and videos can be found on the agency website at: Adoption – Children’s Network of Hillsborough ([childrensnetworkhillsborough.org](http://childrensnetworkhillsborough.org)) Children’s Network does recruitment and contracts out to 4 licensing agencies for recruitment as well. Recruitment is both through community activities as well as word of mouth. Word of mouth recruitment is often the most powerful recruitment tool. To support the current FP’s, Children’s Network Leadership continue to directly interact with the FP’s to address issues, but also to get their insight and input through community meetings.

CNHC contracts with a variety of licensing agencies for foster care recruitment and licensing. We have licensing agencies that specialize in recruitment for teens in addition to recruitment for specialist therapeutic FC homes and traditional homes for youth of all ages. Recruitment methods include Foster Parent Referral/Financial Reward, Social Media & Printed Marketing, Faith-Based Outreach, and Foster Parent Associations/Support Groups.

**Children Network of Southwest Florida (CNSWFL)** objective is to increase the number of families to accommodate the growing need for foster homes in Circuit 20. All inquiries are tracked by the lead agency to account for trends that capture diligent efforts to onboard families, attendance and participation, initiation of orientation and class participation. All informational meetings are posted on the lead agency and their subcontracted provider’s social Facebook platform.

Recruitment and retention strategies include using social media & printed marketing; faith-based outreach; engagement with local business that provide support in the

community, such as other state agencies, local schools, daycare; and utilizing existing foster parents and lead agency employee relationships to connect and target business. In addition, CNSWFL offers incentives to support foster parents through a \$200 bonus for families who refer new families to become licensed.

**Family Support Services Suncoast (FSSSC)** - FSSSC continues to work with community partners to recruit foster parents for teenagers. These partners include Ready for Life, who provides informational sessions for teen recruitment, Fostering Hope, and All Pro Dad through DCF to recruit foster and adoptive families. Teen recruitment information has been provided to Pasco County and Pinellas County schools for distribution to school personnel and guidance counselors.

As another means to encourage recruitment support amongst providers, we host a weekly 'Leads to License' recruitment training to provide an opportunity for partners to cross-collaborate on recruitment strategies, community event participation and overcoming common objections to securing additional leads.

Our target recruitment audiences remain the same as last fiscal year:

- Education
  - Public/Charter/Private Schools
  - Colleges/Universities
    - Alumni Organizations
    - Greek Organizations
  - Parent/Teacher Associations
  - School Board
  - Boosters
- Faith-Based
  - Churches (all denominations/beliefs)
  - Organizations
- Medical
  - Hospitals
  - Clinics
  - Insurance Providers

Our efforts are focused on enhancing and improving processes that will result in improving the quality of foster parents and decrease the time it takes from inquiry to actual licensing. Steps are in progress to move from Professional Parenting Training to the P.R.I.D.E. model of practice as the training model and technology platform BINTI are being rolled out which automates the process of licensure. As social platforms are established for Pasco and Pinellas, target Facebook ads are planned. The most impactful addition is bringing on three full-time recruiters (two in Pinellas and one in Pasco).



	<p>In addition to social media, we've activated an aggressive marketing strategy to support our recruitment efforts. We've continued our digital billboard and ad retargeting campaigns that have allowed us to target heavily populated Pasco &amp; Pinellas zip codes. Additionally, our social media ad campaigns prove to be an effective lead source for foster parent recruitment. This summer, we'll launch a podcast which highlights the stories of our families, who have encountered the system of care. Due to the immense popularity of podcasting, we'll use this as an additional source to educate listeners and generate potential leads for foster and adoptive families.</p> <p>Retention activities also help with recruitment. Multiple Zoom meetings are held monthly to include extended hours during the day and evening hours. Purposeful communication is reflected in virtual training opportunities and support groups. A minimum of monthly contact is completed during a family's first year of licensure as an additional layer of support. Virtual Foster Parent Leadership meetings are held monthly for foster parents to meet with management teams from licensing and case management organizations to discuss trends, concerns, etc. and work together to find creative solutions. In addition, trainings are offered multiple times a month to support foster families, local businesses continue to offer free activities for foster families, public recognition efforts spotlight families and foster parent appreciation events have grown in popularity and attendance.</p>
<p><b>Southern</b></p>	<p><b>Citrus Family Care Network (Citrus FCN)</b>, in partnership with community partners, continues to implement a recruitment plan to achieve the goal of recruiting and retaining quality foster homes for every child in Miami-Dade and Monroe Counties in need of licensed care. Citrus' recruitment plan will combine grassroots tactics with data driven targeted recruitment to utilize efforts and funds more efficiently and effectively. The recruitment plan includes a Marketing Campaign using the channels and messages described above to convey a community-based partnership united in efforts to raise awareness of the need for families to help children and families heal, and the impact a loving, safe, and stable environment can have on a child's life.</p> <p>The recruitment plan and messaging serve as a supportive tool for the staff and foster parents in the field to have information and resources at their disposal as they are bringing the message out to the community in an interpersonal manner to engage families and build relationships in targeted areas to partner with us in the mission of helping children and families heal. This plan not only involves a marketing campaign to raise broader communitywide awareness as to the need for families, but it also has a strong grassroots component with boots on the ground to engage and encourage prospective partners and foster parents on a one-on-one level.</p> <p>Citrus FCN incorporates the following strategies to support recruitment and retention.</p> <ol style="list-style-type: none"> <li>1. Develop an engaging brand and messaging representative of the needs of children requiring foster homes in the Southern Region</li> <li>2. Community Outreach</li> <li>3. Maintain the 855-786-5437(KIDS) as the Recruitment Warm Line w a dedicated resource and a commitment to customer service. Operation is 8am-8pm.</li> <li>4. Identify target populations (data driven recruitment) in need of foster homes and engage a call to action with the communities currently engaged with these same populations to become foster parents.</li> </ol>

5. Create and maintain an agency wide Recruitment Team
6. Retention and Support - foster parents that are respected and treated well will engage and recruit new foster parents.
7. Quality Parenting Initiative Relaunch STAGE 2
8. Foster Parent Training/Continuing Education

Citrus FCN continues to develop and implement data driven recruitment. Employing data points about the youth in the System of Care, Citrus FCN identifies the needs, trends, and gaps for licensed care and relative/non-relative care. Additionally, Citrus FCN also uses data points to attempt to identify traits and characteristics that are common among successful foster parents.

In reference to adoption, Citrus FCN has two full time Adoption Permanency Recruiters (“APRs”), a position which is one of the enhancements that Citrus FCN brought to the local SOC. The role of the APRs is to assist the FCMA’s by ensuring recruitment efforts to locate adoptive families are being conducted for all children available for adoption with no family identified. The APRs ensure that children are listed with up-to-date information in FSFN, on the State and national websites, and the Miami Heart Gallery. The APRs have regular face-to-face visits with the children who have no family identified. These face-to-face visits are vital to building trust and fostering connections between the child and the APRs which leads to better permanency outcomes. The APRs conduct family finding efforts, facilitate match staffing, are certified to conduct the adoptive parent training required for all adoptive parents, review home studies for possible matching of children in care and complete adoption quality home studies on families looking to adopt. In addition, the APRs engage prospective adoptive families in the adoption process, guide families to available adoptive and foster parent training classes, assist families as they navigate their way through the adoption process, and serve as liaison between families and the FCMA’s.

In addition to the Adoption Permanency Recruiters, Citrus FCN has Two full-time Wendy’s Wonderful Kids (“WWK”) Recruiters. Citrus FCN for the past four years, receives a grant from The Dave Thomas Foundation for Adoption, a national organization devoted to the promotion of adoption and permanent connections for children and youth in the foster care system. The grant is part of the Foundation’s signature program, WWK. Through that program, the Foundation supports the hiring of adoption professionals, known as WWK Recruiters, who are dedicated to finding permanent families for children in foster care who are too often overlooked. That includes youth with a goal of adoption with the greatest needs such as: adolescents, children with special needs and sibling groups. WWK Recruiters use an evidence-based, child-focused recruitment model to find the right family for every child. WWK Recruiters collaborate with colleagues to identify youth who have a goal of adoption without a family identified and are eligible for the WWK project. WWK Recruiters facilitate the adoption preparation process, with a focus on youth preparation for adoption while developing and maintaining an updated recruitment plan for each child. They conduct diligent searches for potential adoptive families and coordinate efforts with the APRs and other internal and external partners for community outreach and other activities, with flexible work hours to include evening and weekends, as needed.

As described above, Citrus FCN’s new initiatives include the Parent Engagement Unit and the Preferred Provider Network. The new additions will augment the ongoing efforts towards the engagement of the community along with REI activities, the early childhood unit and court, TTT’s assisting children being removed and in need of immediate services placed with relative and non-relative custodians, training opportunities that align with the fidelity of the statewide practice, the enhancements with the Behavioral health team, the Medical Care Coordinators, ongoing collaboration of Family Finders, Georgetown project collaboration for at risk youth, and recruitment strategies for foster parents that use data driven points to identify target needs by population and geographical areas of needs. Major areas of focus will continue to be on increasing linkage to appropriate behavioral health services timely and ensuring placement stability.

**Northeast**

**Community Partnership for Children.** CPC developed and implemented this foster parent recruitment and retention plan to address challenges and improve our efforts in recruitment, development, and support of foster parents, and ensure a high-quality family foster home for every child in the CPC system of care.

CPC recruitment and development of homes including relatives ensures there are enough licensed homes with the skills and supports to care for children and youth with traumatic experiences, challenging behaviors, and other health issues. With an adequate number of foster homes, children can be matched with families that can provide the stable and nurturing needed. Our foster parent recruitment programming includes the following:

- ✓ Child centered
- ✓ Data-driven and guided by continuous quality improvement
- ✓ Collaboration within the agency, other providers, families, and the community
- ✓ Incorporates the youth and parent voice
- ✓ Promotes the principles of the Quality Parenting Initiative (QPI) and trauma informed care
- ✓ Development of homes that can accommodate siblings in care so siblings can be placed together or reunited when they have been separated in care
- ✓ Safe reduction of congregate care that includes prioritizing relative and important connections, re-recruiting among current foster families, in-service training for existing foster families caring for teens

subcontracted licensed child placing agencies with unique services inherent to their agency, pre-service participation to offer support, resources for families, and sibling foster care. The CPC CPA providers are:

- ❖ **Children’s Home Society**
- ❖ **Devereux Foundation**
- ❖ **Residing Hope (Florida United Methodist Children’s Home)**
- ❖ **Neighbor To Family**
- ❖ **Florida Baptist Children’s Home DBA One More Child**
- ❖ **National Youth Advocate Program**

CPC maintains a separate track for those families that are only interested in adoption. Those families are serviced through CPC's adoption program. CPC's Adoption Recruiter tracks all inquiries for adoptive parents, conducts a prescreening with the family, holds frequent orientations and teaches pre-service classes.

CPC recognizes the need to constantly adapt and create new methods of recruiting quality foster homes while learning what has worked so far. CPC tracked the number of inquiries received and how the family learned about the CPC foster care program. By tracking the source of referral, we were able to determine which recruitment strategies work the best. In determining that CPC and DCF websites were our two biggest referral sources, we developed a Social Media Campaign to enhance those resources.

CPC provides the community with information about the agency and its programs. CPC provides education and awareness which will result in inquiries.

**Mass Media:** CPC will communicate the need for foster homes using advertisements in newspapers, on television and radio.

**Social Media:** CPC implemented a Social Media Campaign that utilizes social media platforms:

- Facebook
- Twitter
- Instagram

CPC will include the following ongoing activities:

- **Foster Care Fridays**- share a foster care post.
- **Interactive Posts** - to promote engagement.
- **Recruitment-Oriented Posts** - highlight the need for foster and adoptive homes.
- **Media Campaign in May** – campaign across all social media platforms with 3 to 4 weekly posts that features foster care facts, information, recruitment messages, testimonials, and posts honoring CPC current foster parents.
- **Media Campaign in November**- campaign across social media platforms with posts that feature adoption information, facts, testimonials, and recruitment messages.
- **Trauma Talk Tuesdays** – retention effort with informative and supportive posts about caring for children experiencing trauma.
- **Supportive Posts** – encouraging current foster parents and sharing information about available supportive resources.
- **Motivational Posts** – encouraging the audience to act and contact CPC about becoming a foster parent.
- **Informational Posts** – share foster care and adoption statistics.

**Community Events:** CPC will attend a variety of community events to promote fostering and adoption. Events will be selected based on location and the audience in attendance. CPC will also host Q & A sessions monthly.

**Engagement of Faith Based Leaders:** CPC has developed an informational packet that will be mailed to churches and other religious organizations in the East Volusia and Putnam County areas.

### 1. TARGETED RECRUITMENT

CPC utilizes a more focused and narrow strategy when using the targeted recruitment process. CPC may target a specific group of children based on child characteristics such as teens, medically fragile children, or sibling groups. CPC may target recruitment for specific racial or ethnic characteristics. Geographic areas, communities, or neighborhoods which have been under-recruited may be the object of a targeted recruitment campaign.

### 2. CHILD SPECIFIC RECRUITMENT

CPC creates a recruitment plan for a child based on that child's abilities, skills, needs, relationships, etc. While child specific recruitment is generally utilized for adoption, it can be an effective means of locating a foster home as well.

For families that may have linguistic challenges, CPC provides competent interpreters and translators in a timely manner as well translated written materials.

**Family Support Services of North Florida (FSSNF)** believes every child who cannot remain safety with their family should have lasting permanency and stability. To recruit adoptive families for children with special needs and to reflect the diversity of children waiting for adoption, FSSNF actively participates in community events like Autism Awareness and other specialized community functions. FSSNF ensures that any marketing materials promoting adoption from foster care reflect diversity in imagery depicting adoptive families and the demographics of children available for adoption from the agency.

FSSNF conducts thorough family and network searches through case reviews, emphasizing the importance of any positive connections identified by the child. More recently, DNA family mapping is an innovative approach used for children with limited family information, potentially uncovering unknown biological connections. FSSNF utilizes Ancestry DNA to search for familial connections for youth who are especially interested in being adopted by family and understanding their cultural background.

FSSNF also utilizes Family Match, an innovative technology built upon decades of research into what contributes to lasting adoptive matches. This compatibility matching tool, built by the data scientists who developed e-Harmony, provides an additional resource for adoption workers to examine potential families for waiting children based on more than the historic matching criteria of age range, gender and presence of special needs. The platform assesses prospective adoptive parents' attachment styles, personal histories, parenting styles and much more and compares it to the children in need of forever families to identify the most likely matches.

In short, instead of sorting through tens or hundreds of home-studies approved families based on demographics alone, it allows a worker to first start with those families most likely to create successful lasting matches based on more meaningful traits. It also identifies areas where a family may need additional support in adjusting their natural styles to meet the needs of children who have experienced trauma, instead of expecting the child to adjust. The platform also offers training to prospective adoptive families and encourages them to complete an adoption readiness assessment. This assessment can be utilized by the agency to fast-track training and home study completion if they are identified as a high probability match with children the agency currently has available for adoption. Additionally, it makes available to FSSNF home-study approved families who reside in other parts of Florida, expanding the potential network of viable candidates that can be considered for harder to match children or those for whom being adopted out of the area would be beneficial.

Family Match has been provided to FSSNF at no cost by Adoption-Share, a non-profit partner who secured independent funding to make the platform available to any Florida agency interested in utilizing it without cost being a barrier. FSSNF has worked collaboratively with the developers to recommend enhancements that have benefited not just FSSNF, but all agencies utilizing the system. FSSNF collaborates with three Case Management Organizations, each having a dedicated adoption unit to manage FSNF information for children awaiting adoption and approved families. Adoption specialists from these agencies, assigned as secondary, conduct full staffings with case management upon a child's adoption goal change to understand case status, child's needs, and potential families. They're tasked with updating adoption tabs within 10 business days of a child's permanent commitment and ensuring family data accuracy in FSNF.

FSSNF developed a new deadline report protocol that notifies workers when the Explore Adoption tab is due to be completed. This ensures that the adoption specialists are consistently up to date with entering the necessary data. By integrating this report into the workflow, FSSNF aims to streamline its processes and foster better communication. FSSNF Adoption Supervisors will monitor and address any potential barriers to entering the required data in a timely manner. This approach is part of FSSNF's ongoing commitment to improve services and support FSSNF's adoption specialists effectively. By assigning and staffing cases in advance when a child's goal shifts to adoption, specialists are given the opportunity to prepare early and guarantee the task's successful completion. Unmatched children are referred to FSSNF's adoption recruiters who maintain current information and photos in the system. The Adoption Recruitment Supervisor provides secondary approval for FSNF submissions.

**Pre- and Post-Adoption Support Services for Adoptive Families:**

- Pre-Adoption Support:
  - Two Adoption Trainers and a Family Assessor conduct community outreach and parent preparation orientations, preparation classes, screenings, and Adoption Home Studies for interested families.
  - Sub-contracted Case Management Organizations with dedicated units guide families through the adoption process, providing resources and adoption competent therapy.

- Adoption recruiters utilize the Binti platform for fast-tracking adoption applications in a customized module that mirrors the efficiencies gained in the Licensing module.
- Utilization of Family Match to both assess families' readiness to adopt a child with special needs and employ a data-driven approach to support quality matches.
- Post-Adoption Support:
  - Support group through CHS' Comprehensive Adoption Services program.
  - Social media content sharing and detailed website information on the adoption process.
  - Two Post-Adoption Specialists offering therapeutic services, educational support, financial crisis assistance, and mental health crisis response services.
  - An adoption hotline, operational for approximately 15 years, offering pre- and post-adoption information. The adoption department at FSSNF serves as the hub for adoption inquiries received on the hotline both prior to and after adoption finalization. The adoption hotline is monitored daily, and calls are returned within 24 hours.
  - Specialized attention to families with high-risk adoptive families
  - Compliance with HB7013, involving contact with families one-year post-adoption to assess for services.
- Ongoing Training and Resources:
  - Trust-Based Relational Intervention (TBRI) training and coaching is offered to all adoptive parents.
- Post-Adoption Services:
 

FSSNF's post-adoption staff work in partnership with service providers and attend relevant staffings for continual support. These resources are designed to ensure adoptive families receive the necessary support throughout their journey, from initial interest to post-adoption. FSSNF has a dedicated team for post-adoption services, including an Adoption and Supportive Services Manager, Adoption Program Supervisor, and two Post-Adoption Specialists.

**Family Integrity Program.** (FIP) subcontracts with the National Youth Advocacy Program (NYAP) to recruit foster families that possess the necessary training and willingness to cater to the unique needs of youth. The agreement outlines the provider's commitment to maintaining a consistent and ongoing strategy for recruiting suitable foster homes capable of meeting the special needs of the children served under this contract. Families recruited under the NYAP model are specifically trained to care for youth with increased behaviors and receive an enhanced board rate. They accept youth on a no-eject/no-reject basis in order to assist with stabilization of youth who may otherwise be referred to higher levels of care. Moreover, it mandates that foster parents undergo all mandatory initial and ongoing training to uphold licensure requirements relevant to the children in their care, including interventions tailored to address the individual needs of each child. FIP will implement the following strategies to recruit and retain foster families: Foster Parent Referral/Financial Reward, Faith-

Based Outreach, monthly newsletters, support through Florida’s Foster Information Center (FFIC), and recruitment at local festivals and outreach events. The Family Integrity Program provides an array of services to children in order to prepare them for their adoptive placement. The Adoption Specialist works in close collaboration with the Dependency Case Manager in order to identify the strengths and needs of the child to ensure the appropriate services are in place to make the transition for the child to an adoptive placement successful. Utilization of transition plans and MDT staffings as required under SB 80 occur when there is a need to move children to a prospective adoptive placement. The Adoption Specialist will conduct face to face visits with the child to build rapport and establish a productive, meaningful relationship. The child, if age appropriate, will undergo a pre-adoptive psychological evaluation which will determine if the child is prepared to be adopted, as well as, provide recommendations for additional or ongoing services which may be helpful for the child and the future success of the placement.

**Kids First of Florida (KFF)** To recruit foster and adoptive parents, Kids First of Florida reach out to local churches and the school system. Flyers are distributed to schools within the county via the Peach Jar platform at the beginning of the school years. Contact information for those who are interested in fostering were received from the Foster Family Information Center (FFIC) website. Social media is utilized including Instagram, Twitter and Facebook. KFF also offered referral incentives to its foster parents. Contact was maintained with our faith-based community members who encouraged their congregations to support our caregivers and become licensed foster parents. The most successful method of recruitment included the FFIC website, internet searches and foster parent referrals. Kids First of Florida utilizes interpreters whenever needed.

**Partnership for Strong Families (PSF)** has a dedicated Recruitment and Outreach team responsible for community engagement, recruitment activities, and screening families interested in becoming foster or adoptive homes. The Recruitment and Outreach team employs speaking engagements coordinated with community and faith-based organizations and a social media campaign to recruit new foster and adoptive candidates. The recruitment plan is a representative of the children and families who are served by PSF to ensure outreach is geographically diverse across rural counties to include minorities. Recruitment efforts are not restricted to these areas of focus. PSF will continue to develop relationships and utilize data to inform productive recruitment strategies.

PSF’s branding and recruitment strategy will focus on highlighting each county’s individual needs and making recruitment local. To better communicate messaging and values to potential partner and adoptive families, PSF plan includes use of the following recruiting tools:

- Streamlined email address branding
- Improved contact and scheduling efficiency
- Video commercials
- Website updates
- Brand recruitment materials



	<ul style="list-style-type: none"> <li>• Care Portal</li> <li>• Info sessions</li> </ul> <p>Through data collection and analysis, PSF uses a series of standard trackers to track family progress and gauge successful recruitment initiatives.</p> <p>PSF has continued targeted outreach efforts to healthcare clinics, youth extracurriculars, and larger entities like the University of Florida. In all of this, PSF is always reviewing its messaging, ensuring that it accurately reflects the placement needs of the children the agency serves. This includes recruitment specific to autism spectrum disorder, households with no children in them, and homes for teens. PSF strives to emphasize that foster care is a supportive and healing process rather than a matter of housing.</p>
<p><b>Central</b></p>	<p>Heartland for Children has developed a Strategic Recruitment-Retention Plan each year that identifies objectives to meet our retention and recruitment needs. These plans have included increasing faith based partnerships targeted towards teens and sibling groups; engaging existing foster and adoptive families in recruitment efforts and utilizing HFC array of material in our faith Based Recruitment Tool; providing education, awareness and recruitment opportunities in the community throughout all the counties of our service area; providing awareness and education of foster and adoptive home needs within the public and private school systems in each county in order to attract educators, coaches, and school personnel; We have learned that Florida’s Foster Information Center and social media are our largest yielding inquiry sources, therefore we included recruitment objectives this year that will allow us to continue to capitalize on these already proven methods. We also recognized that we needed to invest more manpower into our community recruitment efforts, therefore we added recruitment to the role of our Community Engagement Specialist. We also hired a part-time recruitment specialist in the licensing unit to help identify and follow up with community and faith-based connections.</p> <p>Retention efforts include: Increase faith-based partnerships to help support existing foster homes; Provide TBRI training to all HFC Level II-V homes to bring all HFC homes into a well-supported and trained network; Increase foster caregiver retention through training, communication and support services; Pilot a Targeted Case Management program for all new shelters in Level II-V homes (beginning August 1<sup>st</sup> 2023).</p> <p><b>Kids Central</b> continues recruitment efforts to increase the overall number of foster homes within Circuit 5. This agency will focus on the recruitment of foster parents for large sibling groups and minority (African American and Hispanic) foster parents. Kids Central will continue to recruit for families that are responsive to the unique needs of children in our care. Kids Central is mindful of the racial disproportionality of African American and Hispanic foster parents within the target area. Kids Central is in the initial stages of developing a Pastoral advisory council to develop a relationship within the faith-based community.</p> <p>Kids Central has partnered with All Pro Dads and The No More Orphans Experience to assist in recruitment efforts within Circuit 5. The three churches selected for the</p>

recruitment events were The Citadel of Hope (Leesburg, Florida), Revo Church (Marion County), and Community Bible Church (Brookville, Florida). Kids Central also partnered with several churches in Hernando County to host the, City on a Hill recruitment event. All four recruitment events were well attended within the community and resulted in over seventy inquiries. Recruitment events continue to be held at least quarterly across the circuit. In addition, Kids Central continues to work with faith-based initiatives to assist with recruitment. Kids Central has a full-time foster parent recruiter position that focuses on obtaining new foster homes throughout Circuit 5. Kids Central has also continued to work towards the needs for recruit for sibling groups as well as victims of human trafficking. Other recruitment efforts made by Kids Central include the Open Your Heart events held in all (5) counties as well as Kids Central's work to increase public awareness of the need for more foster homes within the community via utilization of billboards, radio spots, Find Help, and increased presence on social media platforms. Kids Central proactively recruits adoptive families for children with special needs as well as families that reflect the racial and ethnic diversity of children waiting for adoptive homes. To identify homes for children with special needs, individualized recruitment plans are developed for each child in care. The plans consider the characteristics of the child and are informed by several factors including race, ethnicity, geographic location, sibling groups, existing social relationships, medical conditions, and therapeutic needs. These plans are used to help match the child with a prospective foster parent and serve to provide the necessary guidance to make an appropriate, lasting match. Kids Central also provides Post adoption Newsletters, to which features of several children who are available and unmatched are provided. The hopes are a family who may be open to adoption again or perhaps sharing this info with families and friends with an interest in adoption may be reached via these newsletters.

**Brevard Family Partnership (BFP), DBA: Family Partnership of Central Florida (FPOC)** uses a systemic approach to recruiting. BFP continuously collects and analyzes data on the foster care recruitment processes with focus on strengths, profiles of needed homes, retention sources, and new innovative recruitment methods. BFP includes feedback and input from key stakeholders including foster parent serving on the Foster Parent Advisory Board in evaluating the data and facilitating cross-collaboration. BFP continues to contract with One More Child as a Child Placing Agency for faith-based recruitment and in partnership have developed strong relationships with the faith-based community. BFP also continues to contract with Devereux for traditional foster care, Conflict-of-Interest family foster homes and for Specialized Therapeutic Foster Care. Outreach and engagement to local corporations to expand education and awareness about the need for foster parents is ongoing. BFP's Chief Community Development Officer enhances and supports the recruitment process, and a Director of Community Development was added to support recruitment through multiple venues that includes community events, partnering with local businesses, community presentations, and social media.

BFP's recruitment plan is broken into four parts: Agency Branding, External Communications, Internal Communications, and Community Involvement. Recruitment efforts include the development of consistent branding in collateral materials (printed and web-based) that focus on the benefits and joy of providing foster care while raising awareness of the need for more foster homes in Brevard County. BFP has expanded its

	<p>service area and will extend recruitment strategies into Seminole, Orange, and Oceola counties.</p> <p>BFP’s retention plan outlines methods to support foster parents, which includes the use of Binti, dedicated kinship care coordinators and caregivers support specialist to work closely with families to navigate the system of care, flexible funding supports, and support group meetings.</p>
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The regional licensing teams are responsible for reviewing each of the lead agency’s recruitment and retention plans and providing feedback and recommendations. The regional teams are responsible for providing the Department’s Headquarters team with the outcome of the plans and ongoing updates. The lead agencies are also responsible for providing the Department with the methodology that captures the fiscal year’s recruitment target. As part of the monitoring, the Department’s Headquarters team will host monthly recruitment and retention calls with the lead agencies and regional staff to discuss compliance and recommendations to enhancing efforts to recruit and retain foster homes to allow for the individual foster home targets to be met.

## Florida's Health Care Oversight and Coordination Plan

The Agency for Health Care Administration (AHCA) is responsible for the administration of Florida's Medicaid program. Florida provides a Statewide Medicaid Managed Care program that is responsible for both physical and behavioral health care for Medicaid recipients. The Child Welfare Specialty Plan (CWSP) was created by AHCA in collaboration with the Department to provide specialized health care and behavioral health services to children and youth in the child welfare system. Sunshine Health has operated a statewide fully integrated CWSP designed specifically for children in or adopted from foster care since 2014.

To be eligible for enrollment in the child welfare specialty plan a child must be served by the child welfare system as documented by an open child welfare case, post-adoption case, or are in the Guardianship Assistance Program in Florida Safe Families Network (FSFN). This includes young adults who choose to remain in extended foster care up to the age of twenty-one years. All children in out-of-home care, including children placed with relatives or in foster care, are automatically enrolled in the Sunshine Health CWSP. Families may opt out of the Sunshine Health CWSP in instances where the family desires for their child to stay with their existing Managed Medical Assistance (MMA) plan and providers or when the child(ren) have complex medical issues and need the services of the Children's Medical Services Plan.

The Sunshine Health CWSP has an established Child Welfare Advisory Committee with broad representation of child welfare system stakeholders, members with lived experience, and the provider network, including an adolescent psychiatrist and a pediatrician.

A major focus of the Sunshine Health CWSP has been the integration of physical health, behavioral health, and child welfare services for children. To accomplish integration, the Sunshine Health CWSP provides funding for health and behavioral health expertise as part of the plan's core operations within the CBC Lead Agencies to be available for frontline support. Teamwork is promoted across all levels of expertise:

- Sunshine Health Case Management team of licensed nurses and behavioral health clinicians, adoption advocates, and Independent Living coordinators provides specialized case management to meet the unique needs of children in child welfare;
- Nurse care coordinators provide local care coordination at each CBC Lead Agency;
- Behavioral health care coordinators provide local care coordination at each CBC Lead Agency;
- Adoption coordinators provide local care coordination at each CBC Lead Agency for post-adoption members;
- IL coordinators provide local care coordination at each CBC Lead Agency for youth exiting foster care.

The Sunshine Health CWSP reports serving approximately 54,000 children. Just under forty percent of the children served are in out-of-home care, including children placed with relatives. The remaining membership are children adopted from the child welfare system (post-adoption) or in the Guardianship Assistance Program. Three out of four guardians and families choose to enroll with Sunshine Health CWSP.

Children opting out of the Sunshine Health CWSP are enrolled in other Medicaid managed care plans

that provide the same basic health and behavioral health covered services. As other plans do not offer the additional services and supports provided by the Sunshine Health CWSP for the child welfare population, the Department and CBC Lead Agencies strive to increase enrollment in the Sunshine Health CWSP.

### **LESSONS LEARNED SINCE DEVELOPMENT OF PRIOR CHILD AND FAMILY SERVICES PLAN**

Sunshine Health contracts directly with each CBC Lead Agency to provide Care Coordination to members. Clinical Care Coordinators embedded at the CBC Lead Agencies work with children as soon as they come into care, referring for comprehensive behavioral health and physical health assessments. Upon enrollment, a Health Risk Assessment is completed by the CBC Lead Agency Care Coordinators on more than 90% of enrollees and shared with the Sunshine Health Case Management team to identify the child's needs early.

CBC Lead Agency Care Coordinators connect children and families to services indicated by assessments and Sunshine Health's network prioritizes appointments for youth to reduce delays for therapeutic and psychiatric services. Sunshine Health Case Management is invited to all multidisciplinary team meetings for children that are members of the CWSP. For members with higher-intensity behavioral health needs, the Sunshine Health Case Management team convenes an Integrated Care Team to recommend higher levels of care, community supports while waiting for placement, and alternative care options.

Coordination around families served by multiple systems also occur through local and regional review teams. Partnerships established between Sunshine Health and Managing Entities across the state also facilitate referrals to evidence-based and community-based services, such as Community Action Teams, Family Intensive Treatment, Multisystemic Therapy, Functional Family Therapy, Wraparound, and Mobile Response Teams.

To invest in evidence-based practices (EBP) and support the implementation of Family First Prevention Services Act, Sunshine Health funded \$767,000 and an additional \$1.25 million in 2023-2024. Through the Florida Coalition for Children, Sunshine Health has sponsored an EBP Implementation and Technical Assistance Webinar Series and is in development of an EBP Learning Collaborative. Additionally, Sunshine Health continues to build system capacity and expertise through Child Welfare trainings, with over 30,000 child welfare stakeholders trained on behavioral health topics.

To address the needs of the community and support innovative service delivery, Sunshine Health's current Behavioral Health In-Lieu of Services include Mobile Crisis Assessment and Intervention, Community-Based Wraparound, Self-Help/Peer Support, Infant Mental Health Pre- & Post-Assessment, Family Training & Counseling for Child Development, and Multi-Systemic Therapy. Sunshine Health also provide support to the needs of the child welfare population through Care Grants, Transition Assistance Funds, non-medical/non-emergency transportation, over the counter benefits, swimming lessons, and other expanded benefits. The Sunshine Health CWSP and other MMAs were awarded five-year contracts by AHCA in 2024. Additional In-Lieu of Services and expanded benefits will be added to continue to support the direction of care for the child welfare population in Florida.

### **MEDICAID PROGRAM ENHANCEMENTS**

Enhancements to Florida Medicaid for the 2024-2030 Contract term prioritizes improvement of birth outcomes, mental health of children and adolescents, maximizing home and community-based placement and services for seniors, and support for pathways to prosperity, purpose, and independence.

## **HEALTH AND BEHAVIORAL HEALTH SERVICES FOR CHILDREN ACROSS ALL MEDICAID MANAGED CARE PLANS.**

In addition to the analysis of lessons learned over the last five-year period, the Health Care Oversight and Coordination Plan includes:

### *Schedule for initial and follow-up health screenings that meets reasonable standards of medical practice.*

During child protection investigations, an evaluation by a Child Protection Team (CPT) is required for children with specific physical injuries or suspected medical conditions, including malnutrition, medical neglect, or failure to thrive. A CPT evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same condition. A CPT assessment ensures the involvement of specialized child abuse and neglect clinical expertise to inform initial maltreatment findings and follow-up treatment services necessary.

The Department requires that a child's physical health needs must be assessed within five working days of removal from his/her own home. Any child who appears to be sick or in physical discomfort must be examined by a licensed health care professional within 24 hours. The Department's requirements for initial health care assessments are provided in 65C-29.008, Florida Administrative Code.

Medicaid requires the provider to assess and document in the child's medical record all the required components of the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) or Child Health Check-up. Medicaid Well Child Visits (Child Health Check-Up Visits) include preventive and comprehensive services for children in the Medicaid program. They follow the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care.

In addition, the Department requires a Comprehensive Behavioral Health Assessment (CBHA). A CBHA is an in-depth assessment of a child's emotional, social, behavioral, and developmental functioning within the family home, school, and community, as well as the clinical setting. The child welfare professional responsible for a child must make a referral for a CBHA for all children within seven days of the child's removal from his/her household. A CBHA must be filed with the court. The requirements for a CBHA, including provider qualifications, are provided in the Specialized Therapeutic Service Coverage and Limitations Handbook, AHCA, March 2014.

Florida uses a case review system to monitor conformity and ensure health screenings are conducted timely for all children in care. For more information on Florida's Quality Assurance System, please see Section 2 of the CFSP.

### *How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.*

In all cases, the child welfare professional has primary responsibility throughout the case for coordinating, managing, and monitoring all aspects of the child's care and treatment. Each referral and the coordinating, managing, and monitoring efforts for the referral must be documented in FSFN. There are rigorous court reporting requirements to keep the court well-informed about the child's current health, dental and mental health status. The case manager must create a Judicial Review Report in FSFN to submit before each court hearing that provides information on current diagnosis, treatment(s)

received, progress being made, and any treatment gaps.

For children enrolled in the Sunshine Health CWSP, the plan provides a case management team of licensed nurses and behavioral health clinicians to provide ongoing specialized case management to meet the unique needs of children in child welfare. Among other responsibilities, the case manager is responsible for monitoring compliance with scheduled appointments; planning for pediatric and psychiatric treatment that is tailored to the individual enrollee and aligns with evidence-based guidelines for pediatric and psychiatric treatment. Sunshine Health also contracts with the CBC Lead Agencies to provide nurse care coordinators and behavioral health care coordinators at each CBC Lead Agency to support the ongoing provision and coordination of services needed.

As discussed in the description of the systemic factor of Service Array, Florida stakeholders express concerns about the availability and quality of behavioral health providers to meet the well-being needs of children. The plan will address capacity and quality issues through joint planning activities with the Office of Substance Abuse and Mental Health.

*How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record.*

Each child has a Medical/Mental Health record in FSFN that the case manager is responsible for updating. The record includes all medications that are prescribed, including the reasons for each medication. The Department provides “read-only” access to the Guardian ad Litem program. The Medical/Mental Health record is also used to provide a high-level FSFN monthly healthcare report that provides leadership point in time performance in four areas:

- Percent of children in out-of-home care for whom a medical/Mental Health record has been created.
- Percent of children in out-of-home care who have received a medical service within the last twelve months. This is a CBC Lead Agency scorecard measure posted on the Child and Family Well-Being Dashboard ([Percent Receiving a Medical Service in Prior 12 Months](#)).
- Percent of children in out-of-home care who have received a dental service within the last seven months. This is also a CBC Lead Agency scorecard measure posted on the Child and Family Well-Being Dashboard ([Percent Receiving a Dental Service in Last 7 Months](#)).
- Immunizations up to date. This is the percent of children in out-of-home care whose immunizations are up to date.

[Rule 65C-30-011\(4\), Florida Administrative Code](#), requires the creation of a Resource Record for every child in out-of-home care. The child’s resource record must be physically located with the caregiver, whether the child is in licensed care or placed with a relative or non-relative. The case manager is responsible for ensuring that medical and court-related documentation are kept current at each visit that is made at least every 30 days. If additional information is needed in the child’s resource record, the case manager and the caregiver are expected to work together to ensure that the child’s resource record is updated. The child’s caregiver is responsible for updating the resource record after every health care, psychological, psychiatric, behavioral, and educational service or assessment provided to the child.

Data sharing and management is facilitated by Sunshine Health’s partnership with the

Department. The Department provides Sunshine Health with information on the location of the child and authorized callers. Sunshine Health provides the CBC Lead Agencies with a view of the child's access to care with details on the type of provider seen, date seen, diagnosis, medications filled, and date filled through a vendor portal. This system provides access to essential health information for the members served and information exchange with Sunshine Health Case Management. Sunshine Health also provides the CBC Lead Agencies with monthly files identifying children who have not received an age-appropriate preventive service and information on psychotropic medications filled. This information is provided for the CBC Lead Agency Care Coordinators to assist in getting the child the services needed.

Through the utilization of a data-sharing agreement, the Department is in the process of transitioning to using data files from the Agency for Health Care Administration (AHCA) for matching to ensure we capture all children in Florida's child welfare system.

At the end of each quarter, the Department will receive a dataset from AHCA that lists children who have Medicaid claims for at least one psychotropic and/or opioid medication. From this dataset, a sample will be selected for targeted reviews of psychotropic and opioid medication use. The Department and AHCA are currently establishing secure file transfer protocols, with the first quarterly reviews expected to begin in August 2024. The findings from these reviews will be shared with the Office of Child and Family Well-Being to facilitate follow-up actions with system partners and ensure compliance with all corresponding state and federal regulations.

*Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.*

Nurse Care Coordinators and Behavioral Health Care Coordinators, funded through a contract with Sunshine Health, are located at the CBC Lead Agencies to work directly with child welfare case management staff and caregivers on a daily basis in developing a comprehensive, coordinated care plan for each member. CBC Lead Agencies participate in integrated staffings and share concerns about quality and gaps in services.

This team-based, integrated model and collaboration with CBC Lead Agencies helps Sunshine Health, providers, members, caregivers, families (as authorized and appropriate), and other stakeholders improve outcomes for children in child welfare. Examples of how Sunshine Health case management staff, CBC Lead Agency Care Coordinators, and CBC Lead Agency case managers work together as a team to assure continuity of treatment include:

- For inpatient admissions, Sunshine Health utilization management staff and case management teams contact the CBC Lead Agency Coordinator to assist in coordinating with the case manager to schedule post-discharge appointments, arrange tests, and ensure needed in-home services are in place and coordinated with the child's caregiver. Sunshine Health works with the case manager to address any family concerns or issues with the post-discharge placement and if needed, address any placement changes.
- Sunshine Health's physical health and behavioral health case managers review needs and develop effective care plans for complex members. This may include discussion of needed appointments and supports needed to keep the child in the placement or to prevent placement in a higher level of care.



- CBC Lead Agency Care Coordinators work with the case manager to identify complex physical or behavioral needs or need for care from multiple providers and notify Sunshine Health case managers to engage the caregiver and child, enroll the child in case management, and coordinate services.
- The CBC Lead Agency Care Coordinator and Sunshine Health case manager jointly review all care recommendations for children in higher levels of care, including: Specialized Inpatient Program (SIPP), Specialized Therapeutic Group Care (STGC), and Specialized Therapeutic Foster Care (STFC) or children who have two or more hospitalizations. Sunshine Health case manager attends the child's Multidisciplinary Team (MDT) meetings and ad hoc meetings to discuss progress, step down plans, and service needs.

*The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.*

There are statutes, administrative rules, and operating procedures that govern psychotropic medication monitoring and oversight for children in the child welfare system. Section 409.912(51), Florida Statutes, does not allow for Medicaid reimbursement for psychotropic medication without the express and informed consent of the child's parent or legal guardian. The physician must document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription.

AHCA contracts with the University of South Florida for the Medicaid Drug Therapy Management Program for Behavioral Health to maintain and develop evidence-based guidelines for the use of psychotropic medications for children. This program includes the development of Florida-specific best practice guidelines and their dissemination through a variety of methods created and implemented by the prescriber community. AHCA provides oversight through pharmacy claims, prior authorization protocols, and operation of the pediatric psychiatry consult lines.

The Department protocols for monitoring and oversight of psychotropic medications are established in 65C-35, Florida Administrative Code. The express and informed consent of a child's parent(s) or court authorizations for a prescription for psychotropic medications for a child in the custody of the Department must be obtained. Florida Administrative Code 65C-35 includes the ability for psychiatric nurses, certified under Chapter 464, Florida Statutes, and defined in Chapter 394, Florida Statutes, to prescribe psychotropic medication for children under the age of 18 and complete Medical Report Form 5339. In addition, the child welfare professional is required to document actions to assist in ensuring the parent's or legal guardian's participation in the express and informed consent process by completing the Psychotropic Medication Informed Consent Facilitation form (form CF-FSP 5228).

- A Psychotropic Medications Detailed Summary Report is produced weekly from FSFN, providing a variety of information about children in care who receive psychotropic medications. This report is utilized in the field by supervisors and managers. It is also used in the Department's Child Welfare Key Indicators Monthly Report to show the percent of children in out-of-home care by CBC Lead Agency prescribed one or more psychotropic medications; and the percent of children with consent for prescribed psychotropic medications.
- A pre-consent review is mandatory for any child ages 0-17 on two or more psychotropic

medications. If the pre-consent review process is not used, a second opinion by a child psychiatrist is mandatory. The Department contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to provide the pre-consent review. Although not required, the contract provides for pre-consent reviews for any child up to age 17.

- The Department also contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to operate the Med Consult toll free line. This service is available for caregivers and decision makers for children and youth involved in the child welfare system. Callers may schedule a call with one of the Board-Certified Psychiatrists to discuss psychotropic medication resources and suggested medication treatment. This service is not a second opinion but is designed to help callers make informed decisions about medication. This service makes available the latest psychiatric medical information. This includes indicated uses and practices, Black Box Warnings, on or off label use, and precautions such as laboratory work, etc. The line is used by caregivers, judges, Guardians ad Litem, and case managers. The medication line gives opportunities for medical consultations as well as pre-consent reviews.
- Training is required for all caregivers and child welfare professionals assuming responsibility for children in out-of-home care who are prescribed psychotropic medications. Required training topics are as follows:
  - An overview of the use and effects of psychotropic medications.
  - An overview of evidence-based interventions and treatment options.
  - Names and uses of commonly prescribed psychotropic medications.
  - Medication management, roles, and responsibilities.
  - Monitoring for side effects of psychotropic medications.

In response to recent audit findings from the US Department of Health and Human Services, Office of Inspector General, the Department is:

- Enhancing its current child welfare information system to capture the following element:
  - Dates when psychotropic medications have been prescribed in emergency situations.
  - To require any pre-existing medications be updated prior to case closure to include obtaining consents or court orders.
  - Documentation of pre-consent reviews for children prescribed two or more medications.

Additionally, the Department is in the process of updating 65C-35, Florida administrative code to include guidance for prescribing opioid medication to children in out-of-home care. Modifications will include the development of a medical report and consent form for opioids. There will be the development of enhanced training for child welfare professional and caregivers to include the following:

- An overview of the use and effects of opioid medications.
- Treatments outside of prescribing opioid medications.
- Names and uses of commonly prescribed opioid medications.
- Roles and responsibilities for child welfare professionals and caregivers.
- Monitoring for side effects of medications.
- How to appropriately document opioid and psychotropic medications in the child welfare information system

This training is at the end stages of development and will be sent to subject matter experts for review and feedback in fall 2024. The SMEs will be given a period of time to provide feedback and then a correction process will occur. The proposed two-hour training is anticipated to be launched by Winter 2024 and it will be mandatory for all CPI and Case Management staff.. The primary areas of enhancement are focused on documentation, including medication logs and authorizations. The Department will continue to evaluate the need for ongoing updates and enhancements.

Upon the completion and publication of the updated Florida Administrative Code, the Department will begin to update CFOP 170-18, Chapter 3, Psychotropic Medications to include guidance surrounding Opioid Medications.

Further, the Department is in the process of securing data sharing agreements with AHCA and Sunshine Health. The first cohort of data from Sunshine Health was received in April 2024. Data sharing will continue quarterly. The data will be merged with a listing of children in foster care to ensure compliance with medication policies and practice. The data sharing agreement with AHCA is in the routing process.

- This cohort includes matching all children who were actively receiving out-of-home services during the period under review to those who were prescribed psychotropic medications. With this matched listing file, review could be performed within the cases to ensure compliance with policy requirements surrounding the monitoring and documentation for children receiving psychotropic medications.

*How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.*

The Agency for Health Care Administration has an established Medical Care Advisory Committee that serves in an advisory capacity on health and medical care issues. The committee includes:

- Board certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people and with the resources available for their care;
- Members of consumer groups, including Medicaid recipients; and,
- Agency heads from the Department of Children and Families and the Department of Health.

The Sunshine Health CWSP has a dedicated child welfare medical director. The Sunshine Health CWSP has a Child Welfare Advisory Committee comprised of representatives from stakeholder organizations. Currently the Advisory Committee includes representation from the Foster and Adoptive Parent Association, a young adult who transitioned out of the foster care system, Florida State University's Center for Prevention and Early Intervention Policy, Guardian ad Litem Program, executive directors of two CBCs, and Department child welfare state and regional leadership. Sunshine Health also has representation from providers including a child and adolescent psychiatrist and a pediatrician.

*The procedures and protocols established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a*

result of the inappropriate diagnoses.

The Comprehensive Behavioral Health Assessment (CBHA) is the Department's established, independent assessment process for assessing a child's emotional or behavioral issues. The CBHA assessor may recommend additional specialized assessments necessary. The case manager may refer the child for an updated CBHA to assist in determining services that would allow the child to maintain his or her current placement.

The Department issued a memorandum, effective December 15, 2018, advising that the Comprehensive Behavioral Health Assessment is to be used as the initial assessment to determine and identify special needs to prevent inappropriate diagnoses.

Section 39.523(1) and (2), F.S., requires any child removed from a home and placed into out-of-home care have a comprehensive placement assessment completed to determine the level of care needed by the child and match the child with the most appropriate placement. Rule 65C-28.004, Florida Administrative Code, addresses this requirement. The rule (1) requires an initial assessment to determine whether relative or non-relative placement is an appropriate out-of-home placement; (2) requires a multidisciplinary team staffing to prior to placement in licensed care; (3) specifies factors that must be considered by the multidisciplinary team; (4) sets forth documentation requirements; (5) establishes requirements for the placement and care of children with special behavioral and physical health needs; and (6) sets forth child welfare professional placement responsibilities.

Steps to ensure that the components of the transition plan development process of the John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program) that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

The court is required to hold a judicial review hearing within 90 days after a child's 17<sup>th</sup> birthday and may review the status of the child more frequently during the year before the child's 18<sup>th</sup> birthday. The Department is required to include in the judicial review report, among many other items, written verification that the child has a current Medicaid card and all necessary information concerning the Medicaid program sufficient to prepare the child to apply for coverage upon reaching the age of 18. Youth transitioning have a variety of managed care choices and need assistance to understand how to navigate the system and select a plan of their choice.

Health and behavioral health planning are essential elements of transition planning activities. Additionally, youth are provided information about the importance of designating another person to make health care treatment decisions on their behalf should the youth or young adult become unable to make these decisions, and the young persons does not want a relative to make these decisions.

To augment existing CBC Lead Agency efforts to prepare transitioning youth for adult life, the Sunshine Health CWSP reviews each 17-year-old member's transitional independent living plan and works with the CBC Lead Agency Care Coordinator and case manager to identify any needs for ongoing case management, including disease or condition management. For those who need ongoing case management, Sunshine Health assigns a case manager who educates the member about their physical and behavioral health needs, diagnoses, and current treatment protocols and how to continue accessing

care through the Medicaid system. The Sunshine Health case manager collaborates with all stakeholders and caregivers to coordinate needed services and resources for a successful transition, such as identifying a new care plan and answering questions about benefits.

Sunshine Health continues to enhance the program to increase member access to other transition support services that address social determinants of health, including housing, through partnerships and linkages with centers that serve youth transitioning to adulthood. Sunshine Health provides workshops at these centers on healthcare education including the importance of preventive services, health care visits, and how to access care.

For any child who may meet the requirements for appointment of a guardian pursuant to Chapter 744, Florida Statutes, or a guardian advocate pursuant to section 393.12, Florida Statutes, the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court- appointed guardian ad litem, the temporary custodian of the child; and the parent, if the parent's rights have not been terminated. At the judicial review hearing, the court determines pursuant to Chapter 744, Florida Statutes, if there is a good faith basis to believe that the child qualifies for appointment of a guardian advocate, limited guardian, or plenary guardian for the child.

## Florida's Statewide Disaster Plan

### LESSONS LEARNED

Florida has experienced several major hurricanes over the past five years that required activation of the disaster plan for preparations, evacuation and sustained post-hurricane recovery efforts.

The two hurricanes that impacted Florida in 2022, Ian and Nicole, and one hurricane that impacted Florida in 2023, Idalia, resulted in activation of the State's and each agency's Continuity of Operations Plan. Immediate actions included ensuring all children and families being served by the Department were contacted and had a plan for safety in place pre- and post-storm. This outreach was also implemented with each Domestic Violence Center, state hospital, crisis unit, etc., to ensure all customers were safe and had the supplies needed.

The state lead efforts across Florida in supporting resource center sites in the most impacted areas to bring to local communities an array of immediate supplies, the opportunity to meet with a Hope Navigator to assist with referrals and connection to additional resources, opportunity to meet with a certified mental health counselor, and immediate connection to an Economic Self Sufficiency team member to apply for emergency assistance. The Child and Family Well-Being, Child Protection, Substance Abuse and Mental Health, Adult Protection, and Administration team members within the Department supported these sites as well as the Disaster Supplemental Nutrition Assistance Program (Emergency SNAP) sites to provide this critical resource to those in need. These efforts took thousands of team members partnering with local communities, law enforcement, county commissions, and state legislators to ensure Florida's residents received much needed supports throughout the emergency.

The Department's General Services Unit responsible for the Disaster Plan is reviewing the lessons learned from Ian, Nicole, and Idalia and will determine how the information can be incorporated into various briefings and trainings as the 2024 hurricane season approaches.

### STATEWIDE DISASTER PLANNING

The Department's published [Emergency/Disaster Plan](#) provides guidance for all Department program operations. Although Tropical Storm Watches and Warnings are the most often experienced events, the Department's plan addresses active shooter events; bomb threats; building issues; emergency drills and evacuation plans; fire; flooding; fog; hazardous materials; pandemic; tornado watches and warnings; smoke, wildfires, and dense fog; and suspicious packages. The Emergency/Disaster Plan provides detailed expectations for "Activities to be Carried Out Prior to Hurricane Season, During a Pre-Watch Period, During a Tropical Storm or Hurricane Watch, During a Warning Period, and During the Post Storm Phase." Guidance is provided as to the responsibilities of Program Administrators and Directors, Managers and Supervisors. This plan includes staff in the Office of Child and Family Well-Being, the Interstate Compact Unit, the Hotline, Children's Legal Services and Child Protection Investigations.

As part of its disaster preparedness efforts, the Department posts information about office closings and other operations changes on a disaster section on its website and encourages Floridians to sign up for the Department's text and email alerts at [www.myflfamilies.com](http://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 our Department is reaching out to communities across the state to assist them in their time of need. In addition, families and individuals who are current food assistance clients

may receive replacement of benefits for the value of the food lost because of damage to their home or sustained electrical outages.

## **REQUIREMENTS FOR LOCAL DISASTER PLANS**

Each Community-based Care Lead Agency has locally driven Continuity of Operations Plans and Child Welfare Disaster Plans. All written plans are updated and submitted annually to the Department. Copies of the written plans are provided to the Department's Office of General Services and regional contract managers, and are made available to the circuits, regions, and within all Lead Agencies. The disaster plans address how the Lead Agencies and any subcontracted case management agencies will:

- In case of a disaster, one of the aftermath activities of local agencies responsible for case management services is to quickly begin to contact families who care for children under state custody or supervision. During these contacts, the child's case manager (primary case manager) explores if any services to the child have been interrupted by the disaster.
- The case manager explores with the family the expected duration of interruption, alternative service providers, transportation considerations, etc. Local agencies make determinations of the extent of damage and interruption of services. If the Lead Agency identifies that certain services to children may be interrupted (such as speech therapy, mental health services, tutoring or other educational supports, etc.), the Lead Agency will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors inform staff of the alternative services available.
- If a family relocates intrastate due to a disaster, the child's primary case manager will request, through the Courtesy Supervision mechanism, that a secondary case manager be assigned in the new county. The secondary case manager will be responsible for conducting visits, identifying new needs based on the relocation, providing stabilization services to the family, and completing referrals that would ensure the child is provided services for previously identified needs. Primary and secondary workers would also work together and with the local providers in their respective areas to ensure that new providers have current, relevant information about the child's needs and status in service provision prior to the child leaving his/her originating county.
- If the family relocates interstate, the primary worker will immediately notify the Florida Interstate Compact on the Placement of Children Office (ICPC) and will forward a packet of information to be sent to the receiving state so that notification and a request for services can be made. The packet will include a Child Social Summary that will contain information about service needs and will request that the assigned local case manager contact the child's Florida case manager to discuss service needs. The receiving state's case manager will be asked to initiate continued services to address the child's previously identified needs as well as any new needs identified based on the case manager's contact with the family.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster; and
- Preserve essential program records that are external to the Child Welfare Information System.

The Office of Child and Family Well-Being and the Office of General Services continue to be vigilant in communicating the need to review and revise, when necessary, all Emergency Plans from Community-based Care lead agencies and their subcontracted providers. The Department also reminds stakeholders and partners in the field to make sure staff are trained and apprised of any changes in the plan.



## Florida's Statewide Training Plan

### **HEADQUARTERS TRAINING UNIT**

During the execution of the 2025-29 CFSP, the training unit staff will oversee the implementation of the Training Plan. The training director or training manager will serve as liaisons between the field and the Administration for Children and Families (ACF) regional representatives.

Organizationally, the Department's training unit is situated within the Office of Quality and Innovation and has grown since the last training plan update. In FY 2022-2023, the training unit grew in size and expertise to better meet the training needs of the state. Currently, the unit consists of a Learning and Development director, a manager specifically for the Office of Child and Family Wellbeing program, seven liaisons, a master trainer, a project lead, a special projects coordinator, and two instructional designers. There are two additional units with managers who support the Department's other programs in addition to child welfare.

Programmatically, the training unit is responsible for ensuring that all training and staff development activities are in direct support of Florida's Child Welfare Practice Model and Florida's goals for prevention, safety, permanency, and well-being. The training unit partners with multiple internal and external stakeholders to ensure the best programs are available to child welfare staff.

### **DESCRIPTION OF THE INITIAL TRAINING AND CERTIFICATION FOR NEW CHILD WELFARE PROFESSIONALS**

The Florida Department of Children and Families is proudly implementing Florida's new pre-service program for CPs, case managers, and licensing staff entitled the Florida Academy for Child Protection and Family Resilience.

In 2022, the Department determined the pre-service curriculum needed to be revised. Stakeholders were interviewed and consistently reported revisions needed to include content updates, experiential learning, and retention efforts. The pre-service program was re-designed to include a robust curriculum with a focus on family centered practice, engagement, and trauma informed care as well as virtual reality experiences and opportunities for new learners to practice skills in simulation. The program was renamed The Florida Academy for Child Protection and Family Resiliency (the Academy).

The pre-service process was also re-designed. Previously, the new learner completed pre-service curriculum, passed a competency exam, and achieved provisional certification. In the Academy, all new learners complete Foundations, a five-week course which focuses on child welfare history and overall requirements. After Foundations, the learner passes the competency exam and continues into a role specific specialty track: CPI (six weeks), case management (seven weeks), or licensing (under development).

The Academy also introduces a new process to pre-service: Assessment. Assessment begins at the date of hire and continues through the entire pre-service program. Through Assessment, the new learner is required to observe and discuss role specific job functions with a certified peer and/or supervisor. While progressing through pre-service and Assessment, the new learner practices skills under supervision and

ultimately has to exhibit basic competencies. The Assessment process ensures the bridging of the gap from the learner being trained by the trainer to the on-going training the continues by the supervisor and creates a partnership between training and operations with a shared goal of employee growth and retention.

After completing Foundations, Specialty Track, and Assessment, the new learner achieves provisional certification. Once provisionally certified, the child welfare professional is given a training caseload with a reduced number of cases for the first thirty days. After the first thirty days, each agency decides on the professional's caseload size based on their individual knowledge, skills, and abilities.

The process for full certification, Pillars, is under development and will include continue to include the requirements of 1,040 hours of on-the-job practice, obtain twenty hours of individual supervision; obtain ten hours of group supervision; and, obtain an additional ten hours of individual and/or group supervision with an attestation from the supervisor that the child welfare professional has the ability to competently perform child welfare services. Additionally, when complete, the Pillars program will require 10 one-day courses that focus on complex child welfare topics such as domestic violence, substance abuse, mental health conditions, physical abuse, sexual abuse, medical neglect, trauma, and neglect. Those courses are under development.

Absent special circumstances, a child welfare professional has one year from provisional certification to attain full certification. To maintain certification, the child welfare professional must complete a minimum of 40 hours of continuing education every two years.

The Foster Care Licensing Specialty Track, released in 2017, is an additional one-and-a-half-week-long training following Foundations. It focuses on recruiting, supporting, assessing, and retaining foster homes through the licensing and relicensing process. This track is under development in the Academy.

The Academy launched the CPI track in April 2024. The Case Management track is scheduled for pilot July 2024 and launch January 2025. The Licensing track is under development with plans to pilot in 2026.

The following chart provides details regarding the DCF Training components available to staff:

<b>Training / Certification Requirement</b>	<b>Length of Time</b>	<b>Brief description of topics</b>	<b>Provider/Setting</b>
Pre-service Foundations (required for provisional certification)	5 weeks	Introduction to Child Welfare, Florida Child Welfare Practice Model, Understanding and Addressing Trauma in Child Welfare, The Family as a System, The Basics of Child Development, Family Dynamics of Abuse or Neglect, Virtual Reality visit, Communication Skills, Introduction of Workforce Wellness, Interviewing, and Assessing Family Safety and Planning	Child Welfare Trainer/ in-person
Pre-service CPI Specialty (required for provisional certification)	6 weeks	Introduction to Child Protective Investigation, Pre-commencement, Commencement and Initial Contact, Motivational Interviewing, Present Danger Assessment, Information Collection to Analyze and Assess, Impending Danger Planning, Out of Home Safety Planning, and Closing an Investigation and Transferring	Child Welfare Trainer/ in-person
Pre-service CM Specialty (required for provisional certification)	7 weeks	Introduction to Case Manager, Case Transfer, Safety Management, Initial Family Engagement and Exploration, Case Planning, On-Going Services, Evaluating Family Progress, Achieving Permanency	Child Welfare Trainer/ in-person
Provisional Certification	11-12 weeks	Completion of Foundations, Competency Exam, Specialty Track, and Assessment	
Full Certification	1,040 hours	Supervised practice for 1,040 hours and completion of 20 individual supervision hours, 10 group supervision hours, and 10 either individual or group along with 6 field observations	Note: being modified to require 10 one-day trainings to allow a deeper understanding of complex child welfare topics.

In addition to the information presented above, the Abuse Hotline Counselor Specialty Track is taught with the previous Core model training for staff at the Hotline. In total, the child welfare specific training for Hotline Counselors is 6-8 weeks of classroom training and hands on practicum.

In addition to Core, this training includes the following concepts and learning objectives:

**Confidentiality (1 day):** Hotline counselor trainees learn the legal expectations and responsibilities regarding confidentiality relevant to their role at the Hotline, including but not limited to data security awareness, protecting the reporter, Professionally Mandated Reporters, documenting HIV/AIDS Status, false reporting/good faith immunity and the steps to “clearing” a worker in order to share information.

**Jurisdiction and Screening Criteria (3 days):** Hotline Counselor trainees learn the foundational components of Jurisdiction and Screening Criteria. Hotline counselors learn to utilize these foundational components to guide their decision-making process; and know how to apply them.

Child Maltreatment Index (3 days): Hotline counselor trainees are taught the legal definitions, caveats, Factors to Consider, Frequently Associated Maltreatments and Excluding Factors for each of the 27 maltreatments and the 4 Special Conditions Referrals. During this time, Hotline Counselor Trainees are provided with real world examples and given the opportunity to create assessment questions for respective maltreatments.

Assessing a Call (1 day): Trainees are taught Intake Protocol and how to collect sufficient information to make the correct screening determination.

Customer Service (Internal and External) (1 day): Trainees understand how the Hotline defines exceptional customer service. This training also teaches counselor trainees practical ways to model ideal behavior during Hotline calls.

Create an Intake (3 Days): Hotline counselor trainees learn the necessary steps for generating intakes and documentation, including Subtypes, Participants, Roles, County Assignment utilizing Danger Threats, Response Priority Criteria, Sequencing Criteria.

Documentation (Intake Narrative Writing) (3 days): Trainees learn how to construct fact-based narratives that reflect the information provided by the reporter which justifies the screening decision and response priority assigned to the intake.

Systems Navigation (5 days): Trainees learn to navigate all systems needed to successfully complete the job duties of a Hotline Counselor. These systems include Florida Comprehensive Child Welfare Information System (Florida CCWIS), Florida Safe Families Network (FSFN), Calabrio (Workforce Management/Quality Management System), Hotline Employee Resources and Referrals on the Intranet, Florida Hope Line referrals, MyFLLearn and Vital Statistics.

Laboratories (Labs):

- Trainees perform “mini” mock calls with co-trainees and trainers to apply concepts that they recently learned including Confidentiality, Maltreatments, and Information and referrals. (2 days)
- Trainees enter mock calls and web, reports to reinforce the objectives learned during Systems Navigation Training. (4 days)
- Trainees process through mock calls that simulate various scenarios that a counselor will experience. The mock calls help trainees to hone their interviewing skills. (4 days)
- Trainees listen to recorded calls and input documentation into CCWIS Sandbox to practice narrative writing. (3 days)
- At the conclusion of classroom training, trainees enter practicum during which they process live calls and electronic reports under the guidance of the training staff and call floor supervisors. (1 week)

After concluding the Child Welfare Training where abuse counselors are taught how to process calls and web reports related to child victims, the class then transitions to the pre-service curriculum for Adult Protective Services training where they are taught to process calls related to vulnerable adult victims. This training takes an additional three (3) weeks which includes a week of adult specific practicum.

During the 2024-2029 training plan, the Hotline will partner with the OCFW training team to review and align the Hotline pre-service program components with the Academy pre-service program.

## **MAJOR TRAINING GOALS, INITIATIVES AND PROGRAMS**

The training plan goals were developed to continue the initiatives that commenced in from the 2019-2024 CFSP. The goals identified at that time remain relevant to the State and the workforce.

This training plans goals and initiatives were continued from the previous goals identified which were designed 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. The initiatives were developed based on the current Training Plan and a survey of the Department’s regional training staff, sheriffs, and CBC training partners. A survey of training managers from the regions, CBCs, and sheriff’s offices was conducted in February 2019 to gather input on the immediate needs of the training community and to assist in the development of the 2025-2029 CFSP.

This Training Plan reflects a combination of both current and new initiatives.

### **GOAL 1: Professionalize and Strengthen the Training Infrastructure**

#### **Initiative 1.1 - Trainer Credentialing**

Beginning August 2019, the Florida Administrative Code 65C-33.016 required individuals to obtain Child Welfare Trainer certification to provide pre-service training. Previously, child welfare trainers had widely varying degrees of training experience and expertise. Some trainers held credentials from the former child welfare credentialing program, however, there was no process for ongoing certification. During the transition, the Department contracted with the Child Welfare Training Consortium with the University of South Florida (USF) to develop and implement the Training Coaching and Competency Program (TCCP) for pre-service trainers. The focus of this program is to build and enhance trainer knowledge and delivery. In 2022, the Department took the program in house and developed a training program with the Master Trainers which meets the requirements of the administrative code.

During the 2025-2029 training plan, the Child Welfare Trainer program is being reviewed to ensure the trainers are receiving the most robust development and support during the initial stages. The focus will be on trainer skill development, engagement, modeling, and coaching.

#### **Initiative 1.2 – Implementation of the Academy for Child Protection and Family Resilience**

Based on the need to re-design and structure the pre-service curricula identified in the 2019-2024 training plan, the Department, with the input and review of multiple stakeholders, re-designed the pre-service program from Core to the Academy for Child Protection and Family Resilience. The Foundations and CPI specialty track were launched in April 2024. The case management specialty track will be piloted in July 2024 which a launch date in January 2025. The Licensing specialty track is planned to begin development in 2025 with a pilot date of March 2026.

During the 2025-2029 training plan, the CPI specialty track will be fully implemented and evaluated. Modification and correction will be completed as necessary. The case management specialty track will be fully implemented and evaluated. Modification and correction will be completed as necessary. The licensing specialty track will be developed, implemented, and evaluated. Modification and correction will be completed as necessary. Once those three programs are implemented and sustained, the focus will shift to review and re-design of curriculum for adoptions, family and foster parent, and trainer development.

### Initiative 1.3 - Leadership and Guidance

The Department has identified a need for a Child Welfare Supervisor certification that focuses on developing and standardizing leadership, communication, people management, and child welfare competency. Development of a curriculum for that program has commenced and will be completed during the 2025-2029 training plan. The goal is to complete the curriculum, contract the training with a state college or university, and launch a certification process that is supportive and engaging to CPI supervisors.

## **GOAL 2: Promote a Culture of Career-Long Learning**

### Initiative 2.1 - Career-Long Learning

All certified child welfare professionals must receive 20 hours of continuing education each year. The content and topics are not specified. A wide variety of in-service training is offered, depending upon the Region and CBC where the new employee is employed.

During the 2019-2024 training plan, the Department developed and launched the Career Ladder. From January 2022 to December 2022, the Department offered a Career Ladder initiative to increase promotional opportunities, provide additional opportunities for professional development and advancement, and promote the retention of qualified employees. The Career Ladder offered an array of both in class and out of class advancement opportunities across multiple career pathways, which was tailored to meet the individual needs of each employee. The three pathways are Performance, Specialty, and Supervisory. The advancement requirements varied according to the path and step chosen, but all included tenure requirements, a satisfactory performance evaluation, additional training, a personal SWOT analysis to be approved by the candidate's supervisor, and in most cases, a quality review threshold of at least 80%. Specialty training requirements provided expertise in a specific area of child welfare such as domestic violence or medical neglect. Supervisory training requirements included mentoring and coaching. All steps required Mental Health First Aid, an evidenced-based and nationally recognized training focused on understanding mental health and reducing stigma.

The Career Ladder for the Department of Children and Families Child Welfare program was placed on hold in January 2023 to review the processes that took place as part of the initial release for Career Ladder in 2022 and make recommendations for further success through process improvement practices.

During this process improvement period, it was determined the Career Ladder required further exploration due to new dynamics presented from absorption of the Sheriff's Office transition. The Department relaunched the Child Welfare Career Ladder in August of 2023. Improvements focused on supporting child welfare participants through their learning journey. Opportunities to engage with their supervisor through their continued professional development path were added including case quality assurance support. There were also opportunities added that enhanced knowledge learning transfer after each course taken within the ladder adding to a higher return on investment from individuals who participate in the ladder.

The newly launched Career Ladder currently has almost 100 active participants working toward achieving their career ladder goals.

Aside from the Career Ladder, the Department is also contracting and implementing role specific

training opportunities in each Region. These trainings will focus on skill building/competency, various complex child welfare topics, family engagement, decision making, and wellness.

Children's Legal Services (CLS) has their own training team consisting of three trainers and Statewide Training Director. The three trainers are each assigned to two regions. To the extent possible, in addition to training and publications, they offer individualized support and assist with trial strategies. In addition to the actual facilitation, the team manages various administrative needs, such as locating, contacting, negotiating and entering into contracts for presenters; preparation of litigation and court materials; identification and supplying necessary legal books, etc.

Currently, CLS provides a two-day annual training for up to 120 CLS attendees. The training includes advanced litigation skills and techniques, stress management, and workshops on substantive issues in child welfare. Presenters include the CLS Training Team, CLS Appellate Team, Statewide CLS Attorneys, and national and state experts on litigation, trauma, and child abuse. Every full-time newly hired attorney goes through an intensive onboarding process which culminates in a 4-day in-person new attorney training, which includes specialized topics and litigation simulations. Starting in FY 2024-2025, CLS will be adding an additional two-day training on advanced topics and skills for those new attorney training attendees 6-10 months after the initial 4-day training. Additionally, the CLS Training Team provides continuing virtual training bi-monthly.

New CLS Attorneys are contacted by the CLS training team within 48 hours after hire to introduce themselves and introduce the new hire to the on-boarding protocol and process. The new attorney will participate in weekly individual calls with the assigned trainer, 8 group call trainings, and attend an in-person four-day new attorney training. This training is provided on a quarterly basis to approximately 75-100 attorneys per year. It includes basic child welfare information, litigation training, workshops, and court simulations. Designed after the National Institute of Trial Advocacy methodology, it is an intensive training that provides the newly hired attorneys with all core subjects and litigation skills necessary to try cases. Starting in FY 2024-2025, CLS will be adding an additional two-day training on advanced topics and skills for those new attorney training attendees 6-10 months after the initial 4-day new attorney training. Additionally, the CLS Training Team provides continuing bi-monthly virtual training and serves as a continuing resource to all CLS attorneys.

In 2019, CLS implemented a Leadership Academy to prepare the next generation of CLS leaders to be qualified and transition seamlessly into lead trial attorney, supervising attorney, managing attorney, and regional director positions. The participants engaged in an 18-month curriculum, consisting of in-person training, webinars, quarterly group calls, one-on-one mentoring, and semi-annual feedback. Although the program has an 18-month curriculum, a new class of 20 participants is selected each year. Participants who graduate from the Academy will gain the following skills: effective decision making, conflict resolution, emergency management, team empowerment, negotiation, supportive and constructive communication, responsible delegation, identifying when and how to provide support vs. when and how to take action, accountability, how to re-enforce CLS best practices, knowledge of the duties and responsibilities of CLS positions, knowledge of human resource (HR) practices, and knowledge of the Predictive Index system to manage different personalities.

Every two-three years CLS is planning to provide a supervisor training as part of their annual three-day training. This training will include advanced litigation such as litigation feedback and support to the

frontline attorneys, and workshops on leadership, and other core skills necessary to be a CLS supervisor. The training will be provided by the CLS training team and other state and national presenters. There are also plans to integrate approximately 20 lead trial attorneys.

The future plan is to continue to offer the Leadership Academy for CLS leaders, evaluate the effectiveness of the strength-based supervision model for child welfare supervisors using pre- and post-evaluations, and if it is found to be effective, support agencies in providing the training model. In addition, there are plans to develop standardized competency training for child welfare supervisors, including case management supervisors.

During the last several years, there have been great strides made in increasing the number of standardized trainings on areas of statewide need, such as:

Cultural and Linguistic Competence: Core Concepts and Individual Development: This training will heighten learner awareness of cultural and linguistic competency and how it is related to service delivery.

Coaching Series: The Coaching Series incorporates coaching best-practices being used nationally and integrates existing requirements of DCF staff who attend, including job duties and competencies expected of staff. The goal of the series to equip staff with coaching-based strategies to use within their work with DCF. The Coaching Series consists of three 2-hour instructor-led trainings plus two implementation calls after Parts 1 and 2 to discuss how learners have been able to implement the skills they have learned on the job.

Best Practices for New Leaders: This is a 2 day in-person training consisting of video learning and facilitator engaged discussion and activities around the six objectives identified as best practices for leaders.

Initial Consultations Supervisor Learning Circle: This 2.5-hour workshop aims to equip supervisors with the skills to lead meaningful conversations, implement actionable improvements, and apply your newfound knowledge in practical ways. By the end of this workshop, we want you to inspire and share your expertise with your teams--contributing to the overall success of our collective efforts.

Feedback Full Circle: SBI-I Method: This research-backed, widely-recognized model for delivering feedback is proven to reduce the anxiety of delivering feedback and improve the quality of interaction with the feedback recipient.

Balance Blend Boundaries: REFLECT! This course helps you understand the importance of a healthy work-life relationship and provides methods of achieving your desired work-life balance or blend after self-reflection.

The implementation plan for the 2024-2029 training plan is to develop additional in-service trainings that would be available through e-learning solutions to address skill development needs as well as live in-service trainings that would be provided to address more complex topics.

#### Initiative 2.2 - Supervisor Professional Development

Beginning in 2025-2029 and likely moving into 2030-2034, the Department plans to create a Supervisor Development Center under the umbrella of the Academy for Child Protection and Family Resilience that



will begin developing supervisory skills in front line child welfare staff so that when a vacancy in a supervisory position occurs, there are already qualified and prepared staff to fill the position.

With the recognition that child welfare supervisors are largely responsible for the culture in the service centers, the Department is contracting with the FISH program to address the negative culture that has been reported in multiple stakeholder interviews and staff surveys. The Department plans to procure a train the trainer event for Regional and Headquarters trainers with the intent that the Regional trainers will train child welfare staff and the Headquarters trainers will train leadership. Once that training is complete, the Department will contract for FISH for Leaders training which goes further into the implementation of sustainable culture change. Further leadership development opportunities will be provided through offerings of Six Sigma structured root cause analysis and process improvement courses and of Certified Public Manager (CPM) programs.

### **TRAINING FUNDING**

The Department allocates funding specifically for training among CBCs and Department regions providing direct services. Funds are for the purposes of providing child welfare services staff with the mandated pre-service training and advanced in-service trainings that reflect the agency's system of care and meets both the agency and individual training needs. Additionally, the Department uses training funds from other grants, such as the Children's Justice Act (CJA), to meet the specific training needs that support the goals and objectives of the grant program. CBCs 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 submits an annual training plan which is reviewed quarterly.

The Department is planning to return training costs to a benefiting federal program approach. This includes the implementation of Title IV-E programs that are currently not being implemented by the state such as traditional Title IV-E foster care, candidacy, Extended Foster Care (EFC), and the Guardianship Assistance Program (GAP). It is anticipated that revisions to the cost allocation basis for trainer and trainee costs will need to be made based on benefiting programs and the expectation that there will be a higher rate of Title IV-E participation. The state is still working towards developing the cost allocation plan for this approach. The Department will continue to work with the Children's Bureau through the normal cost allocation amendment process and negotiate the new allocation basis.

### **TRAINING TRACKING**

During the previous period, the Department began tracking pre-service and many in-service trainings through My Florida Learn, a cloud-based learning management system.

On a quarterly basis, the Regions, the CBCs, and CLS, submit a training report that includes a summary of all training courses they have conducted.

## SECTION 6: FINANCIAL INFORMATION

Financial information for the 2025–2029 CFSP is presented in independent documents per the Program Instructions and include:

- 1992 PSSF Verification
- FFY 2005 Title IV-B OHC State 2022 to 1992 Payment Limitations
- FLORIDA FY2025 CFS-101s
- FLORIDA FY2025 CFS-101s-Signed
- Title IV-B Payment Limitations-FFY2025 PSSF - FINAL
- Title IV-E Training 1-1-2023 through 12-31-2023

State Share (MOE)  
to verify no Supplantation

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

State Share (MOE)  
to verify no Supplantation

2017-18	331,847,927	329,251,359	643,889	51,996,558	713,739,733
2018-19	325,482,621	381,402,006	1,067,636	47,330,587	755,282,850
2019-20	361,161,082	335,257,761	4,590,270	62,381,333	763,390,446
2020-21	460,688,830	317,859,616	9,205,672	57,373,758	845,127,876
2021-22	399,303,974	341,791,024	3,705,006	52,196,889	796,996,893

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

cobj	OCA Title	oca	Total Expenditures	Total Federal	Total State
PCW05	FS-PROGRAM ADMINISTRATION	BT000	158,329.35	118,747.01	39,582.34
PCW05	FS/QUALITY ASSURANCE UNIT	FFQAU	867.60	650.70	216.90
PCW05	PDC TRNG PROTECTIVE SVCS	PDC02	(223.13)	(167.35)	(55.78)
PCW05	PDC TRNG FOSTER CARE	PDC03	(831.43)	(623.57)	(207.86)
PCW05	PDC TRNG ADOPTION PLACEMENT	PDC04	(163.11)	(122.33)	(40.78)
PCW05	SF CHILD WELFARE OH ADMIN-CBC	PR024	1,637,628.13	1,228,221.10	409,407.03
PCW05	IV-B CHILD WELFARE OH ADMIN-CBC	PR026	10,931,006.61	8,198,254.96	2,732,751.65
<b>PCW05</b>	<b>IV-B CHILD WELFARE OHC MAINT-CBC</b>	<b>PR046</b>	<b>513,148.45</b>	<b>384,861.34</b>	<b>128,287.11</b>
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
<b>PCW05</b>	<b>CHILD WELFARE MAINT PYMTS-OHS</b>	<b>WO004</b>	<b>320,317.47</b>	<b>240,238.10</b>	<b>80,079.37</b>
PCW05	FOSTER CARE PRG ADMIN	WOA00	163,614.16	122,710.62	40,903.54
PCW05	CHILD WELFARE PROGRAM ADMIN	WY000	117,226.36	87,919.77	29,306.59
	<b>TOTAL TITLE IV-B, PART I FFY 2005</b>		<b>20,874,301.33</b>	<b>15,655,726.00</b>	<b>5,218,575.33</b>

			Total	IV-B Federal	IV-B State
<b>PCW05</b>	<b>IV-B CHILD WELFARE OHC MAINT-CBC</b>	<b>PR046</b>	<b>513,148.45</b>	<b>384,861.34</b>	<b>128,287.11</b>
<b>PCW05</b>	<b>CHILD WELFARE MAINT PYMTS-OHS</b>	<b>WO004</b>	<b>320,317.47</b>	<b>240,238.10</b>	<b>80,079.37</b>
	<b>Title IV-B FC Maintenance Payments for FFY 2005</b>		<b>833,465.92</b>	<b>625,099.44</b>	<b>208,366.48</b>

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.

Non Federal funds expended by the state for Foster Care Maintenance Payments for FFY 2005	Amount State Share 87,983,633.35
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Source: IDS Grants

1992 Comparison to 2022 for State and Local Funds  
 Expended for Non-supplantation Requirements related to Title IV-B, Part II Services

Period	Crisis Intervention (Family Preservation)	Prevention & Support Services (Family Support)	Family Reunification Services	Adoption Promotion and Support Services	Total	
2022	399,303,974	341,791,024	3,705,006	52,196,889	\$	796,996,893
1992	\$ 85,737,000	\$ 311,374,000	\$ -	\$ -	\$	\$ 397,111,000
Diff 1992 from 2022	\$ 313,566,974	\$ 30,417,024	\$ 3,705,006	\$ 52,196,889	\$	\$ 399,885,893

Funds have not been supplanted to meet this federal requirement to equal or exceed the amount spent in 1992 for Family Preservation and Family Support Services as stated in 45 CFR 1357.32(f).

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

For Federal Fiscal Year 2025: October 1, 2024 through September 30, 2025

<b>1. Name of State or Indian Tribal Organization AND Department/Division:</b> Florida Department of Children and Families		<b>3. EIN:</b> 1593458463A2		
<b>2. Address:</b> (insert mailing address for grant award notices in the two rows below) 2415 N. Monroe St., Suite 400 Tallahassee, FL 32303		<b>4. UEI:</b> GKB5R3B9JGE4		
a) <b>Contact Name and Phone</b> for Questions: Diane Sunday (850)717-4740		<b>5. Submission Type:</b> (mark X next to option) - New X - Reallotment		
b) <b>Email address</b> for grant award notices (one only): <a href="mailto:diane.sunday@myflfamilies.com">diane.sunday@myflfamilies.com</a>				
<b>REQUEST FOR FUNDING for FY 2025:</b>				
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. Hardcode all numbers; no formulas or linked cells.				
<b>6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>		\$16,217,683		
a) Total administrative costs (not to exceed 10% of the CWS request)		\$1,621,768		
<b>7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		<b>% of Total</b>		
a) Family Preservation Services	20.0%	\$4,228,979		
b) Family Support Services	24.7%	\$5,231,303		
c) Family Reunification Services	35.2%	\$7,455,635		
d) Adoption Promotion and Support Services	20.0%	\$4,228,979		
e) Other Service Related Activities (e.g. planning)	0.0%	\$0		
f) Administrative Costs (STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)	0.0%	\$6,328		
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.	100.0%	\$21,151,224		
<b>8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>		\$1,336,989		
a) Total administrative costs (not to exceed 10% of MCV request)		\$0		
<b>9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>		\$5,869,129		
<b>10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:</b>		\$8,420,863		
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		\$2,526,258		
<b>11. Requested Education and Training Voucher (ETV) funds:</b>		\$3,420,083		
<b>REALLOTMENT REQUEST(S) for FY 2024:</b>				
Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.				
<b>12. Identification of Surplus for Reallotment:</b>				
a) Indicate the amount of the State's/Tribe's FY 2023 allotment that will not be utilized for the following programs:				
<b>CWS</b>	<b>PSSF</b>	<b>MCV (States only)</b>	<b>Chafee Program</b>	<b>ETV Program</b>
\$0	\$0	\$0	\$0	\$0
<b>13. Request for additional funds in the current fiscal year (should they become available for re-allotment):</b>			<b>Chafee Program</b>	<b>ETV Program</b>
<b>CWS</b>	<b>PSSF</b>	<b>MCV (States only)</b>	\$0	\$0
\$0	\$0	\$0	\$0	\$0
<b>14. Certification by State Agency and/or Indian Tribal Organization:</b>				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
<b>Signature of State/Tribal Agency Official</b>			<b>Signature of Federal Children's Bureau Official</b>	
<b>Title</b> Chief of Revenue Management			<b>Title</b>	
<b>Date</b>			<b>Date</b>	

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

Name of State or Indian Tribal Organization: Florida Department of Children and Families

For FY 2025: OCTOBER 1, 2024 TO SEPTEMBER 30, 2025

No entry required in the black shaded cells

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (describe)	(L) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	\$ -			\$ -				\$ -	419,828	209,914	reports of abuse/neglect	6 Regions
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 4,228,979		\$ -				\$ 1,409,660	32,922	14,314	all eligible children	6 Regions
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 13,829,553	\$ 5,231,303		\$ 5,869,129				\$ 6,353,619	42,319	22,273	all eligible children	6 Regions
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 7,455,635		\$ -				\$ 2,485,212	50,828	29,899	all eligible children	6 Regions
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 766,362	\$ 4,228,979						\$ 1,665,114	3,602	2,119	all eligible children	6 Regions
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 67,318,774	\$ 50,011,423	10,560	6,390	all eligible children	6 Regions
(b) GROUP/INST CARE	\$ -						\$ 7,427,181	\$ 5,928,358	1,442	1,188	all eligible children	6 Regions
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 151,411,698	\$ 113,570,384	50,585	35,170	all eligible children	6 Regions
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 7,992,997	\$ 6,249,869	3,277	1,933	all eligible children	6 Regions
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 8,420,863			\$ 2,105,216	5,704	4,852	eligible 13-22 year old youths	6 Regions
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 3,420,083		\$ 855,021	587	587	eligible 16-22 year old youths	6 Regions
12.) ADMINISTRATIVE COSTS	\$ 1,621,768	\$ 6,328	\$ -				\$ 186,589,458	\$ 186,864,080				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ -				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 296,014	\$ 312,153				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 5,710,865	\$ 1,842,014				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 1,336,989					\$ 445,663				
18.) TOTAL	\$ 16,217,683	\$ 21,151,224	\$ 1,336,989	\$ 5,869,129	\$ 8,420,863	\$ 3,420,083	\$ 426,746,987	\$ 380,097,786				
19.) TOTALS FROM PART I	\$16,217,683	\$21,151,224	\$1,336,989	#####	\$8,420,863	\$3,420,083						
20.) Difference (Part I - Part II) (If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds the amount on Part I.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
21.) Population data required in columns I - L can be found: (mark X below the option)									On this form	In the APSR Narrative		
									X			



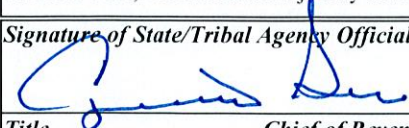
**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher**

**Reporting on Expenditure Period For Federal Fiscal Year 2022 Grants: October 1, 2021 through September 30, 2023**

No entry required in the black shaded cells					
<b>1. Name of State or Indian Tribal Organization:</b>		<b>2. Address:</b>			<b>3. EIN: 1593458463A2</b>
Florida Department of Children and Families		2415 N. Monroe St., Suite 400			<b>4. UEI: GKB5R3B9JGE4</b>
5. Submission Type: (type New or Revision)		Tallahassee, FL 32303			
Description of Funds	(A) Actual Expenditures for FY 22 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) Population served (describe)	(E) Geographic area served
<b>6. Total title IV-B, subpart 1 (CWS) funds:</b>	\$ 16,258,663	26,814	15,773	all child welfare clients	6 Regions
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ -				
<b>7. Total title IV-B, subpart 2 (PSSF) funds:</b> Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 21,136,908	26,814	15,773	all child welfare clients	6 Regions
a) Family Preservation Services	\$ 5,530,681				
b) Family Support Services	\$ 6,538,520				
c) Family Reunification Services	\$ 5,191,967				
d) Adoption Promotion and Support Services	\$ 3,869,125				
e) Other Service Related Activities (e.g. planning)	\$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF spending)	\$ 6,615				
<b>g) Total title IV-B, subpart 2 funds:</b> NO ENTRY: This line displays the sum of lines a-f.	\$ 21,136,908				
<b>8. Total Monthly Caseworker Visit funds: (STATES ONLY)</b>	\$ 1,336,083				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -				
<b>9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)</b>	\$ 7,175,951	4,897	4,445	eligible 13-22 year old youths	6 Regions
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ -				
<b>10. Total Education and Training Voucher (ETV) funds: (Optional)</b>	\$ 2,458,586	563	563	eligible 16-22 year old youths	6 Regions
<b>11. Certification by State Agency or Indian Tribal Organization:</b> The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan which was jointly developed with, and approved by, the Children's Bureau.					
<b>Signature of State/Tribal Agency Official</b>			<b>Signature of Federal Children's Bureau Official</b>		
<b>Title</b>	<b>Date</b>	<b>Title</b>	<b>Date</b>		
<b>Chief of Revenue Management</b>					

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

For Federal Fiscal Year 2025: October 1, 2024 through September 30, 2025

<b>1. Name of State or Indian Tribal Organization AND Department/Division:</b>		<b>3. EIN:</b>	1593458463A2	
Florida Department of Children and Families		<b>4. UEI:</b>	GKB5R3B9JGE4	
<b>2. Address:</b> (insert mailing address for grant award notices in the two rows below)				
2415 N. Monroe St., Suite 400		<b>5. Submission Type:</b> (mark X next to option)		
Tallahassee, FL 32303		- New	X	
a) <b>Contact Name and Phone</b> for Questions:	Diane Sunday (850)717-4740	- Reallotment		
b) <b>Email address</b> for grant award notices (one only <a href="mailto:diane.Sunday@myflfamilies.com">diane.Sunday@myflfamilies.com</a> )				
<b>REQUEST FOR FUNDING for FY 2025:</b>				
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. Hardcode all numbers; no formulas or linked cells.				
<b>6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>			\$16,217,683	
a) Total administrative costs (not to exceed 10% of the CWS request)			\$1,621,768	
<b>7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		<b>% of Total</b>	\$21,151,224	
a) Family Preservation Services		20.0%	\$4,228,979	
b) Family Support Services		24.7%	\$5,231,303	
c) Family Reunification Services		35.2%	\$7,455,635	
d) Adoption Promotion and Support Services		20.0%	\$4,228,979	
e) Other Service Related Activities (e.g. planning)		0.0%	\$0	
f) Administrative Costs (STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)		0.0%	\$6,328	
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.		100.0%	\$21,151,224	
<b>8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>			\$1,336,989	
a) Total administrative costs (not to exceed 10% of MCV request)			\$0	
<b>9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>			\$5,869,129	
<b>10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:</b>			\$8,420,863	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$2,526,258	
<b>11. Requested Education and Training Voucher (ETV) funds:</b>			\$3,420,083	
<b>REALLOTMENT REQUEST(S) for FY 2024:</b>				
Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.				
<b>12. Identification of Surplus for Reallotment:</b>				
a) Indicate the amount of the State's/Tribe's FY 2023 allotment that will not be utilized for the following programs:				
<b>CWS</b>	<b>PSSF</b>	<b>MCV (States only)</b>	<b>Chafee Program</b>	<b>ETV Program</b>
\$0	\$0	\$0	\$0	\$0
<b>13. Request for additional funds in the current fiscal year (should they become available for re-allotment):</b>				
<b>CWS</b>	<b>PSSF</b>	<b>MCV (States only)</b>	<b>Chafee Program</b>	<b>ETV Program</b>
\$0	\$0	\$0	\$0	\$0
<b>14. Certification by State Agency and/or Indian Tribal Organization:</b>				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
<i>Signature of State/Tribal Agency Official</i>		<i>Signature of Federal Children's Bureau Official</i>		
				
Title Chief of Revenue Management		Title		
Date 04/29/2024		Date		

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

Name of State or Indian Tribal Organization: Florida Department of Children and Families

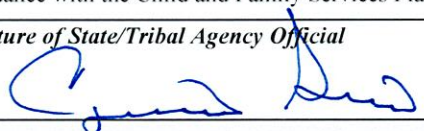
For FY 2025: OCTOBER 1, 2024 TO SEPTEMBER 30, 2025

No entry required in the black shaded cells

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (describe)	(L) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	\$ -			\$ -				\$ -	419,828	209,914	reports of abuse/neglect	6 Regions
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 4,228,979		\$ -				\$ 1,409,660	32,922	14,314	all eligible children	6 Regions
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 13,829,553	\$ 5,231,303		\$5,869,129				\$ 6,353,619	42,319	22,273	all eligible children	6 Regions
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 7,455,635		\$ -				\$ 2,485,212	50,828	29,899	all eligible children	6 Regions
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 766,362	\$ 4,228,979						\$ 1,665,114	3,602	2,119	all eligible children	6 Regions
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 67,318,774	\$ 50,011,423	10,560	6,390	all eligible children	6 Regions
(b) GROUP/INST CARE	\$ -						\$ 7,427,181	\$ 5,928,358	1,442	1,188	all eligible children	6 Regions
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 151,411,698	\$ 113,570,384	50,585	35,170	all eligible children	6 Regions
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 7,992,997	\$ 6,249,869	3,277	1,933	all eligible children	6 Regions
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 8,420,863			\$ 2,105,216	5,704	4,852	eligible 13-22 year old youths	6 Regions
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 3,420,083		\$ 855,021	587	587	eligible 16-22 year old youths	6 Regions
12.) ADMINISTRATIVE COSTS	\$ 1,621,768	\$ 6,328	\$ -				\$ 186,589,458	\$ 186,864,080				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ -				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 296,014	\$ 312,153				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 5,710,865	\$ 1,842,014				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 1,336,989					\$ 445,663				
18.) TOTAL	\$ 16,217,683	\$ 21,151,224	\$ 1,336,989	\$5,869,129	\$ 8,420,863	\$ 3,420,083	\$ 426,746,987	\$ 380,097,786				
19.) TOTALS FROM PART I	\$16,217,683	\$21,151,224	\$1,336,989	#####	\$8,420,863	\$3,420,083	21.) Population data required in columns I - L can be found: (mark X below the option)					
20.) Difference (Part I - Part II) (If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds the amount on Part I.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			On this form	In the APSR Narrative		
									X			

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

*Reporting on Expenditure Period For Federal Fiscal Year 2022 Grants: October 1, 2021 through September 30, 2023*

No entry required in the black shaded cells					
<b>1. Name of State or Indian Tribal Organization:</b>		<b>2. Address:</b>		<b>3. EIN: 1593458463A2</b>	
Florida Department of Children and Families		2415 N. Monroe St., Suite 400		<b>4. UEI: GKB5R3B9JGE4</b>	
<b>5. Submission Type: (type New or Revision)</b>		Tallahassee, FL 32303			
Description of Funds	(A) Actual Expenditures for FY 22 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) Population served (describe)	(E) Geographic area served
<b>6. Total title IV-B, subpart 1 (CWS) funds:</b>	\$ 16,258,663	26,814	15,773	all child welfare clients	6 Regions
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ -				
<b>7. Total title IV-B, subpart 2 (PSSF) funds:</b> Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 21,136,908	26,814	15,773	all child welfare clients	6 Regions
a) Family Preservation Services	\$ 5,530,681				
b) Family Support Services	\$ 6,538,520				
c) Family Reunification Services	\$ 5,191,967				
d) Adoption Promotion and Support Services	\$ 3,869,125				
e) Other Service Related Activities (e.g. planning)	\$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF spending)	\$ 6,615				
<b>g) Total title IV-B, subpart 2 funds:</b> NO ENTRY: This line displays the sum of lines a-f.	\$ 21,136,908				
<b>8. Total Monthly Caseworker Visit funds: (STATES ONLY)</b>	\$ 1,336,083				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -				
<b>9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)</b>	\$ 7,175,951	4,897	4,445	eligible 13-22 year old youths	6 Regions
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ -				
<b>10. Total Education and Training Voucher (ETV) funds: (Optional)</b>	\$ 2,458,586	563	563	eligible 16-22 year old youths	6 Regions
<b>11. Certification by State Agency or Indian Tribal Organization:</b> The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan which was jointly developed with, and approved by, the Children's Bureau.					
<i>Signature of State/Tribal Agency Official</i>			<i>Signature of Federal Children's Bureau Official</i>		
					
<i>Title</i>	<i>Date</i>	<i>Title</i>	<i>Date</i>		
Chief of Revenue Management	04/29/2024				

**ESTIMATED EXPENDITURES: State Fiscal Year 2021-2022  
PROMOTING SAFE AND STABLE FAMILIES**

**Fiscal Data**

Program/Service	Funding Source	Family Preservation Services		Family Support Services		Time-Limited Family Reunification Services		Adoption Promotion and Support Services	
		STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL
Associated Marine Institute-DJJ	State Funds	5,983,050							
Child Sexual Abuse Treatment Program - DCF	State Funds	3,872,288							
Child Protection Teams - DOH	State Funds, SSBG	3,085,536	7,368,686						
Child Abuse Prevention	TANF, SSBG, CAPTA, State	19,735,028	999,314						
Child Care and Development Fund- DCF to DEL	SSBG/CDBG & TANF			141,556,699					
Children's Mental Health and Substance Abuse	DJJ- General Rev	62,114,618	16,334,019						
	DCF – Comm MH Block Grant and SA Block Grant	51,077,073	6,215,392						
CINS/FINS Runaway Shelter	DJJ -State Funds, Title IV-E	40,302,727							
Comm-Based Family Resource	State, Family Resource & Support			1,062,105	368,168				
Community Food & Nutrition	Comm Food & Nutrition Grant				278,213,994				
Day Care Quality Improvement	CCDBG, SSBG and State			2,313,407	11,175,058				
Day Care Resource & Referral	CCDBG, SSBG and State			674,544	3,103,460				
Domestic Violence	Fam Viol Prev & Svcs/STOP/SSBG/TANF			21,144,678	20,943,978				
Early Intervention Services	State, IDEA, Part C			47,361,173	20,412,761				
Epilepsy	State Funds			2,860,913					
Family Planning	Title X, Family Planning, State	4,245,455	13,441,815						
Family Safety	State, IV-E, IV-B, TANF	101,172,753	78,801,167	49,285,809	21,211,513	3,705,006	8,800,901	52,196,889	39,494,206
Healthy Families	TANF, State			14,141,314	10,670,304				
Improved Pregnancy Outcome	Maternal & Child Health Blk Grant			19,859,426	4,092,442				
Interstate Compact/ ISS	DCF - State Funds, IV-E, TANF	409,068	260,345						
	DJJ -	176,695							
Local Services Program	Refugee Assistance Fed Grant TF				36,020,073				
Ounce of Prevention	State			1,773,937					
PACE	State Funds			22,332,009					
Primary Care (CMS)	Maternal & Child Health Blk Grant			300,000	490,932				
Protective Services Staff - DJJ	SSBG, Med Asst, TANF, CWS- State, & Title IV-E		38,425,928						
Protective Services Staff - DCF		107,129,683	113,979,734						
Regional Perinatal Program				215,565					
School Health				16,909,445	11,625,813				
Women, Infants & Children Program	Women, Infants & Children Program				341,095,935				
<b>Totals by Program AREA &amp; FUND SOURCE</b>		<b>399,303,974</b>	<b>275,826,400</b>	<b>341,791,024</b>	<b>759,424,432</b>	<b>3,705,006</b>	<b>8,800,901</b>	<b>52,196,889</b>	<b>39,494,206</b>

BE	OCA	COBJ	GRP	GTIN	QTD_EARN_TOT_033123Q_SUM
60900101	BTTR1	PAD23	TG	C003	201.75
60900101	BTTR1	PAD24	TG	C003	0.00
60900101	BTTR1	PNV23	TG	C003	2,395.30
60900101	BTTR1	PNV24	TG	C003	0.00
60910310	2JTR1	PAD23	TG	R004	2,789.72
60910310	2JTR1	PAD24	TG	R004	0.00
60910310	2JTR1	PNV23	TG	C003	33.05
60910310	2JTR1	PNV23	TG	R004	2,603.57
60910310	2JTR1	PNV24	TG	C003	0.00
60910310	2JTR1	PNV24	TG	R004	0.00
60910310	BTTR1	PAD23	TG	C003	943.50
60910310	BTTR1	PAD24	TG	C003	0.00
60910310	BTTR1	PNV23	TG	C003	11,206.71
60910310	BTTR1	PNV24	TG	C003	0.00
60910310	CWTR1	PAD23	TG	C003	1,238.47
60910310	CWTR1	PAD24	TG	C003	0.00
60910310	CWTR1	PNV23	TG	C003	14,710.71
60910310	CWTR1	PNV24	TG	C003	0.00
60910310	TRCOR	PAD22	TG	R004	108,968.77
60910310	TRCOR	PAD23	TG	R004	0.00
60910310	TRCOR	PAD24	TG	R004	0.00
60910310	TRCOR	PNV23	TG	R004	757,549.07
60910310	TRCOR	PNV24	TG	R004	0.00
60910310	TRFCA	PAD22	TG	R004	51,403.35
60910310	TRFCA	PAD23	TG	R004	0.00
60910310	TRFCA	PAD24	TG	R004	0.00
60910310	TRFCA	PNV23	TG	R004	357,355.29
60910310	TRFCA	PNV24	TG	R004	0.00

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19,697.90	1,166.60	0.00
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1,406.79	1,164.57	0.00
0.00	0.00	1,258.83
21,014.76	16,444.57	0.00
0.00	0.00	17,249.53
4,651.81	4,581.91	0.00
0.00	0.00	6,904.32
69,493.36	64,707.01	0.00
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-160,372.12	0.00	0.00
233,728.34	0.00	0.00
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489,566.19	0.00	0.00
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196,739.73	107,685.74	0.00
0.00	0.00	236,562.25

TOTAL

813.43  
309.01  
11,296.59  
4,233.59  
26,707.60  
973.93  
320.97  
23,468.07  
15.58  
1,333.84  
3,514.86  
1,258.83  
48,666.04  
17,249.53  
10,472.19  
6,904.32  
148,911.08  
94,613.68  
-51,403.35  
233,728.34  
94,097.46  
1,247,115.26  
645,538.02  
51,403.35  
44,942.19  
34,482.71  
661,780.76  
236,562.25  
3,599,310.13



OCA	OCA TITLE	Purpose
2JTR1	CLS IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions
TRCOR	CBC IV-E TRAINING	Curriculum development and training
BTTR1	PROGRAM ADMINISTRATION IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions
CWTR1	CHILD WELFARE IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions
TRFCA	CBC TRAINING FOSTER & ADOPTIVE PARENTS	Curriculum development and training

Cost Allocation Methodology	FFP	Title IV-E Adoption Assistance	Title IV-E Foster Care
Costs are allocated to Title IV-E Foster Care based on FSFN Out of Home Care group eligibility rate.	75%	27,681.53	25,138
Costs are allocated to benefitting programs based on the results of the Community Based Care Case Manager Random Moment Sample	75%	276,422.45	1,892,653
Costs are allocated to Title IV-E based on the number of certified child welfare professionals required to participate in pre-service training by function and then allocated based on benefitting programs.	75%	5,896.13	81,446
Costs are allocated to Title IV-E based on the number of certified child welfare professionals required to participate in pre-service training by function and then allocated based on benefitting programs.	75%	17,376.51	243,525
Costs are allocated to benefitting programs based on the results of the Community Based Care Case Manager Random Moment Sample	75%	130,828.25	898,343
	<b>Total</b>	<b>458,205</b>	<b>3,141,105</b>

TOTAL 1/1/22-12/31/22
52,820
2,169,076
87,342
260,901
1,029,171
<b>3,599,310</b>