Child and Family Services Plan

Final Report

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.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

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EXECUTIVE SUMMARY

The mission of the Florida Department of Children and Families (Department) is to collaborate with local communities to protect vulnerable populations, 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-bei*****ng**.

The Department is composed of five program offices providing a variety of services to individuals, families, and children. These program offices are the Office of Child and Family Well-Being (OCFW), the Office of Community Services (OCS), the Office of Substance Abuse and Mental Health (SAMH), the Office of Economic Self-Sufficiency (ESS), and the Office of Quality and Innovation (OQI). Each office meets the critical needs of the people we serve and address families with complex and overlapping needs. Given 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 integrating systems as a core competency. To improve communication and engagement between offices and to enhance partnerships with state and local stakeholders, the Department developed a three-year Integration Plan that encompasses the Department's priorities for increasing contacts with at-risk families, improving outcomes for mutually served families, and reducing reentry into the system. This plan also outlines the desired outcomes for each of the statewide priorities and strategies to accomplish each goal.[1]

Vision and Practice Principles

The mission of the Department of Children and Families is to work in partnership with local communities to protect the vulnerable, promote resiliency and strong economically self-sufficient families, and advance personal and family recovery.[2] 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 this Child and Family Services Plan (CFSP) Final Report highlighting the progress made during the last five years on meeting the strategic goals, initiatives, and activities outlined in the CFSP 2020–2024.

State Agency Responsible

The Department supervises the administration of programs that are federally funded, state directed, and locally operated. The Department is responsible for the supervision and coordination of programs in Florida 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 have different roles and responsibilities for oversight of the child welfare system:

[1] Florida Department of Children and Families Integration Plan (2019-2022), page 5.
[2] Section 20.19, Florida Statutes

Deputy Secretary. Assistant Secretaries for OCFW, OCS, OQI, SAMH, and ESS report to the Deputy Secretary. An organizational chart is available on the Department's website at: www.myflfamilies.com.

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

Operations: Operational teams are responsible for the following functions:

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

Support Services and Administration: Support services and Administrative teams perform the following responsibilities and functions:

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

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

Office of Quality and Innovation. The Assistant Secretary for the Office of Quality and Innovation (OQI) has authority for administering policies and practices within the areas of quality assurance, innovative processes and support, training development, and licensing throughout the State of Florida. The Office of Licensing, within the OQI, functions within three program areas: foster care and community care, substance abuse and mental health, and childcare, and ensures licensing requirements are met with inspections, investigations of allegations of unsafe facilities and homes, and supports training and technical assistance to providers.

SECTION 1: COLLABORATION

Florida's community-based child welfare system represents a partnership between the Department of Children and Families (Department), other state agencies, the courts, law enforcement agencies, service providers, and local communities. In addition, 16 community-based care lead agencies provide coverage to specific geographic areas within the 20 judicial circuits in Florida. Several lead agencies cover more than one geographic area, which could include one or more counties. Although services vary among lead agencies, they have a shared role in participating and ensuring safety, permanency, and well-being for all children in the state.

The Department collaborates through many different avenues with internal programs, sister human services agencies, child and family well-being organizations, and service providers across the state through various data sharing agreements and memorandums of understanding. To promote partnership and a collaborative approach to the needs of the State, the Department also participates in statewide advisory councils and steering committees. Through these various partnerships, critical stakeholders collaborate in a coordinated and integrated effort to serve individuals and families that cross multiple systems to achieve common goals.

Collaboration with Stakeholders and System Partners

The Child and Family Well-Being Council (Council) was established to advance the well-being of Florida's children and families and fulfill the Department's statutory mission and purpose of working in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The Council was created 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 redesigned the Child Welfare Practice Council, a parent entity of the CJA Task Force, to create the Council. This reconfiguration was an intentional shift from viewing the Department 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 subcommittees of the Council.

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 workgroup. 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.

For youth attendance, the Child and Family Well-Being Council rotates its meeting times to ensure the Department is able to fit around the schedules of youth either in school, college, or at work. For youth that want to participate but cannot attend, the Department has created a Youth Subcommittee as a part of the Child and Family Well-Being Council. This Subcommittee meets monthly and provides feedback on various topics discussed by the Council and other topics deemed important by the Committee members. This Subcommittee is comprised of 15 youth and young adults from various statewide youth engagement organizations as well as lived experience staff employed at local Community-Based Care Lead Agencies and their contracted providers. This Committee provides an intentional and safe platform for youth to engage and provide feedback on a number of Department initiatives and areas of improvement.

The Department's vision and goals for the newly designed Council include:

- Providing those with lived experience (youth, biological parents, foster parents) a voice at the table and the opportunity to engage in decision-making
- Formalizing the Department's focus on the family and family-centered approaches that promote holistic, long- term well-being
- Broadening 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
- Fostering greater cross-sector collaboration to better integrate across disciplines: child and family well-being, behavioral health, juvenile justice, healthcare, and education
- Promoting transparency, consistency, and accountability

The Child and Family Well-Being Council, which includes representatives from a variety of stakeholder groups throughout Florida, is a partner in the development of the Child and Family Services Review (CFSR) and CFSP. The Department has provided the Council with regular updates on the CFSR 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, parents and other people with lived experience, 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.

Prevention Partnerships

The Department cannot support the need for prevention-related services in Florida alone. Through partnerships, the Office of Child and Family Well-Being collaborates with various state and community stakeholders and

administers other statewide prevention and family preservation programs to address child abuse and neglect. Prevention partnerships include:

The Office of Adoption and Child Protection (OACP): OACP within the Executive Office of the Governor engages and collaborates with staff from the Department at the regional and circuit level, lead agencies and their subcontracted providers, as well as the Department of Juvenile Justice (DJJ), 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 faith-based workgroup raises awareness with the faith-based communities about ways to assist with child abuse prevention, promote adoption of children from 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. Florida recognizes the collective knowledge and function of other state chapters that work together to prevent the abuse and neglect of children by allowing 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 for the State of Florida.

Prevent Child Abuse (PCA) Florida: PCA manages the Florida Circle of Parents Network, a self-help parent support group program model, funded through the Community-Based Child Abuse Prevention (CBCAP) grant.

Florida Department of Health (DOH): The Department collaborates closely with 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 the multi-agency prevention meetings that address emerging trends, concerns, and prevention activities and messaging. In addition, DOH also employs a prevention focus, making it critical that both agencies are informed, involved, and aligned in their respective prevention efforts. Many Department staff participate in priority area workgroups as part of DOH's State Health Improvement Plan. Collaboration and communication maximize Florida's prevention funds and help provide consistent prevention messaging.

In addition, the Child Abuse and Prevention Treatment Act (CAPTA) requires that states develop and implement provisions and procedures for referral of a child younger than three years old who has experienced 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).

Florida Department of Education (DOE): The Department has historically collaborated with the Florida (DOE) to develop a sourcebook on child abuse and neglect for teachers and school personnel. The publication continues to promote awareness and serves as a guide on child maltreatment and trauma-

informed care. In addition, the Department created a training program for teachers and school employees that provides information on indicators of potential child maltreatment and how to address these suspicions. The training is available for all school personnel to complete online. Included on the 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 interested parties.

State-Level Advocacy and Special Population Groups

In addition to the prevention partnerships previously noted, the following state-level advocacy and special population groups are active across Florida.

- Healthy Families Florida (HFF), another program of The Ounce of Prevention Fund of Florida, is funded by the Department's state funds to provide evidence-based home visiting services for families.
- Co-located domestic violence advocates established by the Department exist in all regions across the state. The co-located advocates work from an empowerment-based philosophy; they are skilled at identifying strengths and advocates work to assist survivors with increasing their protective factors. Advocates also assist child protective investigators and case managers in clearly identifying batterers' patterns of coercion, gathering information to address harmful batterer behaviors and assessing the impact of behavior on the children.
- Crossover Champions have been 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 local trends, serve as a point 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 efforts with sister agencies, substance abuse and mental health providers, and other system partners.
- Guardian ad Litem (GAL) CHAMPIONS comprise a youth advisory council established by the Florida GAL program in 2022. 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 best interest child advocacy efforts.
- One Voice Impact (OVI) is a youth engagement initiative powered by the Selfless Love Foundation that provides current and former foster youth with opportunities to develop leadership and life skills, advocate for changes in policy, and join a network of youth leaders across the state to improve the system of care.
- Florida Youth SHINE (FYS) is a youth run, peer driven organization of current and former youth in foster care or who have experienced homelessness, who are driven to empower, inspire, and lead. They work to change the culture of Florida's child welfare system from the inside out.

Stakeholder Involvement

The Department 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. Stakeholders and partners included staff from other divisions within the Department, lead agency providers, members of the Florida Coalition for Children (FCC) who provide leadership for multiple strategic initiatives and workgroups, youth from FYS, parents, relative caregivers, foster parents, members of the Quality Parenting Initiative (QPI), GAL, Office of the State Courts Administrator's Office of Family Courts, and the Dependency Court Improvement Panel (DCIP).

Involvement in Implementation of the CFSP. Regional liaisons collaborated with multiple regional stakeholders and partners to implement the CFSP and to provide updates with input from across the local child welfare spectrum throughout the State of Florida. The planning, reviewing, and drafting of the CFSP Final Report began in mid-January 2024. Each Region worked with local staff (including child welfare professionals), community partners, stakeholders, and people with lived experience to provide an update on areas of strength and opportunities, review if changes or modification of goals was needed, and to share the great work occurring to support goals. The updating of the Annual Progress and Services Report (APSR) and CFSP Final Report is shared throughout the child welfare community through various councils and posting to 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. These collaborative meetings provide the opportunity to share and discuss rising issues, Dependency Court Improvement Program (DCIP) activities, and needs for joint input on initiatives, topics, and goals. The Department reaches out and engages the Office of Family Courts to assist in updating and drafting of the annual APSR and the CFSP Final Report. Discussion about the APSR and CFSP is a standard topic that occurs frequently throughout the meetings. The Office of Family Courts is a well-established partner and always participates in the planning and execution of the Annual Joint Planning Meeting.

Involvement in CFSR Review Round 4. Upon confirmation and selection for Year 1, CFSR Round 4, the planning team immediately began reviewing resources, held multiple virtual kick-off meetings to share information about the process, and to designate leads for the Statewide Assessment (SWA). The planning team included the CFSR coordinator, Policy Manager, the Director, and team members from the OQI, as well as other team members from the Office of Child and Family Well-Being (OCFW). Calls began in August 2022 and continued through November 2022. During each call, systemic factor items were reviewed, SWA drafting tools and resources shared, and leads were identified and tasked with forming a team for drafting, including collaboration with key partners and stakeholders and people with lived experience, to demonstrate how well the systems were functioning. Bimonthly check-in calls were held with all CSFR leads to address any identified barriers and/or questions raised during the drafting work.

To engage Tribes, the Department met with Tribal representatives during an August 2022 Summit in Orlando. During this meeting, the Department spoke about Florida's CFSR Year 1 designation, the upcoming SWA, and the

case review process. A follow-up meeting with the Tribes took place December 19, 2022, to share information on the CFSR process and inquire about Tribal participation as a stakeholder in SWA drafting.

The Department met with the Tribes virtually bi-monthly, annually in person, and as-needed in between to address any issues of an urgent nature. Further, they participated as active team members with both the courts and the Department's SAMH teams. Ongoing discussion around the CFSP occurred at each meeting to provide updates on the status of CFSP 2020-2024 goal progress and to allow the Tribes the opportunity to raise any new topics or activities to address trends or issues experienced during the five-year period. While the Seminole tribe provides much of the input as it relates to continued collaboration and expansion of training with respect to notifications, each Tribe was afforded the opportunity to be heard.

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 while none provided any feedback or updates toward the progress of those goals, they each had the opportunity to do so.

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

Efforts continue related to collaboration in the CFSR process and to build upon the work of the Child and Family Well-Being Council for assistance with the CFSR review. The formal request for stakeholders was presented during the December 6, 2022, meeting. Welcome meetings to provide an overview of the CFSR process and the expectations of the participants took place December 16, 2022, and January 16, 2023. Each lead conducted and set the cadence for the work of all stakeholders' efforts to draft of their section(s) of the statewide assessment. A monthly cadence for checking in with stakeholders was established during the first meeting in February 2023. The CFSR coordinator facilitated the meetings that convened via Microsoft Teams.

The subcommittee was formed to maximize stakeholder involvement in the assessment process and is composed of internal and external partners from across the state. The group had a standard monthly meeting to share/summarize the work occurring and items completed, as well as participate in various Microsoft Teams meetings to work collaboratively on information gathering and drafting of the narrative for the statewide assessment. The group was formed with representatives of the Department (state and region), lead agencies, Sheriff's Offices, courts, foster parents, youth and young adults, GAL, and other state agencies. The committee members reached out to other local partners who provided input on local needs including performance measurement gaps on outcomes and systemic factors, specific focus areas for services or population groups, and strategies and initiatives.

The Department also incorporated Florida's multidisciplinary DCIP, composed of judicial and child welfare leaders from around the state, the purpose of which is to direct dependency court improvement activities. This panel assisted with providing insight and feedback on the CFSR process by helping with the development of survey

questions, drafting systemic factor item narratives, and providing suggestions regarding information to be included in the statewide assessment to assist in telling Florida's story.

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

The Department developed a statewide accountability system as the method that assesses the overall health of each circuit's child welfare system by evaluating performance for child protective investigators, community- based care lead agencies, and children's legal services. The Department collaborated with key stakeholders throughout the state to provide critical input, resulting in strong metrics and a methodology in which all Floridians can have confidence. To access the 2023 Accountability Report and the supporting documents, visit Annual Accountability Report - Florida's Child Welfare System (myflfamilies.com).

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

- Established a statewide collaborative: The Department has identified areas that will have the most significant systemic impact on improving permanency and well-being. The Department is responsible for holistically assessing whether the system of care is performing effectively and efficiently and delivering high-quality service. The Office of Quality and Innovation (OQI) facilitates roundtable discussion(s) with representatives from the OCFW, community stakeholder and partner groups within the system of care, and families receiving services to further establish opportunities for improvement, identify potential systemic barriers and root causes, and cement a cadence for ongoing improvement.
- Established a circuit-led quality improvement strategy: In FY 2021–2022, the Department hosted 28 regional meetings and worked to transition these meetings from regional to circuit-specific to enable leaders to engage in meaningful, thought-provoking dialogue at a more granular level and to develop quality improvement strategies that reflect and account for local dynamics.
- Initiated root cause analyses: Through the circuit-level meetings, the Department conducts root cause analyses with each circuit's leaders to identify specific opportunities for enhanced integration of statewide initiatives.
- Identifying and addressing statewide themes: The Department compiles information from circuit-level quality improvement meetings and associated root cause analyses to guide statewide policy adjustments and drive ongoing performance outcome improvements.

Incorporating Lived Experience

Florida's focus on providing opportunities for individuals with lived experience to influence policy is made possible by the state's strong connection with youth advocacy groups, biological parents, relative caregivers, and other organizations.

The Department also is focused on ensuring that people with lived experience influence the daily culture and operations of the Department through the Office of Continuing Care, which Hope Navigators with lived experience staff.

To incorporate youth voice into policy and decision making, the Department works closely with One Voice Impact, Florida Youth SHINE, GAL Champions, and the Florida Youth Leadership Academy. The Department also is working to ensure that biological parents and caregivers have an opportunity to share their experiences and influence policy making. The Department has engaged PATH, an organization composed of biological parents who have had experience with Florida's child welfare system. Several birth parents participated in Florida's CFSR statewide assessment process and in stakeholder interviews as part of that effort. Further, OCFW meets bi-monthly with a core group (5-7) of PATH members from different parts of the state to discuss various policy issues and solicit feedback, working collaboratively to improve the system of care. Examples of this collaboration include PATH input to the recently updated mandated reporter training and the maltreatment index redesign where their input was valuable in shaping the final products of those efforts.

Understanding that lived experience extends to people in various roles within the child welfare system, the Department involved representatives from all regions seeking lived experience, including managers, child protective investigators, lead agency leadership, case managers, foster parents, birth parents, youth, children, GALs, parents' attorneys, relative and non-relatives, and stakeholders to participate in the region's team to complete the SWA.

The Office of Continuing Care (OCC) makes youth voice a consistent part of daily culture. The young adults with lived experience in foster care are Department employees who receive salaries, including the Youth Advisor and OCC Hope Navigators.

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

The Youth Advisor communicates with youth councils, boards, and groups throughout the state to gather feedback on the new policies and changes. Further, this individual meets with youth from group homes, foster homes, transitional housing facilities, and other placement types to ensure youth experience from all placement types are recognized and included. The Youth Advisor conducts statewide site visits that are specifically geared to gather feedback from youth and young adults who have little or no advocacy involvement. 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 also conducts young adult training centered on changes within the Department that is geared toward closing the feedback loop regarding how their feedback is put into practice. This process is done through individual communication with advocacy groups and on the statewide Youth Committee established within the Department's Child and Family Well-Being Council. These efforts reflect ongoing and meaningful collaborations that supported the achievement of 2020−2024 CFSP goals and objectives.

Regional Efforts

In addition to the statewide efforts noted previously, regional efforts play an important role in ensuring ongoing and meaningful collaboration at the local level that support accomplishments related to the CFSP goals and objectives. Appendix A provides a summary of regional collaboration efforts with partners and stakeholders toward CFSP goal achievement.

SECTION 2: UPDATE ON ASSESSMENT OF PERFORMANCE, THE PLAN FOR ENACTING THE STATE'S VISION AND PROGRESS TO IMPROVE OUTCOMES

Assessment of Performance

The Administration for Children, Youth and Families, Children's Bureau (CB) monitors state child welfare systems receiving Title IV-E funds. The Bureau collects an ongoing data set, the Adoption and Foster Care Analysis Reporting System (AFCARS), from child welfare databases to scrutinize state performance toward achieving federal outcomes for child safety, permanency, and well-being. The 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 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 the Department, Community-based Care (CBC) lead agencies, and their subcontractors to evaluate the achievement of child welfare outcomes. The Office of Child Welfare's Continuous Quality Improvement Unit's responsibilities include management of child welfare data, analysis, and reporting; quality assurance; research and evaluation; and statewide training.

Plan for Enacting the State's Vision

Since the development of the CFSP 2020–2024, Florida has undergone multiple leadership and organizational changes, resulting in renewed focus and vision with the overarching goal of moving the Department toward a prevention focus.

The Title IV-E prevention program authorized by the Family First Prevention Services Act (FFPSA) supports Florida's priority of focusing on services that would prevent foster care placement by addressing behavioral health issues and enhancing parenting skills, building upon prioritization of the Department's prevention vision. Though Florida policymakers believe that the best place for children is with their families, the Department recognizes that complex family dynamics, undiagnosed/untreated mental health or substance use disorder (SUD) issues, and decreased protective factors contribute to a child's removal and placement outside the home to ensure safety. The FFPSA federal reimbursement level leverages available funding for services that prevent the placement of children and youth in foster care, along with Medicaid and the Department funding to meet SUD and mental health needs, will allow for continued investment in prevention efforts.

The Department implemented a phased approach to better align the state's child welfare practices with those of FFPSA. Since the passage of FFPSA in 2018, the Department, in collaboration with CBC lead agencies and other stakeholder, has implemented two of these phases and is now focused on Phases 3 and 4, which center on evidence-based and community prevention services. The Department used a combination of the statewide data indicators, child welfare dashboards, and LOC reviews to assess and evaluate progress throughout the life of the plan. Activities outlined below that are in progress or ongoing will be incorporated within the new 2025-2029 CFSP as appropriate.

Phase 1: Path Forward (complete)

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

Implementation and program support: The Department has allocated positions for lead agency and regional licensing teams to implement the Guardianship Assistance Program and Level I licensure. Multiple trainings were provided in 2018−2019 to educate staff on the state and federal requirements. Section 409.175, Florida Statues, Chapter 65C-44, Florida Administrative Code, and Child and Family Operating Procedure (CFOP) 170-10, Chapters 12 and 13 were implemented to support local practice. The Department's Headquarters continues to provide ongoing support and training to lead agency and regional licensing teams.

Phase 2: Quality Placement Setting Alignment (ongoing)

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

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

Phase 3: Evidenced-Based Services Implementation (ongoing)

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

Implementation and program support: The Department provided multiple trainings on FFPSA EBPs with each lead agency. Additional meetings and trainings took place with lead agencies that expressed interest in implementing one of the selected EBPs outlined in the Department's State Plan. The Department was allocated funding through Family First Transition Act (FFTA) to support contracting services with providers to train child welfare professionals. The Department continues to host FFPSA Steering Committee meetings, which play a pivotal role in policy development, system enhancements, and EBP selections. The Department developed a new policy,

outlined in CFOP 170-01, Chapter 17, which received its initial review from the Children's Bureau, in conjunction with Florida's Title IV-E Prevention Plan, and subsequently published by the Department. The Department provided statewide training on this new policy in July and August 2023 and, along with representatives from various lead agencies, participated in a workgroup to expand the capacity to deliver EBPs in response to FFPSA and opportunities to blend and braid funding for clients who receive services through more than one system (Medicaid, the Department and/or DJJ) to build further capacity for services. Current progress is outlined in Table 2.1 below.

Table 2.1: Evidence-Based Services Implementation: Progress, Actions, and Future Plans

Goal	Status	Actions	Future Plans
Expand and enhance delivery of kinship programs/ supports	In progress	In addition to Florida's initiative to implement the kinship navigator program under FFPSA, Senate Bill 96 (s. 39.5086, F.S.) required each lead agency to implement a Kinship Navigator program to support relative caregivers and fictive kin to stabilize placements and prevent entry into out-of-home care or licensed care. To support the mandated program, each lead agency was allocated funding to support the development of a Kinship Navigator unit composed of 11 positions: 1 Kinship Director 1 Program Manager 1 Intake Coordinator 2 Peer Navigators 4 Family Support Navigators 2 Support Group Assistants The allocated positions were designed to allow each lead agency to implement a Kinship Navigator program rated in the Title IV-E Prevention Clearinghouse and follow the required fidelity of the program to allow for claiming and reimbursement of IV-E funds.	OCWF has applied for a sixth grant to allow for ongoing partnership with Kids Central, Inc. (KCI), and FICW, with a goal of moving the kinship navigator programs or KCI toward a positive rating in the clearinghouse. Florida also intends to assess the opportunity to expand the grant to additional providers seeking to become rated in the clearinghouse.
Develop and submit an IV-E prevention plan	Complete	The state IV-E prevention plan was submitted to the Children's Bureau in September 2021. The plan was approved in March 2023.	N/A

Goal	Status	Actions	Future Plans
Install EBP services in identified gap service areas	Ongoing	Procured four EBPs selected from Florida's IV-E Prevention plan to support training and certification, Motivational Interviewing, Multisystemic Therapy, Parent-Child Interaction Therapy and Homebuilders.	Florida continues to use FFTA funding to build capacity for EBPs as well as maximize other sources, programs, and partners to utilize Florida's prioritized EBPs.

Phase 4: Community Prevention Services (ongoing)

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

Implementation and program support: The Department provided multiple trainings on FFPSA EBPs with each lead agency. Additional meetings and trainings took place with specific lead agencies that expressed interest in implementing one of the selected EBPs outlined in the Department's state plan. The Department was allocated FFTA funding to support contracting services with providers to train child welfare professionals. The Department continues to host FFPSA Steering Committee meetings, which have played a key role in policy development, system enhancements, and EBP selections. The Department developed a new policy, outlined in CFOP 170-01, Chapter 17, which received an initial review from the Children's Bureau in conjunction with the Prevention State Plan and the Department published. The Department provided statewide training on this new policy in July and August 2023. The Department continues to partner with lead agencies to implement memorandums of understanding (MOUs) with community stakeholders to serve children who have not yet entered the Department's purview.

Table 2.2: Community Prevention Services: Progress, Actions, and Future Plans

Community Prevention Services	Status	Actions	Future Plans
Define community client base through needs assessment and align federal grant dollars to those needs	Complete	Identified during the FFPSA Steering Committee meetings and incorporated in the CFOP and state plan.	Continue to review and identify the need to expand or decrease the determined population
Assess/finalize required MOU updates	In progress	Ongoing meetings will be reinstated through the FFPSA Steering Committee to determine agreements for incorporation into the MOU.	Ongoing review and finalization of MOU in addition to execution and ongoing monitoring

Community Prevention Services	Status	Actions	Future Plans
Training development and delivery to stakeholders on updated policy and Child Welfare Information System (CWIS) enhancements.	In progress	CFOP 170-01, Ch 17 was developed for community population and reviewed with feedback from the FFPSA Steering Committee. FFPSA prevention training was held during the Department's Dependency Summit September 9, 2021, and with CBC lead agencies in summer 2023.	Additional training development for lead agencies and community providers with inclusion of CWIS documentation and policy

Workforce Support

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

The Department is collaborating with Strong Foundations (SF), which has a cooperative agreement with the Children's Bureau to receive grant funding for the Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes program. Strong Foundations is partnering with the Department, lead agencies, and community providers to enhance the skill set for conditions for return, supervisor certification, and the case complexity tool. SF continues to provide training opportunities to child welfare professionals and community stakeholders. The Children's Bureau monitors use of SF's award as the Department collaborates to ensure SF can achieve its goal and incorporate any policy changes the Department makes. SF will continue to provide technical support throughout the life of the award, which ends September 30, 2024.

Table 2.3: Strong Foundations: Progress, Actions, and Future Plans

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

Strong Foundations Progress

The Department collaborated with Strong Foundations (SF) throughout the life of the 5-year award. The first year of award focused on the use of implementation science to determine root causes and choose strategies. In 2019, SF submitted two implementation plans to support three separate and distinct strategies/interventions. Year one concluded with the pre-implementation activities phase, including:

- CFR: Site preparation, developed training and tools
- Supervisory certification: The role delineation study was substantially completed, and the identification of core competencies and development of the training were begun
- Case complexity tool: Completed the RFP process and contracted with a vendor to create the tool

In the second year, more than 200 case managers and child protection investigators, 100 foster parents, and over 50 advocates from the legal community participated in training on conditions for return. Supervisor Certification advanced through the Florida Certification Board with the creation of an exam and development of a handout

outlining the certification standards. The board also completed the role delineation study. The case complexity tool entered the third and final phase of validation with the elimination of items that were not correlated. At the conclusion of this process, the development of training regarding how to use the tool was piloted in Osceola County. Partners in Alachua County followed, piloting as the second site.

In year three, conditions for return trainings continued with the development of five trainings based on the key information regarding conditions for return. These trainings focused on a specific audience in the child welfare system, and included Children's Legal Services, GAL program staff and volunteers, foster parents, judiciary, and frontline staff, focused on the conditions for return and reunification process. A total of 124 training classes and 2,089 people had participated as of March 2022.

Trainees who completed the conditions for return training received surveys to document self-assessed knowledge and satisfaction with the training. An evaluator analyzed survey data from the pilot site (Orange County), who found significant change in the trainee's self-assessed knowledge of 13 concepts from the model for foster parents, investigators, and case managers and significant change in two items for the attorneys. Satisfaction rates were high or very high among all audiences.

In addition, legal and practitioner guidebooks were created, finalized, and distributed to all sites to support the understanding and application of conditions for return. These guidebooks provide specific step-by-step case support on how to address issues that arise when dealing with conditions for return and provide examples of safety and transition plans. The legal guidebook outlines what is necessary for the court to make a ruling on conditions for return, the required documentation to be submitted to the court, and the evidence (documentation) and testimony necessary for the court to decide the case and includes examples of motions and orders. The Strong Foundations team printed hard copies of the guidebooks and delivered them to all sites.

Year three also resulted in the development of specialized teams providing support. These teams, active in two of the three sites, comprised of practice model experts, liaisons to case management, and system partners provided conditions for return application support. In addition, the use of standardized tracking tools and forms were created to monitor fidelity and track outputs across the sites. As of the end of February 2022, the two sites with active teams provided support on 376 cases. The sites have completed 1,870 consults since formal tracking began in September 2021.

In the final years, the Strong Foundations team, under the guidance of Embrace Families leadership and in conjunction with the Department, shifted focus from monitoring and supporting work related to the strategies to sustainability efforts and final data collection. The expected end date for the project is September 30, 2024. The major events and progress are described in detail below.

Strategy: Conditions for Return- Trainings. A total of five trainings were developed in prior reporting periods using the core information regarding conditions for return. The core content is the same for all five courses, but each focuses on the specific audience in the child welfare system. The audiences include Children's Legal Services, GAL program staff and volunteers, foster parents, the judiciary and frontline staff. The training is directed at their specific knowledge base and their role in the conditions for return and reunification process. Training for all sites

was completed and additional make-up classes were presented for all of the target audiences in previous years, as well as training for other areas in Florida that were not originally participating sites.

During this reporting year, additional training was provided to Circuit 18-GAL program, Family Allies in Brevard County, Heartland for Children staff, and other providers at their request. Since project initiation, 139 training classes and 2,343 participants have attended as of April 2024. Training continues to be planned both virtually and in-person upon request to account for the turnover in frontline staff.

The training of foster parents on the reunification process and conditions for return was intended to not only improve the foster parent's understanding of the practice model concept but also to improve performance on Item 28 of the CFSR. In the previous round, the final report indicated that the foster parent's knowledge of the reunification process was part of the reason this item was rated as an area needing improvement. The effect of the project on this systemic factor was assessed through a survey of foster parents who attended the conditions for return training. Trainees were asked to report their self-assessed level of knowledge before the training (retrospective) and after the training (post). During this reporting period, the evaluator analyzed these responses and created a report presenting the findings. Respondents significantly increased their understanding of 13 aspects of the conditions for return model. They also reported high levels of satisfaction with the training. Many respondents added comments in response to the open-ended item on the survey. Most of these respondents referenced positive growth in knowledge, which aligns with findings in Florida's Child and Family Services Review Final Report 2023 indicating that Item 28 is now rated as a strength.

Guidebooks. Legal and practitioner guidebooks were created, produced, and made available to all sites to support the understanding and application of conditions for return. Both guides provide an opportunity for an individual to walk through their case step by step and know how to address any issues that arise when dealing with conditions for return.

Examples of safety plans and transition plans also are included. The legal guidebook outlines what is necessary for the court to rule on conditions for return, the documentation that needs to be submitted to the court, and the evidence through documentation and testimony that the court will rely on to reach a decision on the case. The legal guidebook includes examples of motions and orders. In the last reporting period, the legal guidebook was updated to reflect statutory changes made regarding placement changes for children and the requirement of multidisciplinary staffings. Hard copies of the guides were provided to all sites and continue to be available on the Strong Foundations website.

Conditions for Return Positions. Three of the six conditions for return sites have a team of specialists who offer additional support in the application of conditions for return. These teams serve as practice model experts and liaisons between case management and system partners supporting the application and understanding of conditions for return. The conditions for return teams are active at all three sites, however all sites have ceased tracking and monitoring new cases for the project. The Embrace Families and Families First Network sites stopped tracking in April 2023 and Community Partnership for Children ceased tracking in November 2023. All sites

continue to monitor and provide ongoing support to all tracked cases through the end of the project period. They were supporting 200 cases as of the end of March 2024.

Standardized tracking tools and forms are being used to monitor fidelity and track outputs across the sites. The three conditions for return sites collectively have worked on a total of 1,322 cases, completing 12,482 consults and 426 reunifications since formal tracking began in September 2021 for Embrace Families and Families First Network and August 2022 for Community Partnership for Children.

Sustainability. Conditions for return has been included and is well-represented in the new preservice curriculum, thereby supporting the ongoing sustainability of the initiative. Plans are under way to ensure that the other audiences targeted by this strategy will have the benefit of conditions for return training and materials moving forward. Recorded trainings and the Legal and Practitioner Guides will be provided to the Department's training team for addition to the state-supported learning management system. In addition, judicial training is available through the website for the Office of the State Court's Administrator.

Strategy: Supervisory Certification

Certification Process. The Florida Certification Board has completed the exam validation process and has begun offering the exam to eligible supervisors as of July 2023. Once a supervisor has completed the training, observations, case file review, and online application, their packet is sent to FCB for review. After the review, FCB reaches out to the designated point of contact at the lead agency or Department circuit and the supervisor to schedule the exam. Since the Supervisor Certification training was piloted in May 2021, a total of 188 supervisors have been trained. Only 114 of those supervisors continue to serve in a supervisory role and are eligible for certification. Of those supervisors who have been trained and remain eligible, 81 have completed the four observations required for certification. A total of 65 people have completed all steps necessary and attain Child Welfare Supervisor Certification.

Training. One training cohort was conducted during this progress period between April 1, 2024, and April 19, 2024. A total of 11 participants registered for the cohort, with nine completing all the required modules. Participants were case management supervisors from multiple agencies, primarily in the central Florida area. At the conclusion of the training, all supervisors were provided instructions on the next steps toward certification, which include observations, a case review, and an exam. This is the final cohort planned. Train the trainer cohorts did not take place during this reporting period. As described in the Training Materials section below, this training is no longer needed.

Training Materials. The trainer and participant guides were finalized and printed this last year. The updated trainer's guide has sufficient guidance, tips, and information for a seasoned trainer to be able to deliver the training without participating in the train-the-trainer class. These enhancements support the future sustainability of the strategy, as described next. A plan is being created to distribute hard copies as well as the electronic copies of the curriculum and guides to all project sites and previous train the trainer participants. The finalized materials also will be housed in the Department's Learning Management System.

Sustainability. Moving forward, the Department and the Florida Certification Board will both champion the Child Welfare Supervisor Certification. Representatives from Strong Foundations and the training team at the Department continue to push for a mandate that all child welfare supervisors in Florida meet this credential as a condition of employment. The certification process, forms and application are all available through the FCB website as they will be the single point of contact for this process moving forward.

Strategy: Case Complexity Tool. The focus of this last year has been on finalizing a target score range and closing out the contracts for each of the three sites. The tool continues to function smoothly and produce a daily output of predictive case scores (the complexity score is on a scale of 1 to 9) of each active case for each site. The scores that the tool produces enables agency supervisors and leadership to make informed decisions regarding case assignment. A systems administrator manual and user guide was created to support the installation and use of the tool. The manuals are available on the Strong Foundations website. In addition to the manuals, training was created and has been delivered as needed throughout the project.

Target Score Range. Based on discussions with and feedback from state and national partners, efforts were made to identify a target case complexity score range to guide managers' use of the Case Complexity Tool (CCT) in case assignments. During a previous reporting period a survey was developed that collects information about the difficulty, ability to manage and satisfaction of caseloads. The survey also requests information on caseworker years of experience and education. The first round of surveys was sent May 2023 with continued surveys issued roughly twice per month. The 15th and final round of surveys were completed in February 2024.

To analyze the survey results, responses on difficulty, manageability, and satisfaction were combined for comparison with participants' total scores. CCT score totals were matched for each survey respondent on the day the survey was completed. The team determined the median and interquartile range of responses was the best measure because of high variance. Analyzing the total score against the combined difficulty, manageability, and satisfaction metric, the team sought to maximize total score and minimize the combined metric. The recommended total score range is between 33 and 59.

In addition to the identification of the overall total score range recommendation, hypothesis testing on five segments of survey respondents were conducted: experience level, bachelor's degree, highest degree and field, and agency. Kruskal-Wallis analysis was used due to the non-normal and varying, sometimes small, population sizes of the segment groups. The analysis indicates experience level and agency may play a role in determining target total score ranges for these segments. Additional surveys are necessary to collect sufficient samples within each segment to analyze a target total score range by either experience level or agency. Degree level and type do not appear to have an impact.

Site Updates. The contract with all three sites ended this past year, and sites no longer track new cases and assignments. Contracts ended in the first site, Osceola County, at the end of March 2023, followed by Alachua County at the end of September 2023 and Leon/Jefferson County at the end of December 2023. As of the end of December 2023, the sites assigned a total of 1,126 cases using the case complexity tool, with Osceola assigning 583 cases, Alachua assigning 312, and Leon/Jefferson assigning 256.

Enhancements & Sustainability. The tool is now available, and several enhancements are under consideration, including a feedback system, a model and factor evaluation process, an analytics improvement, and a deployment upgrade. A feedback enhancement will create the software and processes necessary to provide new, ongoing labeled data for improving the Case Complexity Tool's machine learning algorithm, enabling it to become smarter over time. Because systems shift over time, it is also necessary to create a standardized process for the ongoing, periodic evaluation of alternative models and factors to ensure the scores remain accurate.

An analytics enhancement will allow the tool to record Case Complexity Tool historical output and generate standard reports and/or charts to monitor case complexity output and caseloads over time. The analytics enhancement seeks to design, build, and implement an analytics addition to the Case Complexity Tool so agencies can monitor the ongoing effects of the tool via reports and visualizations. Finally, a deployment enhancement will streamline the case complexity tool deployment, making it easier to implement at agencies with less technical capabilities.

Identification of a path forward for this tool in Florida's child welfare system has been a major focus over the final months of the project.

Inclusion of Parent Voice. The parents on the Parent Advisory Board (PAB) continue to be engaged and committed to lending their expertise to the project and larger agency. During monthly meetings, parents actively participate in several projects. These activities include the ongoing development of a handbook and collaboration with the team to create video content that can be shared with parents and other audiences regarding their experiences, as well as tips on navigating the system. This panel also has been instrumental in the creation and validation of a parent survey designed to gain information about the strategies from parents included in the project. Other areas of focus for the board include:

- Develop orientation for parents entering the dependency system
- Provide information and consult with other agencies and individuals interested in developing a Parent Advisory Board
- Identify and collaborate with other parent boards in the state to share information, combine resources and learn from one another.
- Explore opportunities for parents on the board to engage with other parents and system of care partners
- Deploy prevention efforts in targeted areas of the community

Board members have been presenting at conferences and meetings to inform and educate the child welfare system of care regarding the conditions confronting parents in the dependency system. For their sixth major presentation, parents presented at the Safe Children Coalition 13th Annual Conference in Sarasota on April 25−26, 2024.

Outcomes and Performance

The Department has developed and maintains many quantitative and qualitative data resources. Florida's Child Welfare Statistics, displayed on the Department's child welfare dashboard, provides a range of data that can be used to create and view historical trends by state, region, or CBC and other information, including children's ages and gender. Trends and data from the child welfare dashboard serve to assess current performance against baseline and benchmarks. The data on the dashboard and in other reports posted is derived from the Florida Safe Families Network (FSFN) system and the

Department's quality assurance activities. Primary documents used for analyses in this chapter include 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. Based on an annual risk assessment, the Department conducts administrative monitoring of lead agencies or performs desk reviews. The Department is also in the process of implementing programmatic monitoring.

The Department worked extensively with its regions to update local improvement plans with the participation of stakeholders that includes frontline caseworkers, foster parents, as well as youth and parents as much as possible.

The third round of CFSRs for Florida was conducted from April to September 2016. The CFSR Final Report, 2016, showed that none of the seven federal outcomes were achieved and three of seven systemic factors were achieved.

Florida's program improvement plan (PIP) period was July 1, 2017, through June 30, 2019, followed by an implementation period that ended December 31, 2020. At the conclusion of the implementation period, Florida was unable to achieve the required level of improvement for CFSR PIP measures for Items 4 and 6, Permanency Outcome 1, and remained outside of substantial conformity with the remaining outcome.

Florida participated in the CFSR Round 4 on October 23-27, 2023. The CFSR Final Report, 2024 concluded that the state failed to achieve six federal outcomes and six systemic factors. Terms used throughout this section are:

- Program Improvement Plan (PIP): The plan created by the state in collaboration with child welfare stakeholders to address areas needing improvement that were identified in the CFSR review conducted October 23–27, 2024. Florida's PIP is pending approval from the Children's Bureau.
- 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 Department quality assurance staff jointly review with secondary oversight by the quality assurance (QA) team within the Department's Office of Quality and Innovation (OQI). A portion receive additional oversight by 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 in to Practice describe in detail the joint process of case reviews. Both include the number of cases reviewed each quarter, how cases are selected for review, and the process for second-level reviews. The Department and lead agencies will host monthly meetings to discuss QA progress and challenges with program outcome improvements. Implementation of PIP activities and progress are included in the discussions. The Department has posted all CFSR reports on the Department's website and will share the approved PIP as well.

COVID-19 emerged in March 2020. The Children's Bureau provided guidance for case workers and CFSR reviewers during the pandemic to allow virtual platforms to be used for caseworker visits with children and families when it was safe and appropriate to do so, which is no longer an option for conducting visitations. Reviewers found the use of video conferencing facilitated more case participant interviews, an efficiency they would like to continue as it reduced travel time to and from interviews. Many court jurisdictions initially closed, but all have reopened, and some have continued the use of virtual platforms.

The following section provides additional information on the progress made toward meeting 2020–2024 outcomes, timeframes, and applicable state standard benchmarks.

Safety, Permanency, and Well-Being Outcomes

Prevention

Protecting children from abuse and neglect is both a federal and state outcome, which measures protection from abuse and neglect during and after the provision of child welfare services. The CB encouraged child welfare systems to focus greater attention on prevention services that protect children from future abuse and neglect.

The federal FFPSA was enacted as part of Public Law (P.L.) 115–123 and set forth several provisions to enhance support services for families to help children remain at home, reduce the unnecessary use of congregate care, and build the capacity of communities to support children and families. The law allows states and territories to use funds for prevention services, such as evidence-based mental health programs, SUD prevention and treatment, in-home parent skill-based programs, and kinship navigator programs. The Title IV-E agency also had to ensure each program or service will be continuously monitored for fidelity to the practice model, to determine outcomes achieved, and that the state will use information gleaned from the continuous monitoring efforts to refine and improve practices. As part of Florida's efforts to keep children safe from abuse and neglect and with their families, Florida began mapping out what prevention would look like under this federal allowance. On March 30, 2023, Florida received notification that Title IV-E Prevention Five-Year Plan was found to be in compliance with applicable federal statutory and regulatory requirement, therefore approved for FYs 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)

Prior to the submission and approval of Florida's Title IV-E Prevention Five-Year Plan, Florida had been using programs, including those recognized in the FFPSA clearinghouse as evidence-based practices, to prevent children from experiencing child maltreatment and formal entry into the child welfare system. Though Florida included all nine allowable programs in its prevention plan, and each region has evidence-based services that may be provided within their areas, not all services are available in all areas at this time. This arrangement is consistent with Florida's model of community-based care, which allows regions to tailor the provision of services to best meet the unique needs of the populations they serve.

Healthy Families Florida (HFF) is an evidence-based home visiting program for high-risk families that is funded by the Florida legislature through funds appropriated 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. FSFN is used to determine whether any children served have a verified maltreatment within 12 months of their families' participation.

Lead agencies and/or their subcontractors provide support services to families who have been investigated, have children determined to be safe, and have a high or very high-risk score based on a CPI's risk assessment. At the lead agency's discretion, other families who have not been subjects of 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 2.4: Number of Children in Families Receiving Family Support Services[3]

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

The prevention effort described above represents a collaboration between the Department, lead agencies, community stakeholders, families, youth, and local communities to establish a human-centered continuum of services that aims 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 conditions 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.

The framework is intended to integrate and expand the state's traditional child welfare prevention lens, developed under the IV-E waiver, by helping communities build an array of EBPs and a network of providers for coordinated, wraparound care to meet the holistic needs of children and families. Florida families have no-wrong-door access to 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.

Safety

The Department continues to strive to enhance and expand Florida's Child Welfare approach to a child and family well- being approach by integrating services to holistically address the needs of children and families earlier and more quickly. The Department continues to operationalize and integrate prevention into practice as it builds an engaged and collaborative culture of "we;" modernize, streamline, and leverage efficiencies in all systems to improve program effectiveness and workforce stability to improve customer experience; and improve accountability, transparency, and alignment of all systems to provide a prevention-focused system of care for Florida families.

In addition to the qualitative measures, the Department includes quantitative data in its dashboards to continuously monitor performance around safety and risk assessment and services across all investigations and cases. Regions and lead agencies continue to engage national experts to provide training on safety planning to ensure child welfare professionals have the skills needed to construct quality safety plans in collaboration with the families under supervision.

Case management performance remains generally consistent but has improved across all safety-related items, particularly in supervision. This issue had been a focus for many lead agencies and is a component of the

[3] Source: FSFN Children and Young Adults Receiving Services by Lead Agency and Type of Service in Florida's State Fiscal Year (July 1–June 30)

improvement strategies identified in the Strong Foundations grant with the Children's Bureau to improve performance on the CFSR. The areas of practice needing improvement (investigations and case management) continue to include creating and monitoring effective safety plans and ongoing supervisory consultation, support, and guidance to ensure sufficient information is collected to support the safety decisions.

Florida's practice model was adjusted to ensure that the investigative and case work practices aligned with requirements to ensure safety, permanency, and well-being for Florida's children while ensuring work-life balance for frontline case workers and supervisors.

Safety Data. The percentage of children with no recurrence of maltreatment in 12 months at 97.20 percent for FY Q4 2022–2023 to date continues to be a strength for Florida. The rate of abuse per 100,000 days in foster care is showing a rate of 6.61 for FY 2022–2023 to date—a substantial improvement from a high of 8.77 in FY 2017–2018 and falling below the target.

Table 2.5: Percentage of Children Served with No Recurrence of Maltreatment[4]

	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

The CFSR 4 data profile shows recurrence of maltreatment, not the absence, so the numbers were converted for easier comparison. The Risk Standardized Performance (RSP) is calculated by the CB. Both the RSP and observed performance are shown, as Florida does not risk adjust, allowing for direct comparison. In addition, the data profile shows performance for three previous fiscal years, not the most recent. Florida meets the observed performance, but not the RSP.

Table 2.6: Florida Recurrence of Maltreatment Compared with National Performance[5]

	National Performance	Type	Florida FY17/18	Florida FY18/19	Florida FY19/20	Florida FY20-21
Absence of maltreatment recurrence	90.5% or higher	RSP	89.9%	90.7%	91.1%	91.0%
		Observed	92.2%	92.9%	93.3%	93.2%

[4] Source: Florida Child Welfare Dashboard /Federal Indicators
[5] Source: Federal Statewide Data Indicators

	National Performance	Type	Florida FY17/18	Florida FY18/19	Florida FY19/20	Florida FY20-21
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

Florida's historical performance placed slightly under its target for children averting foster care reentry after reunification in the last 12 months. In the February 2023 CFSR Round 4 Data Profile RSP, Florida's performance is statistically better than national performance.

Table 2.7: Children with No Recurrence of Verified Maltreatment During and After Services[6]

Scorecard Measures	State Standard	Florida FY 18–19	Florida FY 19–20	Florida FY 20–21	Florida FY 21–22	Florida FY 22–23
Percentage of children with no verified maltreatment during in-home services	95.0%	95.94%	95.52%	95.44%	95.73%	95.86%
Percentage 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%
Percentage of children who do not reenter care within 12 months of moving into a permanent home	91.7%	89.99%	90.05%	89.25%	90.67%	90.80%

The CFSR 4 data profile shows the rate of reentry rather than the rate for children who stay outside of foster care, so data have been converted for easier comparison. The CB calculates risk standardized performance (RSP). 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 the three prior years, not the most recent.

[6] Source: Florida Child Welfare Dashboard Scorecard

Florida is meeting both the observed and RSP for children who do not reenter foster care within 12 months of family reunification.

Table 2.8: Percent of Children Who Remain Outside of Foster Care within 12 Months of Moving to a Permanent Home[7]

	National Performance	Type	Florida 2018	Florida 2019	Florida 2020	Florida 2021
Percent of Children who do not reenter foster care within 12 months of moving to a permanent home	91.9% or higher	RSP	92.3%	92.7%	92.9%	93.9%
		Observed	92.7%	93.2%	93.5%	94.4%

Safety Outcome 1. Children are, first and foremost, protected from abuse and neglect. In CFSR Round 3, performance for this outcome is a strength. Improvement was noted over the two state fiscal years, and the state increased its internal target from 85 percent to 90 percent.

- The qualitative data from the Florida CQI cases showed that the agency made concerted efforts to see children promptly, with 94.8 percent of the cases reviewed rated as a strength for Item 1 and Safety Outcome 1.
- Performance on the PIP-monitored cases met 95 percent of cases rated a strength in PIP measurement period 9, achieving the target for Item 1 and Safety Outcome 1.

In CFSR Round 4, performance for this outcome was deemed to be in substantial conformity because:

- The state's performance on the maltreatment in foster care data indicator was statistically comparable to national performance.
- The state's performance on the recurrence of maltreatment data indicator was statistically better than national performance.
- More than 95 percent of the cases were rated as a strength in Item 1.
- Florida's performance for both indicators associated with Safety Outcome 1 has improved over the past three reporting years.
    - For maltreatment in care, Florida's RSP improved from worse than national performance to the same as national performance.

[7] Source: Federal Statewide Data Indicators

- The total number of days children spend in care decreased more than 5 percent between FY 2019 and FY 2021, and the total number of abuse incidents decreased more than 11 percent during the same period.

Table 2.9: Percent of Alleged Child Victims Seen within 24 Hours[8]

Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Percent of children seen within 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%	N/A	N/A	N/A	93.02%

Data regarding timeliness of initiating investigations based on the percentage of investigations commenced within 24 hours are captured in the Office of Child and Family Well-Being Dashboard. Since Q1, FY 2018-2019 (even during the pandemic), Florida's performance for commencing investigations within 24 hours has been at 99 percent or greater. 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, life of case reviews (QA, Item 25) asked whether in each case in the sample "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 FY 2022–23, 88.4 percent of responses were "yes" (n=1,287).

The OCFW dashboards continue to align with what has occurred over a year over-year basis in that accepted child abuse intakes, all types and special conditions, have declined by 2,378 (12.2 percent) since March 2023 (19,396). Active investigations as of March 31, 2024, are down 2,282 (2.3 percent) from 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 indicate that the number of victims seen within 24 hours was around 90 percent of the state target.

Item 1 and Safety Outcome 1 are strengths for Florida, and the state continues activities to maintain strong performance. Examples of these activities include:

- Daily review of additional reports that require children to be seen again

[8] Source: Florida Child Welfare Dashboard /Child Welfare Overview/Florida CQI/PIP Dashboard
Note: Florida reinstated CFSR-style reviews in October 2022.

- Reduced time for CPIs to make the initial attempt to see the children
- Review of daily reports on children who have yet to be seen during investigations
- Supervisor review of daily attempts to see children not yet located, with second-level review after five days
- Use of specialized staff to locate children
- Retrospective review of cases in which children were not seen promptly to identify barriers
- Use of staggered shifts to accommodate seeing children in accordance with Florida's policy and procedures
- Expansion of child protection analyst positions to immediately triage the investigations and provide guidance to newer staff on ways to locate children or their families, as well as other investigative recommendations.
- Transition of all CPI services in seven of Florida's counties back to the Department, bringing all 67 counties in-house for the first time in more than 20 years, which supports the Department's ability to ensure a consistent approach to prevention and intervention services, as well as statewide access to resources to support workforce, stakeholders, and families
- Successful launch of Phase I of the new Child Welfare Information System (CWIS), creating a modern, modular-based software platform for the Florida Abuse Hotline and child protective investigations

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. Florida's overall performance in CFSR Round 3 for this outcome was identified as an area needing improvement (ANI). The state achieved the PIP target for Item 2 but had not shown the expected improvement for Item 3. Florida's overall performance in CFSR Round 4 for this outcome remains as an ANI because Florida was found not to be in substantial conformity.

Safety Outcome 2, Item 2: Services to family to protect child(ren) in the home and prevent removal or reentry into foster care. 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 following reunification. Florida maintained steady performance, with neither verified findings of maltreatment during in-home services nor verified findings of maltreatment within six months of receiving services, each meeting state targets.

In CFSR Round 3, the qualitative data show varied performance on Item 2 in the Florida CQI cases compared with the PIP-monitored cases. Florida CQI cases show consistent performance above 90 percent and incremental sustained performance in the PIP-monitored cases, which exceeds the negotiated PIP target.

The final CFSR Round 4 report notes that Florida was found not to substantially conform with Safety Outcome 2.

- Less than 95 percent of CFSR cases reviewed were rated in substantial achievement of Outcome 2.
    - Less than 90 percent of the cases were rated as a Strength on Item 2.

- Less than 90 percent of the case were rated as a Strength on Item 3.

The overall performance rating of Safety Outcome 3 in the CFSR case reviews was 63 percent. For Item 2—services to 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.

Table 2.10: Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care[9]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC cases	90%	N/A	N/A	94.88%	94.74
CFSR CQI cases	85%	N/A	N/A	N/A	47.22%

For CFSR Round 4 case reviews, performance was found to be at 60.87 percent.

As of May 2023, a total of 8,334 children were receiving in-home services. Of those children, 84.80 percent (7,067) were living with parents, 10.46 percent (872) were living with relatives, and 4.74 percent (395) were living with non-relatives or in other arrangements.[10]

Florida's child safety during case-managed in-home services measure is generated based on the total number of days the child received services, divided by the number of verified maltreatment reports during the reporting period. This is a rolling period of 12 months ending three months before the end of the quarter. Statewide performance for the quarter ending March 2024 was 9 percent regarding the number of children receiving in-home services who were unharmed during services. Of the 68 CFSR case reviews completed since October 31, 2022, that met criteria for Item 2, the data reflects a Strength rating for 51.61 percent (n=16) of cases and an ANI rating for 48.39 percent (n=15).

For Child Safety in Out-of-Home Care, the data measure was formulated by taking the total number of reports with at least one verified maltreatment and dividing it by the number of days in foster care for all children, with the result multiplied by 100,000 to calculate the rate of victimization per 100,000 days in foster care. The data for the quarter shows statewide performance has continued to improve over the past four quarters. This is a rolling 12 months ending three months before the end of the quarter. Statewide performance for the quarter ending

[9] Source: Florida's LOC Qualtrics data; Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.
[10] Microsoft Power BI (powerbigov.us)

March 2024 was at a rate of 6.53 verified maltreatments per 100,000 bed days. This figure is well below national averages.

The LOC investigations review sample rates a question that represents efforts to provide services to protect children. During this period, reviewers were asked if the "investigator made concerted efforts to provide services to prevent removal by safety planning in the least intrusive means achievable to ensure child safety." For FY 2022−23, in nonemergency investigations that qualified, reviewers answered "yes" in 94.8 percent of cases (n=115).

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 Florida's implementation of the Child Welfare Practice Model, Florida's Prevention Plan, and efforts to improve the hotline intake processes. The decline is not just occurring in Florida—it is dropping nationwide. For details about Florida's Child Welfare Model, see Florida's 2024 APSR.

Further supporting Florida's rating is the Judicial, Court, and Attorney Measures of Performance (JCAMP) report, specifically a section that asked 456 stakeholders to indicate how often court hearings include robust discussion of key topics. A child's current placement was discussed in 90 percent of the shelter hearings and at 94 percent of the permanency hearings observed. From observation of 51 shelter care hearings and 54 permanency planning hearings, other topics included, educational needs (57% shelter and 66% permanency hearing), physical health/development (67% shelter and 62% permanency hearing), mental health (45% shelter and 60% permanency hearing), parental protective capacity (33% shelter and 17% permanency hearing), and agency's efforts to prevent removal (33% shelter and 2% permanency hearings).[11]

Some areas of the state continue efforts to provide services to prevent removals, including:

- Implementing an integrated practice team (IPT) to brainstorm ideas and solutions to overcome barriers for families to maintain children in their own homes.
- Increasing safety management services to keep children at home.
- Providing post reunification services to prevent subsequent removals.
- Implementing a family assessment support team (FAST) that provides intensive supervision to maintain children in their own homes.
- Providing in-home supervision programs to work with families to prevent removals.
- Using local review teams (LRTs) composed of management level positions from cross-programmatic disciplines to review cases where removal is being considered. The cases referred to LRTs may be from investigations, case management, or community partners seeking solutions before contacting the Florida Abuse Hotline.

[11] See Appendix B – JCAMP Report, Page 10.

- Standardizing the multidisciplinary team program, which not only focuses on linking families to services when the need arises, but also on ensuring cross-programmatic collaboration immediately when a new investigation is received on a family who is already receiving ongoing services.
- Launching the Family Navigation program in 2022 with a focus on working directly with some of the state's most high-risk families with a confirmed history of abuse or neglect and co-occurring challenges like domestic violence, behavioral health, or SUD 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 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.
    - 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.
- Creating and implementing Hope Florida, an initiative spearheaded by Florida's, continues to grow and adapt services to meet the dynamic needs of people in the state. Nearly 80,000 customers have been referred to Hope Florida since its launch, with more than 30,000 Floridians and their families are receiving services through the initiative. Together with nearly 7,000 faith-based and community and private sector partners throughout Florida, the initiative helps clients overcome barriers to achieving their short- and long-term goals independently.

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 in their own homes or while in foster care. This item continues to be an area needing improvement for Florida. Quality case reviews show fluctuating performance; however, the CFSR 3 PIP targets were unmet.

Table 2.11: Item 3, Risk and Safety Assessment and Management[12]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
LOC cases	90.0%	N/A	N/A	N/A	73.91%
CFSR monitored cases	77%	N/A	N/A	N/A	61.04%

In addition to the reviews using the CFSR instrument, Florida conducts LOC Reviews. CPIs continue to need an enhanced focus on identification of threats, assessments, and safety planning. Sufficient supervisor consultation scores have decreased over time, which could impact the sufficiency of the assessments and safety planning. Case

[12] Source: Florida's LOC Qualtrics; Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

managers also continue to struggle with supervision consultations, assessments, and safety planning. According to the CFSR Round 4 case review conducted in October 2024, performance was noted at 67.69 percent.

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 Florida's PIP for item 25.

Data is shared and available through public facing dashboards and data packets provided to system partners monthly. The Department and system partners meet on a monthly cadence to review the data and system partners share actions taken to address areas of concern and improvements are tracked through the monthly data sharing.

March 2024 data indicate[13] 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 97.17 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 95.1 percent. This measure lacks a set target.

Statewide performance for safety after termination of Family Support Services performance between April 2022 and June 2022 was at 96 percent. Improvement efforts continue and include:

- Additional and ongoing training for case workers and supervisors on safety planning and monitoring safety plans.
- Case consultation, risk assessment, and safety assessment training.
- Identification of safety plan experts or trauma consultants to assist in the development and monitoring of safety plans.
- Training for supervisors on supervisory reviews and consultations to improve safety planning.
- Revised supervisory review tools to focus on safety and risk assessments.

[13] Source: DCF Child Welfare Dashboard.

- Redesigned and launched the new child welfare preservice training—the Academy. This new training program provides a comprehensive and effective learning experience for trainees, allowing them to engage in virtual reality sessions and use simulation to apply critical thinking in a hands-on platform.

Permanency Outcome 1: Children have permanency and stability in their living situations. Permanency Outcome 1 is an ANI because Florida experienced mixed performance in quantitative measures. Florida has seen a steady decline in achieving permanency within 12 months of entry into foster care but 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 past several years through current year to date.

The CFSR 4 Data Profile shows performance on achieving permanency in 12 months for children in care at 12−23 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. The CFSR 4 final report described Florida's performance as follows:

- Permanency in 12 months for children entering foster care data indicator was statistically worse than national performance
- Permanency in 12 months for children in foster care 12-23 months data indicator was statistically better than national performance
- Permanency in 12 months for children in foster care 24 months or more data indicator was statistically better than national performance
- Performance on the reentry to foster care in 12 months data indicator was statistically no different than national performance

Despite overall improvement in performance, five counties had the highest number of reentries (Hillsborough, Broward, Orange, Marion, and Volusia), 37 percent of all reentries in the state, were disproportionately represented on this indicator with proportionately more reentries than exits to permanency.

Table 2.12: Timely Achievement of Permanency[14]

Dashboard	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Percent of children exiting to a permanency home within 12 months of entering care	40.5 %	37.36%	33.59%	31.88%	29.31%

[14] Source: Florida Child Welfare Dashboard

Dashboard	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
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%
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 2.13: Permanency within 12 Months of Entering Care, National and Florida Performance[15]

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

Table 2.14: Permanency after 12–23 Months in Care, National and Florida Performance[16]

	National Performance	Type	Florida 2019	Florida 2020	Florida 2021
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%
		Observed	49.4%	47.0%	44.8%
	37.3%	RSP	43.0%	41.7%	39.6%

[15] Source: CFSR 4 Data Profile February 2023; RSP - Risk Standardized Performance
[16] Source: CFSR 4 Data Profile February 2023; RSP - Risk Standardized Performance

	National Performance	Type	Florida 2019	Florida 2020	Florida 2021
Percent of children exiting to a permanency home within 12 months for those in care 24 or more months		Observed	35.5%	47.0%	44.8%
Placement moves per 1,000 days in foster care	4.48	RSP	5.24	4.66	6.21
		Observed	6.01	4.45	5.47

Permanency Outcome 1, Item 4: Stability of foster care placement. Performance on this outcome continues to be an ANI. This item is measured through case reviews and determines whether the child in care is in a stable placement at the time of the review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child's permanency goals. Performance on placement has been worse than national performance in each of the last six reporting periods; however, performance in the most recent period represented the first improvement in performance. Florida's CFSR Round 4 Final report notes that performance on the placement stability data indicator was statistically worse than national performance.

- Less than 95 percent of the cases reviewed were rated as substantially achieved.
- Less than 90 percent of the cases were rated as a strength on Item 4.
- Less than 90 percent of the cases were rated as strength on Item 5.
- Less than 90 percent of the cases were rated as a strength on Item 6.

Table 2.15: Item 4: Stability of Foster Care Placement[17]

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20
Florida LOC cases	90%	83.2%	81.5%	80.6%	74.6%
CFSR monitored cases	88%	N/A	79.2%	76%	78%

According to Florida's State Data Profile, performance on this item recently increased to 6.44 moves, remaining above the national standard of 4.48 moves. Florida will continue exploring ways to ensure that a child in state care is in a stable placement at the time of the on-site review and that any changes in placement that occurred

[17] Source: Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

during the period under review were in the best interest of the child and consistent with achieving the child's permanency goal(s).

Another data measure to support the assessment of this item is from 68 CFSR case reviews conducted since October 2022, wherein 48 cases were applicable for rating Item 4. Strength rating is 68.75 percent (n=33), and ANI rating is 31.25 percent (n=15) for these cases, which seems to indicate a trend in the right direction, though the goal has yet to be achieved.

Placement stability in Florida is better for children placed with relatives, and the state is working to increase the number of children in out-of-home care with family (see CFSR Item 10). Other improvement activities include:

- One area created an assigned caregiver support manager to each caregiver, including relatives.
- Multiple areas created placement disruption processes, including team meetings or liaisons/specialists to stabilize placements.
- Enhanced behavioral management training for foster parents.
- Recruit foster parents who are willing to co-parent.
- Kinship Navigator or support program such as the CAREs team to provide services to prevent disruptions.
- Training for placement staff members to ensure better placement matching occurs.
- Comfort calls that connect biological parents, children, and foster parents at removal.
- Weekly meeting to plan for children with challenging behaviors to identify appropriate placements.
- Providing mentors to foster parents to provide support and guidance.
- Statewide standardization of the Family Finding Program, focused not only on placement searches while in investigations, but also on enhancing family connections overall as families enter deeper into the child welfare system.

In 2019, Florida moved to a system of foster home licensing that consisted of five distinct levels:

- 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
- 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 is to enable partnerships with local agencies to reduce homelessness in Florida. Programs like these support placement with relatives, enhancing placement stability.

Permanency Outcome 1, Item 5: Permanency goal for child. Performance on this item in the CFSR Round 4 case reviews was at 60 percent. This item determines whether appropriate permanency goals were established for the child in a timely manner which is measured through case reviews.

Table 2.16: Item 5: Appropriate and Timely Permanency Goals Established[18]

Qualitative Measures	State Standard	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 22/23
Florida LOC cases	90%	N/A	N/A	N/A	92.24%
CFSR monitored cases	%	N/A	N/A	N/A	58.33%

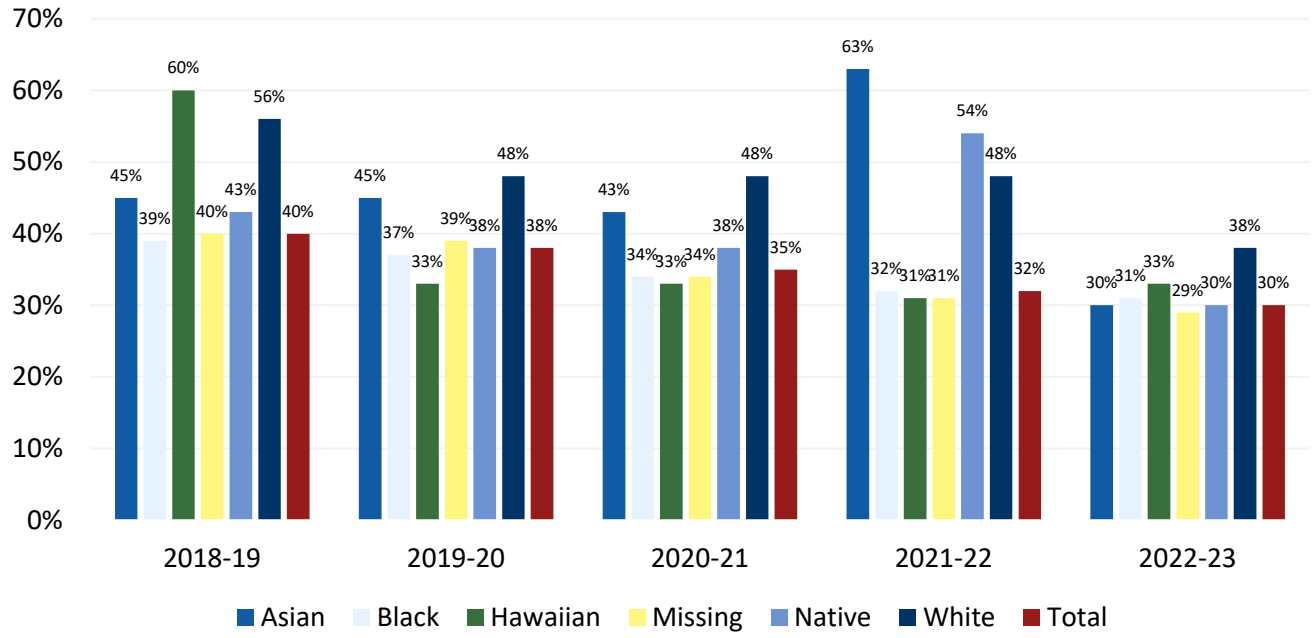
Florida's ongoing activities continue for the appropriate use of concurrent case planning. For CFSR Round 4 case reviews, performance was noted 60 percent.

The OCFW dashboard, "Children Exiting Out-Of-Home Care to a Permanent Home within 12 Months of Entering Care", indicates that performance as of the end of quarter 3, 2023-24, was at 29.13%, which is below the 35.2% national target.

In examining subcategories, for the past five fiscal years, children recorded as being White or Asian achieved permanency within 12 months of removal at higher percentages than the statewide performance. Black children were within one percent of the statewide performance (see Figure 2.1 below).

[18] Source: Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

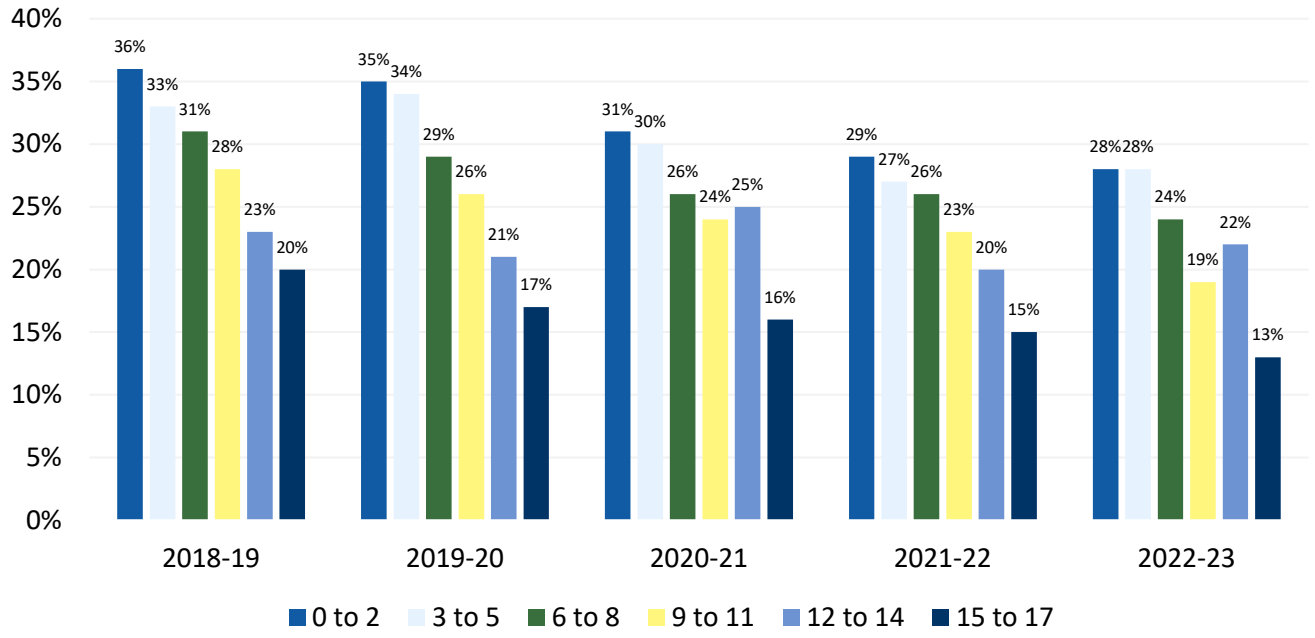
Figure 2.1: Percent of Children Achieving Permanency within 12 Months of Removal by Race[19]



Also examined was the difference in achieving permanency within 12 months of removal by gender over the past five fiscal years. Little difference was registered between females and males, with the percentages remaining within two percentage points annually. Nonetheless, a marked difference was evident when comparing the percentage achieving permanency within 12 months by age groups, with success cascading downward as age progressed as infants and toddler ages 0–2 years old achieved permanency at a percentage twice that of those ages 15–17. See Figure 2.2 below.

[19] Source: Florida's Child Welfare Information System

Figure 2.2: Percent of Children Achieving Permanency within 12 Months of Removal by Age[20]



Permanency Outcome 1, Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement. Item 6 continues to be an ANI. This item determines whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or another planned permanent living arrangement (APPLA). As noted in the federal indicators, Florida is taking longer to achieve permanency for children in foster care. The challenge with concurrent planning was identified during the PIP case reviews. The Department is working with judicial partners to improve concurrent case planning.

Table 2.17: Item 6: Concerted Efforts to Achieve Permanency Goal[21]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC Cases	90%	N/A	N/A	80.22%	61.37
CFSR Monitored Cases	90%	N/A	N/A	N/A	30.77%

[20] Source: Florida's Child Welfare Information System

[21] Source: Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

For CFSR Round 4 case reviews conducted in October 2023, performance was at 22.5 percent. Improvement activities for Item 6 include:

- Barrier breaker meetings or permanency action teams to overcome systemic issues delaying permanency.
- Family team conferencing or family group decision making to include families in case planning (CFSR Item 13 that affects Item 6).
- Rapid reunification pilot at one lead agency to provide increased supervision and oversight of cases.
- Family reunification teams that complement case management by conducting more frequent visits with families as they prepare for reunification.
- Multiple lead agencies revised permanency staffing processes or frequency to facilitate the achievement of permanency goals.
- Adoption specialty case managers being assigned at goal change to facilitate the completion of adoption activities, such as child studies and home studies, to remove delays in the process.
- Embrace Families is partnering with other lead agencies in its Federal Strong Foundation Grant to improve the use of conditions for return and facilitate timely achievement of permanency goals.
- Use of permanency round tables, mostly for long-stay youth or other special populations.
- Florida is collaborating with sister agencies, such as the Agency for Persons with Disabilities, to expand placement and services arrays. Once the placement array is fully aligned with service needs, it is believed enhanced capacity in standard placements will address sibling placement more effectively. Florida will continue to seek possible solutions/barriers to include improvement in documentation methods/processes.
- Florida launched a Permanency Initiative in Hillsborough, Pasco, and Pinellas Counties during a pilot to streamline adoption processes to help children find their forever families. Since its launch in July 2023, nearly 600 adoptions have been expedited in Circuits 6 and 13.
    - The efficiencies identified in the pilot have now been expanded statewide, and other initiatives are in place to consider streamlined processes to support reunification and workload management.
- Florida-instituted Multidisciplinary Team Staffings (MDTs) must act as soon as possible when a child is removed from the home. The team must convene a staffing within 72 hours for prescribed junctures (critical) in a case. Staffing must include key players in the case, including child, parents, and foster families, if applicable. (s. 39.4023, F.S. and 65C-30.023, F.A.C.)

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. In CFSR Round 3, Permanency 2, was a concern for the state, although Florida CQI and PIP-monitored case reviews show mixed findings for preserving family relationships and connections for children. Florida completed all key

activities from the PIP and has improved from the CFSR baseline on most items. Improvement activities continue, particularly related to placement of children with relatives, supporting relatives through programs such as CARES and Kinship Navigator, and collaborating with foster parents on the Quality Parenting Initiatives such as comfort calls and co-parenting.

In CFSR Round 4, Florida was found not to be in substantial conformity with Permanency Outcome 2. The final report noted less than 95 percent of the cases reviewed were rated as substantially achieved. Less than 90 percent of the cases reviewed rated as a strength for Items 711.

Permanency Outcome 2, Item 7: Placement with siblings. Performance on Item 7 has been mixed. This item 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 siblings.

Table 2.18: Item 7: Concerted Efforts to Place Siblings Together[22]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC Cases	90%	N/A	N/A	70.27%	67.45%
CFSR Monitored Cases	N/A	N/A	N/A	N/A	62.96%

Florida maintained performance below the state target of 65 percent on the quantitative measure of siblings placed together reported on the Department's dashboard.

For CFSR Round 4 case review conducted in October 2023, performance was at 75.86 percent.

At the end of Florida State Fiscal Year (SFY) 2023-24, the number of children in Out-of-Home Care (OOHC) decreased to 17,231, marking the lowest recorded total in the past 250 months. During the same fiscal year, entries into OOHC totaled 8,045, the lowest figure in the past 20 years. Although these numbers are still in draft form, only minor adjustments are anticipated.

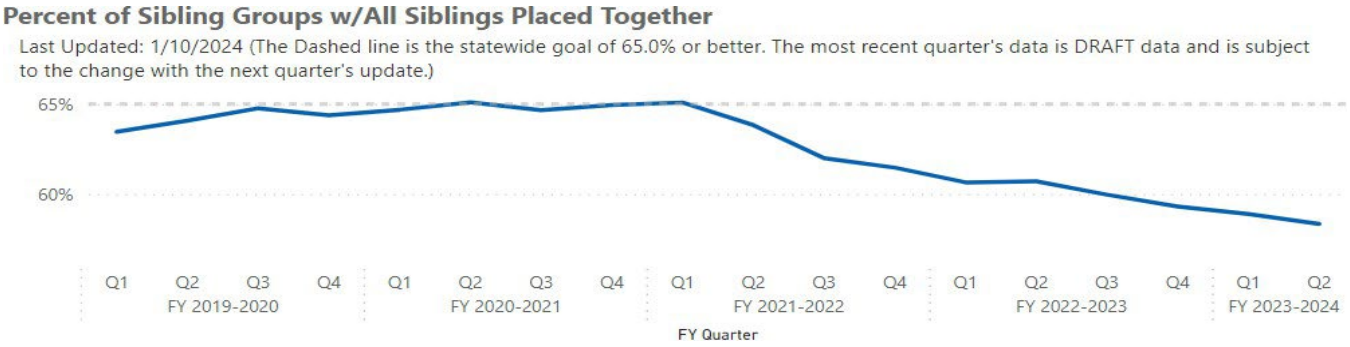
The primary driver of this downward trend is the decline in the number of 0- to 5-year-olds in both OOHC and entries into care. While the population of teens (ages 13-17) in OOHC or entering care also decreased, the decline was less pronounced compared to other age groups. This shift results in a higher proportion of "resource-intensive" children in OOHC, making it more challenging to achieve permanency targets and outcomes. Historically, resource-intensive children experience more placement moves, are more likely to be separated from their siblings, and take longer to reach permanency.

Additionally, the reduction in bed days associated with younger children not entering or remaining in care can negatively impact metrics that are measured per bed day. Despite the success of reaching twenty-year lows in

[22] Source: Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

entries and twenty-three-year lows in the OOHC population, the Florida Department of Children and Families (DCF) now faces a higher acuity child population in its care.

Figure 2.3: Percentage of Siblings Placed Together[23]



Permanency Outcome 2, Item 8: Visiting parents and siblings in foster care. Performance on this item is an ANI. Through case reviews, this item determines whether concerted efforts were made, or are being made, to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationships with these close family members.

Table 2.19: Item 8, Visitation with Parents and Siblings in Foster Care[24]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC Cases	90%	N/A	N/A	59.09%	52.08
CFSR Monitored Cases	N/A	N/A	N/A	N/A	64.71%

For CFSR Round 4 case review conducted in October 2023, performance was noted as 60%.

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 safe to do so. Parenting partnerships include facilitation of visits and telephone communication. Many lead agencies are recruiting foster parents willing to co-parent to ensure that children in foster care have frequent visits with their parents and siblings.

Permanency Outcome 2, Item 9: Preserving connections. Performance on this item is an ANI. Through case reviews, this item determines whether concerted efforts were made, or are being made, to maintain children's connections with their neighborhood, community, faith, extended family, Tribe, school, and friends. Florida has shown improvement during PIP-monitored cases, close to the CFSR baseline for the current year to date.

[23] Source: Florida Child Welfare Dashboard Lead Agency Scorecard Dashboard
[24] Source: Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

Nonetheless, performance during Florida CQI case reviews has steadily declined. No negotiated PIP targets apply to this item.

Table 2.20: Item 9: Preserving Child's Connections[25]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC Cases	90%	75.2%	71.3%	70%	69.64
CFSR Monitored Cases	N/A	N/A	N/A	N/A	53.85%

For CFSR Round 4 case review conducted in October 2023, performance was noted as 65 percent.

Permanency Outcome 2, Item 10: Relative placement. Performance on this item is a relative strength for Florida. This item determines through case reviews whether concerted efforts were made, or are being made, to place a child with relatives. Florida has exceeded its CFSR baseline on the placement of children with relatives for each PIP reporting period but has experienced a slight decline during Florida CQI case reviews. No PIP negotiated target is available for this item, and improvement efforts will continue to ensure exploration of appropriate relatives is an ongoing casework activity. Florida has set targets for initial placements and ongoing placements of children with relatives.

Table 2.21: Item 10: Concerted Efforts to Place Children with Relatives[26]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC Cases	90%	N/A	N/A	84.9%	84.5%
CFSR Monitored Cases	N/A	N/A	N/A	N/A	63.46%

For the CFSR Round 4 case review in October 2023, performance was at 75 percent. Improvement activities include:

- Child protective investigations using specialty workers to locate relatives.
- Lead agencies attending shelter hearings to help identify relatives.
- Kinship navigator and support programs to facilitate relative placements.

[25] Source: Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.
[26] Source: Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

- Standardization of statewide family finding program where families are located not only for placement purposes, but also to expand family connections overall if families enter further into the child welfare system. Family finding efforts begin as early as a need for ongoing intervention is identified by the Investigations staff and incorporates a warm handoff to the case management agencies to ensure ongoing efforts.
- Multidisciplinary staffing must begin as soon as possible when a child is removed from the home. The team must convene within 72 hours for prescribed junctures (critical) in a case. This staffing must include key players in the case including child, parents, and foster families, if applicable. (s. 39.4023, F.S. and 65C-30.023, F.A.C.)
- Father First, the responsible fatherhood initiative, was launched to provide support services for fathers and at- risk male youth, created a public awareness campaign related to responsible fatherhood, and provided evidence-based parenting education to meet fathers' individual needs. The initiative is focused not only on delivering services to fathers, but also on providing training and technical assistance to grassroots and local grant awardees to help them achieve and sustain success. The Department released three grant opportunities related to the responsible fatherhood initiative**, awarding 35 grant agreements to 17 grantees for mentorship programs for at-risk male youth, 10 grantees for a Responsible Fatherhood Education Program; and eight grantees for Comprehensive Needs of Fathers.**
    - Total value of awards is more than **$50 million** over three years.

Permanency Outcome 2, Item 11: Relationship of child in care with parents. Performance on Item 11 is an ANI. This item determines through case reviews whether concerted efforts were made, or are being made, to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation. This item has no negotiated PIP target, and both Florida CQI and PIP-monitored case reviews show steady declines in performance over time.

Table 2.22: Item 11: Relationship of Child in Care with Parent(s)[27]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC cases	90%	N/A	N/A	36.12%	31.80%
CFSR monitored cases	N/A	N/A	N/A	N/A	45.45%

For CFSR Round 4 case review conducted in October 2023, performance was at 61.11.

[27] Source: Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

As noted above, most 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 day-to-day activities of the child to include school events, physician appointments, and other extracurricular activities.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. For CFSR Round 3, Well- Being Outcome 1 is a concern for the state because Florida's performance on Well-Being 1 items are mixed. Florida demonstrated improvement on many of the items against its CFSR baseline, but has yet to reach PIP targets on monitored cases for Item 12. In CFSR Round 4, Florida was found to be not in substantial conformity with Well-Being Outcome 1, with less than 95 percent of the cases reviewed rated as a strength. For Items 12–15, less than 90 percent of the cases reviewed were rated a Strength.

Well-Being Outcome 1, Item 12: Needs and services of child, parents, and foster parents. Florida has experienced mixed performance in the assessment and provision of services to meet identified needs for children, parents, and caregivers. Florida has seen a decline in assessing and providing services to parents, which is also reflected in the decline in the frequency and quality of visits with parents (item 15) and achieving permanency goals (item 6).

Table 2.23: Item 12: Assessment and Provision of Services for Children, Parents, and Foster Parents[28]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC cases 12 A (child)	N/A	N/A	N/A	79.18%	80.18%
Florida LOC cases 12 B (parents)	N/A	N/A	N/A	64.34%	59.3%
Florida LOC cases 12 C (foster parents)	N/A	N/A	N/A	83.76%	81.05%

Table 2.24: Item 12: Assessment and Provision of Services for Children, Parents, and Foster Parents[29]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida CFSR in-depth cases 12 A (child)	N/A	N/A	N/A	N/A	77.92%

[28] Source: LOC Qualtrics Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

[29] Source: Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida CFSR in-depth cases 12 B (parents)	N/A	N/A	N/A	N/A	23.88%
Florida CFSR in-depth cases 12 C (foster parents)	N/A	N/A	N/A	N/A	67.31%

For CFSR Round 4 case review conducted in October 2023, performance was at 27.27 percent. Improvement activities for item 12 include:

- Monitor linkage of children and parents to recommendations in the comprehensive behavioral health assessment (CBHA).
- One lead agency implemented a parent behavioral health assessment similar to the CBHA focused on parents instead of children.
- Provide enhanced behavioral management training for foster parents.
- Improve the quality of contacts with parents (CFSR item 15 that impacts informal assessments).
- Provide critical thinking skills-building training for supervisors.
- Provide training on assessments to case managers and supervisors.
- Invite caregivers to permanency staffings.
- Use supervisory consultations to mentor case workers.
- Improve home visit forms to guide conversations.
- 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 adverse childhood experiences [ACEs]).
- One lead agency implemented Values-Driven Partnership with Males to engage fathers.
- As noted above, kinship navigator and support programs for relative caregivers.
- Foster parent liaisons to support foster parents.
- Statewide implementation of standardized the Child Placement Assessment to determine best placement options considering factors such as separated siblings, school connections, religious connections, child and extended family input.

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. In CFSR Round 3, the PIP target was met for Item 13 during the second PIP measurement period; however, performance has declined.

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 demonstrating a decline in performance after an initial improvement.

Table 2.25: Item 13: Child and Family Involvement in Case Planning[30]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC cases	90%	N/A	N/A	52.62%	49.50%
CFSR monitored cases	90%	N/A	N/A	N/A	33.33%

For CFSR Round 4 case review conducted in October 2023, performance was at 47.37 percent.

The improvement activities for Item 13 included:

- Invited families to the multidisciplinary team meeting that occurs no later than three days after the shelter to immediately begin to discussions about services and conditions for return.
- Encouraged parents to attend case plan staffings.
- Trained case workers on age-appropriate discussions with children.
- Implemented family team conferencing and family group decision-making programs.
- Improved Supervisory Consultations.
- Engaged fathers through the Values-Driven Partnership with Males.
- Launched Florida's Responsible Fatherhood Initiative in State Fiscal Year (SFY) 2022–2023, which includes educational programs, mentorship programs and one-on-one support to encourage responsible and involved fatherhood in Florida. The initiative highlights the important and 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 they need to remain engaged in their children's lives.

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

[30] Source: Qualtrics LOC/ Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

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, the Department will explore functionality to better capture pertinent information related to joint case plan development activities.

Well-Being Outcome 1, Item 14: Caseworker visits with child. This item uses case reviews to determine 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 the children and promote achievement of case goals. In CFSR Round 3, performance on this item was a relative strength as Florida was doing an excellent job of ensuring all children under supervision in Florida are seen every 30 days, with performance at or close to 99 percent. Lower performance was observed in the quality of those visits as reflected in the RSF and monitored case reviews, particularly seeing children alone and discussing case planning.

In CFSR Round 4, less than 90 percent of the cases reviewed were rated as a strength related to quality of the visits. Florida shared in the statewide assessment that it continues to excel at ensuring all children under supervision are seen every 30 days. Lower performance was observed in the quality of the visits.

Table 2.26: Item 14. Frequency of Caseworker Visits with Children[31]

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

Table 2.27: Item 14. Quality and Frequency of Caseworker Visits with Children[32]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC cases	N/A	N/A	N/A	66.58%	54.27%
CFSR monitored cases	90%	N/A	N/A	N/A	48.05%

In CFSR Round 4, performance was at 61.54 percent.

Visits with children remain a primary focus for Florida. Lead agencies improved home visit forms to guide case workers to improve quality. Lead agencies used several activities to improve quality visits, including:

[31] Source: Florida Child Welfare Dashboard Lead Agency Dashboard
[32] Source: LOC Qualtrics/Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

- SHINE reviews in which documentation is reviewed for each caseworker in the lead agencies and quality visits are recognized
- Improved supervisory reviews to ensure quality home visits are occurring
- Training on quality visits
- Lead agencies have created tip sheets to help case workers conduct quality reviews

Well-Being Outcome 1, Item 15: Caseworker visits with parents. Performance on this Item is mixed. It is rated through case reviews to determine whether the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

Table 2.28: Item 15: Caseworker Visits with Parents[33]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC cases	90%	N/A	N/A	43.80%	42.35%
CFSR monitored cases	90%	N/A	N/A	N/A	24.24%

In CFSR Round 3, Florida achieved its PIP target for the third PIP measurement period for caseworker visits with parents. Florida CQI review performance has been trending downward over the last few PIP measurement periods.

In CFSR Round 4, the performance was at 30.43 percent.

Because performance on CFSR Item 15 is related to several other items, Florida continues quality improvement activities to engage parents, such as:

- Tip sheets to guide case managers to conduct quality visits
- Tracking mechanisms to ensure frequency of visits
- Initiatives to engage fathers through Statewide Fatherhood Initiative
- Improved supervisory reviews to ensure quality and frequency of visits with parents
- Establishment of a quality visits workgroup to evaluate home visits and conduct observed consultations

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. This item assesses whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child or on an ongoing basis. Florida performs high on its CQI and PIP-

[33] Source: Qualtrics LOC/Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

monitored cases for Well-Being 2 compared with other items in the tool, resulting in a relative strength. In addition, Florida created a scorecard indicator to measure the percentage of children enrolled in school on their 18th birthday.

Well-Being Outcome 2, Item 16: Educational needs of the child. Performance on this item is an area needing improvement. Florida has shown a decline in performance.

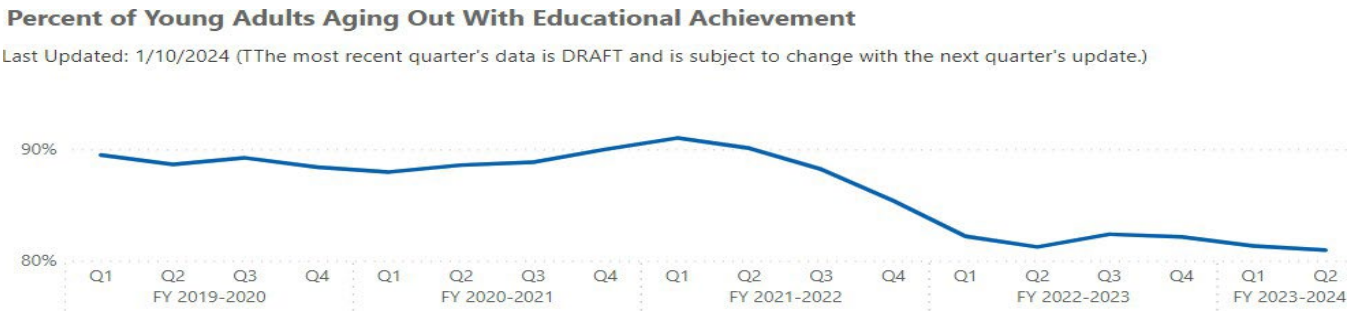
Table 2.29: Item 16: Children's Educational Needs[34]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC cases	90%	N/A	N/A	N/A	59.80%
CFSR monitored cases	95%	N/A	N/A	N/A	58.33%

For CFSR Round 4 case reviews in October 2023, performance was at 76.74 percent.

Performance on the lead agency scorecard shows that the state has achieved its target for youth enrolled in school on their 18th birthday.

Figure 2.4: Percent of Young Adults Aging Out with Educational Achievement[35]



Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. Well-Being 3 is a concern for Florida. 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 not be in substantial conformity 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, during the period under review, the agency addressed the physical health needs of the child, including dental

[34] Source: Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.
[35] Source: Florida Child Welfare Dashboard/ Lead Agency Scorecard

health. Florida's performance is strong in the quantitative measures in that more than 78 percent of children in foster care receive medical care at least annually.

Table 2.30: Item 17: Physical Health of Children[36]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC cases	78%	N/A	N/A	N/A	65.03%
CFSR monitored cases	N/A	N/A	N/A	N/A	68.25%

Table 2.31: Item 17: Physical Health of Children[37]

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%

For CFSR Round 4 case reviews in October 2023, performance was at 78 percent.

Well-Being Outcome 3, Item 18: Mental/behavioral health of the child. The purpose of this item is to determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the child. Performance on this item continues to be an ANI (CFSR Round 3 and 4) because performance showed less than 90 percent of cases were rated as a strength.

[36] Source: LOC Qualtrics/ Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.
[37] Source: Florida Child Welfare Dashboard

Table 2.32: Item 18: Mental/Behavioral Health of Children[38]

Qualitative Measures	State Standard	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22	Florida FY 22/23
Florida LOC cases	90%	N/A	N/A	N/A	54.03%
CFSR monitored cases	NA	N/A	N/A	N/A	36%

For CFSR Round 4 Case Reviews in October 2023, performance was at 41.86 percent.

Table 2.33: Summary of Outcomes and Ratings[39]

Outcomes	CFSR Round 3	CFSR Round 4
Safety Outcome 1 Children are first and foremost protected from abuse and neglect.	Substantial Conformity	Substantial Conformity
Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate.	Not in Substantial Conformity	Not in Substantial Conformity
Permanency Outcome 1 Children have permanency and stability in their living situations.	Not in Substantial Conformity	Not in Substantial Conformity
Permanency Outcome 2 The continuity of family relationships and connections is preserved for children.	Not in Substantial Conformity	Not in Substantial Conformity
Well-Being Outcome 1 Families have enhanced capacity to provide for their children's needs.	Not in Substantial Conformity	Not in Substantial Conformity
Well-Being Outcome 2 Children receive appropriate services to meet their educational needs.	Not in Substantial Conformity	Not in Substantial Conformity

[38] Source: LOC Qualtrics/Federal CFSR Online Monitoring System
Note: Florida reinstated CFSR-style reviews in October 2022.

[39] For information related to Florida's improvement strategies, please see Florida's Child Welfare System Program Improvement Plan for Round 4 of the Child and Family Services Review.

Outcomes	CFSR Round 3	CFSR Round 4
Well-Being Outcome 3 Children receive adequate services to meet their physical and mental health needs.	Not in Substantial Conformity	Not in Substantial Conformity

Systemic Factors

This section is organized around the CFSR seven systemic factors with updates gathered from the state's Child Welfare partners in each region.

Statewide Information System. 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 or two business days. 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 every 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 web pages, FSFN Reports and Information and Resources, which provide 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 not consistent across the state. As part of Florida's PIP, key activities were identified locally to ensure that children placements were entered promptly, and a case review addendum tool was created to measure the percent of cases in which placements were entered timely. This item was incorporated into the state's data quality plan and OFCW will be monitoring this across all cases rather than random samples as reported below.

In CFSR Round 4, Florida received an overall rating of ANI based on information provided in the statewide assessment and obtained during stakeholder interviews. Florida failed to provide information and data to support timely entry of placement data entry and accuracy of the data for demographics, status, or goals.

The federal CCWIS rules afford states an opportunity to leverage alternative technical and functional capabilities to design 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 continues to be updated and submitted with the annual planning document update by May 1 each year. The data quality plan contains strategies to ensure that all CCWIS data are non-duplicated, consistently used, timely, accurate, and complete.

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 created several enhancements to the current FSFN system as the state's IV-E Demonstration Waiver (Waiver) sunsets September 30, 2019.

The system was enhanced to provide functionality for the approved Guardianship Assistance Program (GAP) and to update Title IV-E eligibility.

Enhancements to eligibility determination functionality continued in the current fiscal year: Eligibility Release 1 was deployed November 1, 2019, and included:

- Changes to ensure that earned and unearned income is documented with the first and last dates the payments were received
- Updated logic for eligibility reports
- Changes to ensure the most accurate eligibility determinations by automating the population of certain data fields while allowing more flexibility for some deviations and enhancing background logic functions and calculations
- Functionality to create eligibility determinations for the Extension of Maintenance Adoption Subsidy Program within FSFN for young adults who were eligible before the deployment of the program in January 2019

Eligibility Release 2 deployed on April 3, 2020, and included:

- Title IV-E eligibility refinements highlighted by a new eligibility determination worksheet that provides visibility into the underlying calculations
- TANF reporting upgrades
- New financial functionality for GAP and adoptions
- Documentation of permanency goals proposed but not necessarily adopted by the court

In addition to the sunsetting of the IV-E waiver, Florida made enhancements to support implementation of the FFPSA. Enhancements included changes on residential group care, foster homes, person management to capture pregnant and parenting details, and home study modules within FSFN. To support prevention services, a new prevention plan was created, and the family support module was amended. Finally, as part of the 2023–2024 fiscal year, a new overcapacity assessment was built within FSFN and subsequently updated to capture the federal exceptions for continuing to meet the definition of a family foster home.

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 that the child welfare workforce serves. Florida piloted a mobile application for CPIs in early summer of 2023. The program went live April 30. 2024. Another initiative in progress is the master data management program. This initiative is in the discovery phase and will continue into the following year.

The Department is making progress toward meeting CCWIS requirements and continues to lead implementation of a multi-phased transition from Statewide Automated Child Welfare Information System (SACWIS) to CCWIS as follows:

- Design a CCWIS solution.
- Develop requirements that align Florida'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.
- Submit state and federal funding requests to support the transition to a CCWIS compliant child welfare system
- Update the data quality plan in accordance with federal CCWIS regulations.
- Facilitate activities that justify continued state and federal funding support for Florida's CCWIS transition.

Based on feedback received through evaluations and surveys, stakeholders report that the availability and quality of services are inadequate, including all four service array types described—family support, safety management, treatment services, child well-being—and in the healthcare oversight and coordination plan. Each of the five strategic initiatives in the Department's five-year plan was 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, which will allow service and client data entry directly into FSFN or through data exchanges with contributing agencies that maintain other information systems.

Child Welfare Information System. The Department and its stakeholders are engaged in ongoing analysis and planning to facilitate the transition from the SACWIS, FSFN, to a CCWIS. FSFN is the Department's statewide automated CWIS and contains the official record and comprehensive case file for each adult and child protective investigation and case, comprising 30 years of data on more than 8 million people. As reflected in policy, statute, and contracts, all pertinent information about every investigative and case management function must be recorded in FSFN. A single statewide automated case record is available for children as they move through the child welfare system.

SFY 2021−2022 CCWIS transition activities focused on making FSFN modifications required to comply with the FFPSA and the changes needed to comply with new AFCARS reporting requirements. During Florida's 2022 legislative session, the Department was awarded $15 million to aid in the CCWIS modernization effort.

The Department has developed a phased approach to implement CCWIS functionality, which will replace FSFN by SFY 2026−2027. In late November 2022, Deloitte was awarded the contract for Phase 1, which began

implementation in January 2023. This module includes all intake and much of investigation functionality. The intake system launched September 30, 2023, including the launch of the youth portal application and mandated reporter portal. The first segment of investigations (assignments) launched on December 19, 2023. Pre-Commencement and mapping portions of investigations launched on January 31, 2024.

The third wave of the investigations release was completed on February 28, 2024. This release included commencement and mobile functionality. Thes fourth wave of investigations functionality includes safe child functionality and went live at the end of April 2024.

Phases 2 through 4 propose an ongoing modular functionality implementation approach but are subject to change based on acquired funding and associated planning. During Florida's 2023 legislative session, the Department was again awarded $15 million to continue modernization efforts. The Department continues to work on a timeline and planning for the next phase of CCWIS (Phase 2), which will include case management. The vendor for Phase II was recently selected. This phase will expand the Department's implementation team to include CBC lead agencies and private agency partners as collaborators.

A formal survey as to what these partners find beneficial as we develop this new system was provided to them in mid-December 2023, with results analyzed in early January 2024. A CBC Lead Agency Meeting took place January 18, 2024, to discuss survey results and case management development with our partners. This is an ongoing process that requires collaboration between technology experts, child welfare professionals, and stakeholders to ensure effective and ethical delivery of child welfare services. Case management requirements validations sessions began on February 8, 2024, and are occurring weekly with CBC Points of Contact. These sessions will continue until all requirements are validated. Florida is also in the process of implementing an advisory committee with lead agency and provider stakeholders.

Case Review System. In CFSR Round 4, Florida's Case Review System was found to not be in substantial conformity with this systemic factor. The rating was based on information from the statewide assessment and stakeholder interviews.

- For Item 20, Written Case Plan: Florida provided in the statewide assessment the laws and requirements for the case planning process and data from the LOC reviews, which demonstrated moderate efforts to include mothers in case planning and marginal effort to include data in case planning. From stakeholder interviews, the practice regarding the inclusion of parents in case planning is not consistent across all jurisdictions.
- For Item 21 Periodic Reviews: Florida provided data in the statewide assessment, which showed that a large percentage of children in care more than six months had a judicial review within the past five months but failed to provide specifically where the initial and ongoing were held timely. Stakeholders described inconsistent practices across the state regarding ongoing judicial review, with some circuits reporting timely reviews every five months to ensure the required timeframes were met, and others reported continued hearings, lack of docket space, and late court reporting affects the timeliness of reviews.

- For Item 22, Permanency Reviews: Florida received a strength rating based on the provided data 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 held every 12 months as were subsequent permanency hearings. Stakeholders largely agreed that often permanency hearings were held in shorter timeframes than the require 12 moths to monitor permanency progress. 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 by the stakeholders that responded (n=419-446) to the five survey questions related to base measures of permanency that the first permanency hearings are often or almost always held within 12 months of the child's entry into care. For SFY 22-23, the state supported 95.9% of permanency hearings were substantially confirmative. For SFY 23-24, that number increased to 96.2%.
- For Item 23, Termination of Parental Rights: Florida provided data related to state statute requirement of filing termination of parental rights within 60 days of a goal change; however, no data was provided to demonstrate whether termination of parental rights (TPR) petitions were filed within 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 requiring 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.
- For Item 24 Notice of Hearings and Reviews to Caregivers: The information Florida provided was deemed not 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 that there was no consistent way in which caregivers were given notice which led to circumstances in which notice was not provided.

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/caregivers' rights relating to hearings and proceedings consistent with federal requirements.

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

Section 39.6011, Florida 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 parent of the child, any court-appointed GAL, and if appropriate, the child and the temporary custodian of the child. The plan must be clearly written in simple language, addressing identified problems and how they are being resolved. The case plan, all updates, and attachments are filed with the court and served on all parties.

The case plan can be amended at any time to change the permanency goal, employ the use of concurrent planning, add, or remove tasks the parent must complete to substantially comply with the plan, provide appropriate services for the child, and update the child's health, mental health, and education records. Florida statutes detail the process for the periodic review of the status of each child, stating that the court has continuing jurisdiction and is required to review the status of the child at least every six months or more frequently if the court sees necessary or desirable.

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

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

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

Data reports are available from FSFN that help managers, supervisors, attorneys, and others monitor the status of case reviews and legal status. The timeliness of critical court junctures is monitored through the Key Indicators Report published on the Department's website. This includes:

- Timeliness removal date to disposition order (average of 55 days)
- Filing petitions to TPR final judgment as appropriate (average 175 days)
- Percent of children in out-of-home care 15 or months with reunification goals and no TPR activities

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

The LOC reviews examine whether 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 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.

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 with smaller caseloads to ensure frequent court hearings and enhanced parent 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 (JCAMP Appendix B - Page 6).

OCFW released a policy memo in May 2018 to ensure each caregiver is notified of court hearings and their right to be heard at those hearings. The memo provided that:

- Information is to be prominently posted in offices and distributed to caregivers during home visits by the case manager or child protective investigator prior to case transfer. A sample one-page document was provided for use.

Case managers and child protective investigators should provide written documentation to caregivers of the next court hearing, date, time, and location. Example methods included the hearing information being incorporated 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 for 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. Additionally, guidance is provided for child welfare professionals when engaging 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 child(ren) in the case planning process. Family engagement programs, which consist of meetings within five to seven business days of sheltering a child, take place to immediately engage the parents, discuss conditions for return and begin the case planning process.

The LOC reviewer (see item 25 for more information) 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, through 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 continues its commitment to improving the engagement of parents and children in the case planning process. Recently, Florida launched the Family Navigator program, which is intended to engage families more intensively in an effort to link them more rapidly to services in an effort to prevent removal or deeper entry into the system of care. A referral to a Family Navigator is made during the intake process when a report of abuse, abandonment, or neglect has been received. Qualifying criteria for the program include the presence of domestic violence, SUD, and children ages five and younger in the home. Family navigators assist a family in understanding the reason for the Department's involvement and support the family in the engagement of services. Since November 2022, Florida has had a navigator assigned to more than 3,100 cases, and 620 families are open for navigator services.

In an additional 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 the fatherhood initiative, 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, within the child welfare system.

Quality Assurance System. Florida adopted Results-Oriented Accountability (ROA) as its CQI framework through the 2016 state legislative session. ROA includes research and evaluation phases to ensure that the best solutions are implemented, those implementations are evaluated to ensure the models are followed with fidelity, and the desired outcomes are achieved. In 2020, Florida's statewide accountability system was established by Florida legislature in subsection 409.996(26), F.S., and requires the Department to collaborate with its community partners to implement a system that assesses the overall health of the child welfare system, by circuit.

Subsection 409.996(26) further states that the accountability system must:

- 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

- Be used to identify systemic deficiencies and promote enhanced quality service delivery

Over the last four years, the Department has created an agencywide OQI, which has grown to integrate case record reviews, data analysis, performance improvement, and training for the Department under one division.

The quality review process involves the review of open child protective investigations and retains responsibility for conducting case reviews throughout the time a family is receiving services from the Department through the child welfare system. This ongoing review of the case enables the child welfare professional to make real-time adjustments of actions to ensure child safety and permanency. Cases are reviewed at scheduled intervals over the course of the case. Guidelines and requirements for each review type is captured in a reviewer guide posted on the OQI intranet site for the specific review. The OQI is charged with assessing the quality of child and family services across the state and conducting statistical analysis to improve gaps in quality.

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

To ensure the quality of Florida's child welfare practices, the Office of Quality and Innovation conducts a series of on- going, targeted, and special case reviews over and above those included in the Annual Accountability Report described in Section II above. 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 issues that may be of special concern for the state (e.g., placement stability).

Figure 2.5: Office of Quality and Innovation Review Types

In CFSR Round 4, Florida received an overall rating of ANI 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 our partners through the quarterly meetings; however, the statewide assessment and stakeholder interviews lacked enough information to support how improvement strategies were tracked, monitored, or adjusted based on ongoing assessment. Florida did not demonstrate how the agency establishes targeted strategies for improvement and tracked progress toward the desired outcomes. Also, Florida did not have a standard for providing feedback to internal and external stakeholders on how the agency used their input. The final report noted that Florida did not have evidence to support systemic review, modification, and implementation of the CQI Process.

See Section 3 for more details on Florida's quality assurance system.

Staff and Provider Training, including Strong and Healthy Workforce. A consistent concern raised by child welfare stakeholders was the high turnover rate of child protection investigators and case managers, which in turn contributes to the likelihood of lower performance in outcomes for children and families. The systemic factor of staff training relates to the priority of supporting a strong and healthy workforce.

In CFSR Round 4, Florida was found to be in substantial conformity with the systemic factor of Staff and Provider Training. Item 26 was noted as an area in need of improvement based on key stakeholder interviewed who indicated that caseworkers needed additional training on the basic skills and knowledge needed to perform their duties as new caseworkers in their first year on the job. Stakeholders also said that the training did not address

some significant components of the job, such as navigating and using the Statewide Automated Child Welfare Information System.

Statewide Training System. In Florida, it is mandatory that all child welfare service staff obtain a child welfare certification from a third-party organization known as the Florida Certification Board (FCB). The FCB 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 child welfare. The FCB currently 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 preservice training, structured field activities, and pass the preservice test to achieve provisional certification before being assigned any intakes. During preservice 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 primary responsibility for an intake would not be assigned to the CPI in training. Once staff are provisionally certified, they can be assigned investigations and cases, although there is a limit for the first 30 days to ensure new staff are supported and not overwhelmed.

To engage potential candidates with extensive relevant professional experience, in 2022 the CPI hiring requirements were updated to require at least one of the following:

- A high school diploma or GED equivalent and four years of law enforcement experience or active military
- An associate's degree or 60+ credit hours and two years of law enforcement experience or active military or two years of professional work experience
- A bachelor's degree in any field

In 2024, the Department revamped the preservice training program. Historically, staff completed 10–12 weeks of training with field study days, completed a post-curriculum test, and achieved provisional certification. After meeting with stakeholders to determine what would make the most meaningful preservice experience, the program was modified to include: Foundations (previously Core), followed by a competency- based exam administered by the third- party credentialing entity.

Staff then complete a specialty track (CPI or case management), which includes experiential learning opportunities through simulation. The field days throughout foundations and specialty track were standardized through an assessment process. The assessment process requires new learners to discuss and observe specific job functions and then to be observed completing basic job function competencies by their direct supervisor and a qualified evaluator. Once new learners successfully complete Foundations, the exam, specialty track, and the assessment process, they achieve provisional certification. They then complete 1,040 hours of on-the-job experience and 40 hours of direct supervision to obtain full certification.

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

The table below shows the last three years of preservice completion and passing of staff through FCB.

Table 2.34: Number of Preservice Pass and Fail, 2020[40]

Exam Name/Year	Total N	Total Failures	Fail Rate	Pass Rate
Investigation 2020	631	44	7%	93%
Investigation 2021	570	62	11%	89%
Investigation 2022	796	75	9%	91%
Case Managers 2020	1,069	139	13%	87%
Case Managers 2021	1,064	127	12%	88%
Case Managers 2022	1,414	201	14%	86%
Investigation 2023	1,039	931	10%	90%
Case Managers 2023	1,260	1093	13%	87%

[40] Source: Florida Certification Board

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.

Florida's training strategy for all Child Welfare professionals is created to equip them with the competencies required to protect the vulnerable. Under this strategy, the Department provides robust preservice 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 and Development (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 necessary for their roles at the Department or partner agency of their child welfare professional career. See response below in question 4.a. regarding identifying training and performance needs.

In February 2021, the OCFW L&D unit has grown in expertise to meet the training needs of the state more effectively. The team comprises one training manager, two curriculum developers, one master trainer, and one implementation specialist. These positions are dedicated to developing training initiatives, establishing, or securing funding opportunities, and curriculum development; however, to meet the consistent demands of the field, an additional seven positions, called regional training liaisons, were onboarded to this unit to support training implementation and delivery.

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

- The Department's vision and practice principles, as outlined in s. 39.001, 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 the following:

- Tracking training activities of the Department and community-based training providers to ensure initial and ongoing training needs of child welfare professionals
- Designing and developing training materials and resources, such as preservice training, ongoing in-service training 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 current 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 OCFWB
- 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 Institute, restructured the preservice training based on findings from three studies (see below). The Department is updating current content and establishing the required infrastructure to provide and sustain a best-in-class preservice experience for all future child welfare professionals. This program was piloted and launched in 2024 and is being expanded throughout the state of CPIs. Case management specialty track will pilot in July 2024 with an official launch date of January 2025.

The Department conducted an in-person, two-day workgroup to envision a new preservice structure that will enable newly hired Child Welfare professionals to prepare for the job in March 2022. The Department recognizes that training and support go far beyond our staff in the field. All stakeholder partners (i.e., lead agencies, Children's Legal Services, Sheriff Offices, foster youth, etc.) bring working knowledge of the available policies and services. In line with this approach, a workgroup was formed that had 10 participants from Department regions, 15 from lead agencies, two from Sheriff Offices, and university partners (i.e., USF and Florida Institute for Child Welfare at Florida State University). During the workshop, the participants discussed the three study findings, current preservice strengths, and needed areas of improvement.

In addition to the workgroup, two studies were conducted for the preservice training:

- The Florida Study of Professionals for Safe Families (FSPSF), completed in 2020, was a five-year longitudinal, statewide project involving newly hired CPIs and CMs to identify factors influencing worker satisfaction and retention.
- The evaluation of preservice was a two-year assessment of whether the preservice training was translated into the field and concluded in 2021. The study results showed that child welfare professionals' knowledge assessment test improved after completing the preservice training; however, the learners had difficulty with translating this knowledge to the field.

Even though the studies were concluded in 2020 and 2021, the findings are still prevalent in Florida. Overall, reviews indicated a need for more practice in accurately assessing and documenting decision-making regarding child safety and risk, as well as insufficient documentation and evidence of information collection needed to make informed decisions in most areas and domains. In addition, the participants mentioned the value of internal support from supervisors and colleagues after preservice training. Given the broad nature of child and family well-being practices in Florida, staff training needs are identified at two levels, headquarters and agency, to support

the field. In addition, our partner agencies create advanced development opportunities for all child welfare agencies in Florida.

Headquarters (HQ) Level Training Needs Assessment. The L&D team conducts training needs analyses to assess the needs of frontline workers and supervisors via surveys, focus groups, LOC data reviews, or recommendations from other initiative groups quarterly. Based on the need, the team collaborates with other training units within the agency to identify existing training and develop/procure what is missing. Also, 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 review quality review data (LOC) to see emergent trends and issues in performance and determine which can be solved through training. The 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 understand which agencies are providing training for 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 headquarters 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 the request from staff, 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 notated 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. There were 15 training managers in total in two workgroups. Based on the discussions, training managers use the following methods to identify training needs:

- Annual needs assessment survey: Training managers send a survey to the entire agency 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 (LOC or internal quality assurance reports) to see emergent trends and issues in performance and determine which can be solved through training.
- Supervisor feedback: Training managers send out surveys to supervisors to identify performance issues and offer training to address these issues.
- Monthly or quarterly meetings: Training managers meet with program offices monthly or quarterly to discuss training needs and possible training solutions.

- Self-learner identified training needs: The learning management system includes more than 3,000 training videos and documents. Staff members who need certain training can access the child welfare training library to satisfy their learning needs.

Based on these discussions, some partners and regions use all of these methods to identify training gaps, while others only use some. Overall, all agencies have a process to determine their staff training needs. They also mentioned that they use 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, the following categories were created:

- Skill-building learning circles (i.e., criminal backgrounds and prior arrests, present dangers, information collection, and initial supervisory consultation)
- In-service training (i.e., domestic violence, mental health, human trafficking, sexual abuse, SUD, 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 collaborate to identify training-related performance gaps and delivering training based on the annual needs assessment survey and life of case results, which is covered in Item 25. These 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 reviewer team offers Skill-Building Learning Circles to develop internal Florida Child Welfare Practice model expertise within the regions and partner agencies. The learning circles are small groups of people, usually no more than 15. A facilitator and a subject matter expert guide the discussion and encourage attendees to bring their questions and expertise for discussion. They can be virtual, or in-person based on the learners' availability. These trainings are reviewed and updated based on any Florida administrative rule and/or policy changes. The table below shows the list of initially identified training-based metrics.

Table 2.35: 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
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 in the Course of the Investigation	CPIs and Case Managers

Topic	Metric	Audience
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 reviewers, and data teams are committed to providing data-driven and enriched learning and development opportunities for our frontline and supervisors to meet target metrics.

The Department partners with local communities to protect the vulnerable through recruitment of families and partnership with agencies who desire to be competent caregivers and providers for children to ensure they achieve their greatest potential through support and nurturing of their growth and development. 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 to address Florida's training system. Through training, prospective foster parents, adoptive parents, and staff of licensed child-caring agencies will be able to offer a safe and nurturing environment for children to heal and thrive.

All foster parents receive initial preservice training as required by the Department's contract with lead agencies to conduct all licensing tasks. Section 409.175, Florida Statutes, specifies what must be included in foster parent training but does not specify one type of training that lead agencies must deliver. Lead agencies currently use Quality Parenting Training; CARE; Passport to Parenting; National Training and Development Curriculum (NTDC); Parent Resource for Information, Development, and Education (PRIDE), or curriculum the lead agencies developed that has been approved by the regional licensing office. The COU conducts foster parent surveys and focus groups during on-site contract monitoring with results published in each lead agencies final report.

As a condition of licensure, foster parents must successfully complete preservice training with at least 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 an enhanced Level II or Level III-V must also complete specialized training for the specific population served in each home. Training is offered in a classroom setting both face-to-face and virtually. All trainings are instructor lead, to include virtual trainings, which may be offered throughout the week. This allows for foster parents to complete trainings at their convenience.

Foster parents must successfully complete a uniformed preservice training that includes such areas as:[41]

- 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, by prior abuse or neglect, and by prior placement disruptions

[41] Licensure of Family Foster Homes, Residential Child-Caring Agencies, and Child-Placing Agencies; Public Records Exemption. Florida Statute Title XXX, Chapter409, Section 175 (409.175)

- 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 as a means for addressing a behavioral health crisis or preventing placement disruption
- Basic information on human trafficking, such as an understanding of relevant terminology and the differences between sex trafficking and labor trafficking, factors and knowledge on identifying children at risk of human trafficking, and steps that should be taken to prevent at-risk youths from becoming victims of human trafficking

In addition, foster parents must complete additional training hours that include the following:

- The reasonable and prudent parenting standards, pursuant to Sections 39.4091 and 409.145, F.S. 409.145, F.S., and the balance of normalcy for children in care and their 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 Multi-ethnic Placement Act and the Americans with Disabilities Act.
- For individuals being licensed as a Level II–V, training must also include 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 applies to 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; development of safety; teaching of self-management and coping skills; social connections and support systems; behavior management; and parental resilience relationship development.

Prior to licensure renewal, all foster parents must complete 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 a uniformed training related to human trafficking.

Table 2.36: Foster Home Training Hours[42]

	Foster Home	Core	Additional	Specialized
Preservice	Level I	2 hours	N/A	N/A
	Level II	2 hours	19 hours	N/A
	Level II Enhanced	2 hours	19 hours	Yes
	Level III-V	2 hours	19 hours	Yes
In-Service	Level I	1 hour	N/A	N/A
	Level II-V	1 hour	7 hours	N/A

Training curricula for foster parents must be approved by the Department. The Department allows child-placing agencies (lead agency and subcontracted agencies) to use a curriculum of its own choosing, but the curriculum must meet, at minimum, the criteria listed in 409.175(14), F.S., and 65C-45.002, F.A.C.. The completion of parent preparation preservice training is valid for five years from the date the foster parents complete the curriculum. Though each lead agency can collaborate with persons with lived experience to create the curriculum, the lead agency does incorporate persons with lived experience as co-facilitators when conducting the training. The lead agency can include additional topics in the preservice and ongoing training curriculum that focuses on specific populations such as children with disabilities and youth with sexually reactive behaviors.

Surveys are distributed to all people who completed the training. The lead agencies review and analyze the results to guide the enhancement of the curriculum, testing, or presentations from persons 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 when caring for children.

[42] Source: Florida Administrative Code, 65C-45

Table 2.37: CBC Lead Agency Trainings for Foster Homes, Reporting Period October 2021–April 2022[43]

Lead Agency Name	Foster Parent Pre- Service Training Offered	Training Format Offered	Length of Training Program (minimum of 21hours)	Language(s) Offered	Supplemental Trainings Offered	Name of Training(s)
Northwest Florida Health Network	Quality Parenting Training	Weeknights Weekends Classroom	21 hours	English Spanish	Yes	• Fostering 201 (online format) • Fostering 301 (6 hours group training) • Super Saturday (various topics) • Monthly Tallahassee Area Foster & Adoptive Parent Association Meetings (various topics each month) • Training Tuesday (weekly emails with specific topics)
Brevard Family Partnership	PRIDE	Weeknights Hybrid Online Classroom	27 hours	English	Yes	• Well Behavioral Safety Management (formerly known as NAPPI [Non-Abusive Psychological and Physical Intervention]) • CPR
ChildNet-Broward	CARE	Weeknights Online Classroom	27 hours	English	Yes	• Trust-Based Relational Intervention (TBRI)
ChildNet-Palm Beach	CARE	Weeknights Online Classroom	21 hours	English	No	• TBRI
Children's Network of SW Florida	PRIDE	Weeknight Weekends Hybrid Online Classroom	27 Hours	English Spanish	Yes	• Parenting for Success

[43] Source: The data is self-reported by the Lead Agency.

Lead Agency Name	Foster Parent Pre- Service Training Offered	Training Format Offered	Length of Training Program (minimum of 21hours)	Language(s) Offered	Supplemental Trainings Offered	Name of Training(s)
Citrus Health Network	PRIDE	Weeknights Weekends Virtual Classroom	21 hours 19 hours of homework	English Spanish	Yes	• PRIDE training curriculum. • TBRI (as of 2/2021) and Quality Parenting Initiative concepts and expectations are also incorporated to enhance the curriculum. • Panel presentation introduces system partners/stakeholders and their roles. • The Panel includes but not limited to members of the Youth Advisory council, current licensed caregivers, FCMAs, GALS, Foster/Adoptive Parent Association (FAPA), etc.
Community Partnership for Children	Passport to Parenting	Weekdays Weeknights Virtual Classroom	30 hours	English	No	N/A
Communities Connected for Kids	CARE	Weekends Weeknights Virtual Classroom	21 hours	English	Yes	• Relationship-Based Child Welfare: Supporting Partners, Strengthening Families, and Sustaining Hope Implicit Bias • Licensing Updates Various QPI—Just in Time • Foster Parent Recruitment • EPIC-Trauma Informed Care Training • Routinely Seeking Outside Help • Pushing through the Struggles of Foster Care • Fostering through Difficult Times • Rewriting False Beliefs through Parenting • Identifying Compassion Fatigue • Navigating through the Unknown of Foster Care

Lead Agency Name	Foster Parent Pre- Service Training Offered	Training Format Offered	Length of Training Program (minimum of 21hours)	Language(s) Offered	Supplemental Trainings Offered	Name of Training(s)
Family Support Services of Suncoast	Passport to Parenting	Weeknights Weekends Classroom	24 hours	English	Yes	• Icebreaker Training Supervised Visitation Training • Psychotropic Medication • Residential Pool Safety
Eckerd Hillsborough	PRIDE	Weeknights or Weekends Virtual Classroom	30 hours	English	Yes	• ACE Trauma Training CPR/First Aid & Reality Babies **Please note CPR could NOT been able to be offered during the COVID-19 pandemic (since March 2020) • System Navigation • Teen/Foster Parent Presentation • Licensing and Adoption Presentation
Embrace Families	National Training and Development Curriculum (NTDC)	Weeknights Weekends Classroom	30 hours	English	Yes	• NTDC Right Time online courses • CORE: Teen QPI online courses • Caregiver Support Agency specific training
Families First Network	National Training and Development Curriculum (NTDC)	Weeknights Weekends Classroom	24 hours	English	Yes	• NTDC Right Time QPI online courses • Foster Parent College
Family Integrity Program	PRIDE	Weeknights Classroom	27 hours	English	Yes	• TBRI

Lead Agency Name	Foster Parent Pre- Service Training Offered	Training Format Offered	Length of Training Program (minimum of 21hours)	Language(s) Offered	Supplemental Trainings Offered	Name of Training(s)
Family Support Services of North Fla	PRIDE	Weeknights Weekends Virtual Classroom	30 hours	English	Yes	• ACE Trauma Training CPR/First Aid & Reality Babies **please note CPR has NOT been able to be offered during the COVID-19 pandemic (since March 2020) • System Navigation • Teen/Foster Parent Presentation • Licensing and Adoption Presentation
Heartland for Children	Passport to Parenting	Weeknights Weekends Hybrid Virtual Classroom	21 hours	English	Yes	• TBRI Just in Time Trainings - QPI • ACE -Trauma Training • School System Navigation • Caregiver Support and Resources Available
Kids Central, Inc.	PRIDE	Weeknights Weekends Virtual Hybrid Online 2 HR Online Training (Level 1 Only) Classroom	27 hours	English and Spanish	Yes	• TBRI • Learning Coalition Process (educational services) • Case Management • Relationship Building and Information Sharing • CORE Teen (to be offered in the future) Foster Parent College
Kids First of Florida, Inc.	PRIDE	Weeknights Classroom	24 hours	English American Sign Language	Yes	• First Aid CPR • Cyber safety • Psychotropic Medication

Lead Agency Name	Foster Parent Pre- Service Training Offered	Training Format Offered	Length of Training Program (minimum of 21hours)	Language(s) Offered	Supplemental Trainings Offered	Name of Training(s)
Partnership for Strong Families	PRIDE	Weeknights Weekends Virtual Classroom	30 hours	English	Yes	• Psychotropic Medication • Children's Medical Services Overview • TBRI • Bimonthly FAPA Meeting's/trainings • Water Safety • Various trainings provided by Foster Care and Adoptive Community • Distant Learning • QPI Online
Safe Children Coalition	Professional Parenting	Weeknights Weekends Online Self-Study Classroom	24 Hours	English	Yes	• Blended ABA and TBRI Theory • Trauma Training • Sensory Issues

Adoptive Parents. Prospective adoptive parents are required to complete a Department-approved adoptive parent training program.[8] It is common for prospective adoptive parents to complete trainings simultaneously with prospective foster parents. The lead agency incorporates persons with lived experience to share their experience with the training class. Adoptive parent training must be at least 21 hours and must 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, by prior abuse or neglect, and by 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 include 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 parent's role in supporting and promoting the educational progress of the child.

The lead agency providing training to prospective adoptive parents, track training in the Child Welfare Information System of record in the same method foster parent training is captured.

Child-Caring Agency. Staff employed by a child-caring agency to provide direct care to children are required to complete, at minimum, the same training topics outlined in s. 409.175(14), F.S. Child-caring agencies use individualized tracking systems to capture the completion of orientation, preservice training composed of 21 hours of core training, in addition to specialized training hours for agencies licensed to serve specific populations, and 40 hours of in-service training which includes eight hours of specialized training. Preservice trainings must be completed for staff in a caregiver role before unsupervised contact with children. In-service training is completed by the annual date of hire. Child-caring agencies survey staff to obtain insight on the curriculum and its effectiveness to support the care and supervision of children placed in the setting.

Training curricula for child-caring agency staff must be approved by the Department and align with the criterial 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 their 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 regarding 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; and 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
- Multi-ethnic Placement Act (MEPA) and Americans with Disabilities Act (ADA)
- Prevention of placement disruptions
- Adverse childhood experiences (ACEs) and the impact of trauma and resiliency
- Restorative practices to strengthen and respond to conflict

In-service training hours must, at minimum, cover the following topics:

- Understanding of children's emotional needs and problems which affect and inhibit their growth
- Family relationships and the impact of separation, substance abuse, recognition and prevention
- The care of children at various developmental levels
- 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 2.38: Child-Caring Agency Training Hours[44]

Child-Caring Agency Subtype Designation	Preservice Training Hours	Preservice Specialized Training Hours	Total Preservice 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 IL)	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 AHCA requirements	Aligned with AHCA requirements	Aligned with AHCA requirements

[44] Source: Chapter 65C-46, F.A.C.

Ongoing training opportunities for foster parents, adoptive parents, and child-caring agency caregivers also are provided locally and consequently vary within agencies. The Quality Parenting Initiative (QPI) and the learning management system (LMS) provide online training opportunities to foster, adoptive parents, and agency staff. QPI and LMS issues approximately 10,000 certificates monthly and offers more than 300 training videos in their Just in Time section and more than 500 training videos for child welfare professionals. Joint training, involving staff from the Department, foster parents, service providers, GALs, and in some cases, law enforcement personnel, is encouraged and arranged by the Department's Summit, which hosts 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 arranged by the Florida Coalition for Children.

Florida's Foster/Adoptive Parent Association (FAPA) is another resource that provides training to foster and adoptive parents. Foster parents are trained annually at the Annual Education Conference, which the Florida Foster and Adoptive Parent Association (Florida FAPA) presents in June of each year. Furthermore, 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 (preservice and in-service, and case management supervisor development). All lead agencies receive an on-site review every two years; however, on-site reviews scheduled in March through June 2020 were conducted as desk reviews due to COVID-19 and the resulting travel restrictions. COU Contract Monitoring Reports include findings for each standard reviewed.

Service Array and Resource Development. Effective service provision to children, parents, relatives, and other caregivers is an ongoing priority and focus of the 2020−2024 CFSP. Foundational work was launched by the Department/FCC strategic planning service array workgroup in collaboration with Casey Family Programs.

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 existing evidence-based services throughout 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 specific 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 not found 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, experienced waitlists and insufficient providers of key services in areas such as domestic violence, SUD, and mental and behavioral health. Challenges in payment for services and lack of transportation created barriers and affected access to the services array in multiple jurisdictions. Stakeholders shared that individualization of services was largely dependent 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.

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

- As discussed in Permanency Outcome 1, Florida's performance in achieving timely permanency is decreasing resulting in an increase in the overall number of children receiving out-of-home care services. The Department and stakeholders have been aggressive with implementation of PIP activities and state and local CQI efforts. All initial PIP activities have been completed and additional activities have been implemented to meet CFSR PIP targets. Examples of these activities are listed in CFSR item 6.
- Loss of flexibility resulting from the end of the waiver impacted current strategies for funding the service array. The state designed a Path Forward initiative to plan for the waiver's sunset.

Functioning of Florida's Service Array

Though the state's complete service array is described in the Update on Service Description section of this document, below are a subset of services provided to support Florida's children and families.

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 parents can fully resume their responsibilities. During the time a child is served by the child welfare system, the CPI or case manager responsible must be able to assess the family and conditions in the home to determine whether specific criteria are met for an in-home safety plan. One of the criteria for an in-home safety plan is the availability of appropriate safety management services. An adequate array of safety management services helps to prevent unnecessary out-of-home placements and to achieve timely reunification.

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

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

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 strengths and needs indicators is used to systematically identify critical child 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 supported three separate and distinct strategies primarily targeted at affecting CFSR performance with a focus on permanency and well-being. Approval for all strategies was received in mid-January 2020.

The Strong Foundations team built strong workgroups for each strategy with representation from multiple partners across the state, including partnerships from multiple lead agencies that were selected as sites for the project. The initial project area focused primarily on the Central Florida region; however, the plan to roll out strategies has been expanded to include many other Community-Based Care lead agencies in several regions across Florida. Agencies in four of the six regions are included in the project, encompassing eight different CBC lead agencies. The addition of the other sites equates to including approximately 29 percent of the total child welfare supervisors in the strategy involving supervisor certification. With 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 children and families served in the state of Florida.

The Strong Foundations team with the support of the evaluation team from the University of Central Florida 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 intervention design. Plans were made to complete additional focus groups with GALs and biological parents. Readiness assessments were conducted through surveys of the Strong Foundations Core Development Team and members of the strategy workgroups. Finally, additional questions for use along 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 Strong Foundations team engaged in pre-implementation activities when, because of COVID-19, certain activities were put on hold. Site preparation and the development of training and tools related to the conditions for return strategy continued while site visits and the hiring of additional staff related to this strategy were put on hold. The supervisor certification strategy required a role delineation study which was completed. At present, a list of core competencies is being used to guide the development of training. The final strategy, creation of a case complexity tool moved forward, and the Department contracted with a vendor to create the tool.

The state continues efforts to expand the placement service array which is one of Florida's goals in the Plan to Enact the State's Vision, Section 2.

Agency Responsiveness to the Community. In CFSR Round 4, Florida was found to be in in substantial conformity with the systemic factor of Agency Responsiveness to the Community.

An interagency agreement regarding coordination services for children served by more than one agency is in place between the Department, the Department of Juvenile Justice, Florida Agency for Persons with Disabilities, Florida Department of Education, Florida Agency for Health Care Administration, and the Florida Department of Health.

Stakeholders are invited and encouraged to participate in the Annual Planning meeting with the Children's Bureau. This past year, participants included representatives from the Seminole Tribe, Foster and Adoptive Parent Associations, and community partners such as the Guardian ad Litem Program, Community-Based Care Lead Agencies, and other partner providers throughout the system.

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

In addition to formalized meetings, the Department engages with the Department of Juvenile Justice, Agency for Persons with Disabilities, and the Agency for Health Care Administration to ensure services are coordinated. The Office of Child and Family Well-Being coordinates with the Offices of Substance Abuse and Mental Health and Economic Self-Sufficiency because these programs serve many of the same clients. The Department has been working to develop a unified client identifier to better coordinate its information systems in the services provided to these overlapping populations.

Examples of additional activities conducted by lead agencies include:

- Integrating Child Welfare and Substance Abuse and Mental Health systems of care to implement a care coordination model.

- Surveying their staff members and those at their partner entities.
- 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 composed of parents who successfully navigated the child welfare system to work with these individuals and meets monthly
- Participation in the Child and Family Well-Being Council

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

Feedback from Relative and Foster Family Caregivers. The Department asked the Children's Home Network (CHN), the Florida FAPA, and the Quality Parenting Initiative (QPI) to invite caregivers affiliated with their organizations to provide feedback that the Department could use to inform the CFSP. This was an informal process, and feedback did not necessarily represent any one association, circuit, or region's response. The top themes reported are consistent with previous COU Foster Parent Survey findings and items supported by the most recent round of Child and Family Services Reviews:

- Improve meaningful communication and teamwork and ensure that caregivers are invited to staffings and court hearings. A lack of timely communication adversely affects visits with children and caregivers, caregivers' awareness of staffings, court dates, direction of the case, etc. This lack of responsiveness makes foster parents feel unimportant and excluded.
- 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 is illogical if a caregiver is trying to teach life skills to teens. Further, case workers must complete an overwhelming amount of paperwork.

When caseworkers visit the home, caregivers say it feels like they are completing a checklist and makes the experience 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 should be available to children. Improving therapeutic services is critical. Quality and timely mental health services for children in care include play therapy, eye movement desensitization and reprocessing (EMDR), and trauma-based therapy and should not be limited only to behavior modification purposes.
    - Provide other support services that caregivers need. Many children in care have learning challenges, such as autism spectrum disorder, dyslexia, and so on. It can be difficult getting schools to help locate 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
    - Be able to routinely report back implementation successes and challenges to local associations

Local Systems of Care Responsiveness to the Community Stakeholders In the past, a significant component of the COU's monitoring process was 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 were a means of evaluating the system's responsiveness to stakeholders and to broaden youth and relative caregiver input into the monitoring process. The COU developed surveys for relative and non-relative caregivers and incorporated information from the National Youth in Transition Surveys Database.

As part of assessing partner relationships, the COU previously conducted surveys to gather direct feedback from child welfare system stakeholders and community partners. Selected survey results are shown below to reflect how system stakeholders assessed 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 and have been borne out in other surveys, such as those conducted to gauge stakeholder input in support of Florida's 2023 Statewide Assessment in preparation for Round 4 CFSR reviews.

Stakeholder surveys include:

- Local community partners

- Foster parents
- GAL program
- CPI
- Case managers
- Children's Legal Services

Common themes and agreement among other stakeholders interviewed 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 for excellent child welfare work.
    - The Practice Model:
        - Is well-embedded in law and policies.
        - The proficiency process, development, and implementation should continue.
        - After implementation and CQI efforts, it will be time to consider refinements to the model.
    - Develop methods to assess workforce capacity, including workload standards, common definitions of turnover and ways of measuring caseloads.
    - Training managers are considering best practices for the professional development of supervisors.
- Financial vitality (Path Forward):
    - Significant concerns about the waiver sunsetting.
    - Implementation planning to transition from the waiver has been excellent, including local needs assessments and readiness, communication, and technical assistance.
    - Moving forward requires that the system establish methods for tracking implementation benchmarks and rapidly identifying 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 now 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): Evaluate Florida's standards for accepting calls to the hotline to ensure families that are investigated are supported.
- Child Protection Investigations:
    - High turnover remains a challenge and impedes development of a highly proficient workforce.
    - CPIs consistently report the need for more evidence-based in-home services to prevent the need for child removals.
- Current Joint Strategic Initiative Planning Process
    - Continue and strengthen the current collaborative planning and plan tracking process established between the Department and the Lead Agency and provider groups.
    - 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.
    - The team for Strategic Initiative 1, Service Array for Children and Parents, was viewed by many as a model of productive teamwork.
    - Continue collaboration with AHCA. AHCA's participation is viewed as key to the development of an effective service array and financial viability.
    - 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 2020- 2024 CFSP is provided in Chapter 1, Collaboration. Stakeholder involvement also is reflected throughout each pertinent section of the Final Report.

Foster Parent Licensing, Recruitment, and Retention. In CFSR Round 4, Florida was found to fall short of substantial conformity with the systemic factor of foster and adoptive parent licensing, recruitment, and retention.

- For Item 33 Standards Applied Equally. Florida did not demonstrate that licensing standards are consistently applied across all foster home and child placing/child welfare agencies throughout the state. Stakeholders indicated that statewide tracking of waivers began in January 2023, but until then waivers were tracked locally. While approved waiver data were provided for 2022, no information was available to demonstrate that the waivers were appropriate and timely. The Department also indicated that random file reviews are completed as a quality check to monitor lead agencies completing licensure; however, results of these reviews were not provided. Stakeholders stated that waiver

approvals were managed at the local level, which makes it difficult to determine consistency of application.

  - Activities in the past year:
    - The Department provided trainings to lead agencies and Department licensing staff on overcapacity, standardized licensing processes, and corrective actions activities.
    - Implemented a caregiver portal to streamline licensing standards and ensure all standards are applied equally.
    - Provided financial reimbursement of the expenses to assist the lead agency in having individuals certified as TBRI Practitioners and CORE Teen trainers for the purposes of using the TBRI and/or CORE Teen approach with families.
  - Potential PIP strategies for Round 4:
    - The Department will implement a tracking tool to capture the results of the random licensing file reviews under the lead agency attestation monitoring model.
    - Develop a standardized assessment guide and comprehensive checklist that ensures standards are applied equally statewide for child-caring agencies and child-placing agencies.

- For Item 34 Requirements for Criminal Background Checks: Florida received an overall rating as Strength based on stakeholder interviews.
  - Activities in the past year:
    - Lead agency conducts ongoing assessment of screenings.
    - The Department continues to review all background screenings to validate compliance.
- For Item 35 Diligent Recruitment of Foster and Adoptive Homes, Florida received an overall rating of ANI. Florida explained that recruitment is the sole responsibility of the lead agencies in the state. Data provided noted disparities in the availability of foster homes that meet the racial and ethnic needs of children in foster care and did not accurately represent the number of children in foster care.
  - Activities in the past year
    - Ongoing recruitment of foster homes by the lead agency that focus on enhanced level II homes to support teens 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.
  - Potential PIP strategies for Round 4
    - 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.

- For Item 36 State Use of Cross-Jurisdictional Resources for Permanent Placements: Florida received an overall rating of ANI. Florida provided neither data nor information to demonstrate the effectiveness and timeliness of completion of cross-jurisdictional requests to facilitate adoptive or permanent placements in the state. Stakeholders confirmed that Interstate Compact for the Placement of Children (ICPC) requests from other states are not completed within the 60-day timeframe. Barrier to timely completion of home studies included communication with sending states, slow return on Adam Walsh checks, families moving between jurisdictions, and staff/turnover.
    - Activities in the past year:
        - 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 CPIs and their role in the ICPC process.
    - Potential PIP strategies for Round 4:
        - 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 National Electronic Interstate Compact Enterprise (NEICE) Support Team for development of 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 due to staffing turnover/shortages.
        - Continue to participate and/or serve on the executive committee of Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) as well as assigned subcommittees to assist with addressing national ICPC issues.

The Department has substantial and successful processes in place for licensing, background checks, recruitment, and cross-jurisdictional activity. Lead Agency contracts define the requirements for licensing tasks, including an option for an Attestation Model. Florida Statute and Florida Administrative Code provide detailed licensing standards, and the contract requirements also cite Sections 409.175 and 409.145 (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 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.

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.

Previous COU stakeholder surveys included foster parents to learn information that is relevant to the lead agencies' retention efforts, including the supports that foster parents receive. The surveys of CPIs, case managers and GALs asked questions relevant to adequate and timely placement matching. Findings from foster parent COU surveys that were reported in the Agency Responsiveness to the Community section, also were relevant to foster parent retention.

Background Checks. 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 by 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 upon demographic information to review under the Level 2 background screening standards on a temporary basis.

Cross-Jurisdictional Resources. The Department participates in the Interstate Compact for the Placement of Children (ICPC). Please see Section 4: Final Update Report on Service Description which outlines 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 kinship navigation (if available), Medicaid, care for at-risk children, temporary cash assistance, etc.

To improve child and family permanency and well-being, a broader mix of homes continues to be necessary to ensure adequate placement matching. Goal 2 of Chapter 3, Updating the Plant 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.

Please see Florida's Diligent Foster and Adoptive Home Recruitment and Retention Plan for details.

Progress Toward Goals

Florida's CFSP 2020–2024 outlined several goals aimed at improving child welfare services and outcomes for children and families in the state. Florida aimed to enhance the safety and well-being of children involved in the child welfare system, to include reducing instances of child abuse and neglect, providing timely and effective interventions to protect children from harm, and ensuring that children have access to supportive services to address their physical, emotional, and developmental needs.

The state focused on achieving timely permanency for children in out-of-home care, through reunification with their families, adoption, or placement with relatives or other permanent caregivers. Efforts also included supporting older youth transitioning to adulthood and independent living. Florida emphasized the importance of preserving and supporting families to prevent the unnecessary removal of children from their homes, which involved the provision of family-centered services, such as parenting education, counseling, substance abuse treatment, and housing assistance, to help families address underlying challenges and strengthen their capacity to safely care for their children.

The state prioritized building strong partnerships with community organizations, stakeholders, and Tribal partners to enhance the delivery of child welfare services and support families in need. Collaboration efforts included promoting cross-system coordination, engaging families and youth in decision-making processes, and leveraging community resources to address systemic barriers and disparities. Lastly, Florida sought to improve its data collection and performance monitoring systems to better track and evaluate the effectiveness of child welfare programs and services.

This involved enhancing data sharing among agencies, modernization of its Child Welfare Information System, implementing quality assurance mechanisms and using data-driven approaches to inform decision-making and CQI efforts.

Overall, Florida's progress toward the goals identified in its Child and Family Services Plan 2020–2024 involved a comprehensive approach that addressed the multifaceted needs of children and families involved in the child welfare system, while also emphasizing collaboration, accountability, and continuous improvement. Appendix C – provides additional details on regional progress toward goals.

Though many of the goals and objectives within the CFSP 2020-2024 were successfully realized, the Department found some areas fell short of expected progress. Unforeseen events, such as the COVID-19 pandemic and back-to-back active hurricane seasons that affected the state, led to challenges and barriers in goal progress. Where

goals were unachieved, the Department intends to re-evaluate those areas and, if still relevant and appropriate based on current conditions, will continue to work toward the successful completion of those items during the next five years.

SECTION 3: QUALITY ASSURANCE SYSTEM

Florida's statewide accountability system was established in 2020, in Subsection 409.996(26), F.S., and requires the Department to collaborate with its community partners to implement a system that assesses the overall health of the child welfare system by circuit. Section 409.996(26), F.S. further states that the accountability system must:

- 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; and
- Be used to identify systemic deficiencies and promote enhanced quality service delivery.

Over the last five years, the Department has created the agencywide 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.

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

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 and identifies etiologies for gaps in performance. Sample sizes for quality reviews are determined to ensure representative demographic factors and the achievement of a 90 percent confidence level and 10 percent margin of error within each circuit. Additionally, a formalized process has been established to ensure that interrater reliability is consistent with industry standards and expert opinion. The LOC tool and quality review process were launched in July 2021. This baseline year of data collection, around the quality reviews, concluded in June 2022, and the Department now has a highly reliable dataset to begin conducting more robust analysis into root causes of gaps in quality across the state. With these baseline data, the Department can better pinpoint areas of concerns and develop more comprehensive and targeted strategies to improve performance.

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 described in Section II above. These qualitative assessments of child welfare case practices provide the state with 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).

Life of Case Reviews. The LOC reviews are conducted on new cases entering the child welfare system and continue through the life of the case. Quality reviews occur over prescribed intervals for quality reviewers to provide real-time feedback to child welfare professionals who are responsible for managing the case. At each review interval, the completed tool is provided to the field for continued learning. The sample of cases selected for review may be stratified or weighted based on characteristics presenting the greatest risk to children and families; however, any case is eligible to be selected for review. The reviews begin with child protective investigations and continue into ongoing services for those investigations transferred to case management. Cases reviewed with the LOC tool represent a valid sample by circuit with a 90 percent confidence level and ten percent margin of error. Cases are selected at random by the data analytics team and provided to the quality review managers for case assignment to the reviewers. The complete stratification of the sample is included in the reviewer guide, incorporated by reference. While aggregated review results are posted on the OQI's intranet website for Departmental use, local results are shared with regional operations teams via Qualtrics dashboards, as well as discussed at regular meetings with quality review managers and the data analytics team.

While conducting case reviews, the quality reviewer may find that a case requires immediate action due to an imminent child safety concern. When safety concerns are identified during investigative reviews, the case review tool is sent to the regional child protection director and the community services director point of contact to be addressed. See Appendix D and G Life of Case Guides that outlines the notification policy and process.

Immediate Child Safety Action Required (ICSAR) notifications are entered and tracked through the Department's Qualtrics Application, ICSAR Tracking Dashboard. Since the beginning of the Life of Case reviews tracking in 611 ISCARs were issued in 22-23. 42 from targeted reviews, 200 from ongoing, 320 from CPI, and 42 from OTI. The majority of these were resolved within 5 days.

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

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

CFSR. The state is subject to federal review using the CFSR tool and process. The CFSR process includes a self-assessment that is submitted prior to the beginning of case record reviews. The Children's Bureau conducts stakeholder interviews to confirm what was reported in the self-assessment. The CFSR case record reviews are conducted jointly with the lead agencies and include case participant interviews. The sample is selected based on the state's proportion of in-home and out-of-home services cases, meeting at least minimum requirements for in-home cases. Lead agencies facilitate the scheduling of case participant interviews, and the team jointly reviews the case record and conducts the interviews. The OQI reviewer is the lead entering the ratings into the federal

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

Office of Quality and Innovation and Community-Based Care Lead Agency Joint In-Depth Reviews. The OQI and lead agencies conduct joint reviews using a quality review team member and a lead agency QA team member to conduct reviews in the CFSR OMS. This process was reinstated in October 2022. These reviews mirror the CFSR reviews in that case participant interviews are conducted in addition to the case record review. The lead agency facilitates the scheduling of the case participant interviews and both reviewers review the case record jointly, if possible, with the OQI reviewer being the lead for the overall review. The team plans the interviews, asking questions and recording responses, and conducts the case ratings jointly after completion of the interviews and case record review. Any disagreements in ratings will be resolved using the supervisors of each reviewer, or their managers. The Children's Bureau makes the final determination for ratings under dispute if agreement cannot be reached at the manager level. Joint reviews are scheduled for one week, allowing two days for the reviewers to review the case record and conduct the case participant interviews, two days for the first level of review and the team to make corrections and submit to the second level of review by the Friday of the review week. The OQI conducts at least 33 joint reviews with lead agencies every three months. This number of reviews reflects the number of reviews anticipated to be conducted in the Program Improvement Plan (PIP) monitoring period.

Florida conducts thousands of reviews annually, with between 82−126 reviews per circuit. The number of reviews to be conducted is based on a 90 percent confidence level and 10 percent margin of error based on the total population of children receiving services within the circuit. Further, to ensure the quality and consistency of reviews, we measure interrater reliability by performing a quarterly benchmark process in which all reviewers review the same case simultaneously. These results are then summarized each quarter with a combination of agreement and interrater reliability statistics. For the benchmark conducted in March of 2023, the Krippendorff's Alpha statistic for the investigations tool was α=0.79 and for the ongoing services tool was α=0.71. These results suggest that the monitoring system is consistent in its standards when evaluating the quality of services being provided.

Table 3.1: Summary of Count of Cases, March 2024

Category	Unique Cases	ICSARs	Number of Reviews	Estimated Total Intakes[45]	Percent of Total Intakes[46]
Total Cases Reviewed	**21,718**	**2,469**	**40,163**	**540,834**	**4.02%**
FY 2023-2024	**3,832**	**280**	**5,749**	**92,913**	**4.12%**
Life of Case: Investigations	929	158	2,001		
Life of Case: Ongoing Services	1,844	122	3,580		
Special and Targeted Reviews	1,059	-	1,168		
FY 2022-2023	**4,522**	**494**	**10,454**	**145,076**	**3.12%**
Life of Case: Investigations	1,499	259	3,877		
Life of Case: Ongoing Services	1,754	197	5,083		
Foster Care and Investigation Reviews	216	17	432		
Alternative Closure	503	21	503		
Special and Targeted Reviews	550	-	559		
FY 2021-2022	**7,582**	**789**	**12,974**	**145,070**	**5.10%**
Life of Case: Investigations	2,755	657	7,297		

[45] Estimated total intakes lags by 10 days from the date of data pull to account for the 10-day cycle of Investigation and Ongoing Services reviews.

[46] The calculation of Percent of Total Intakes has been updated since the prior Count of Cases model, which only included a subset of special reviews. Percent of Total Intakes is now calculated by dividing the total of the Unique Cases column by the Estimated Total Intakes.

Category	Unique Cases	ICSARs	Number of Reviews	Estimated Total Intakes[45]	Percent of Total Intakes[46]
Life of Case: Ongoing Services	711	102	1,561		
CFSR-Style Reviews	1,284	30	1,284		
Special Reviews	2,832	-	2,832		
FY 2020-2021	**5,665**	**878**	**9,790**	**157,775**	**3.58%**
Investigations- Substance Abuse Only	3,577	819	7,702		
Special Reviews	2,088	59	2,088		
FY 2019-2020 [Testing Period]	**180**	**28**	**196**	**-**	
Life of Case Testing	162	28	178		
Special Reviews	18	-	18		

The sample is a random statewide sample, with balancing on the circuit as well as periodic checks that the sample accurately represents the demographic distribution of the age of the children within the system. See the Life of Case Tool Reviewer Guide in Appendix D for more information.

The Department has developed and maintains many quantitative and qualitative resources. Florida's Child Welfare Statistics, shown on the Child Welfare Dashboard , provides a broad range of data that can be used to create and view historical trends by state, region, or Lead Agency, and other information, such as the age, and gender of the children. The data on the dashboard and in other reports posted is derived from the Child Welfare Information System and the Department's quality assurance activities. The primary documents used for analyses of Florida's Continuous Quality Improvement review data is from the Life of Case reviews for Child Protective Investigations and Ongoing Case Management, Online Monitoring System (OMS), and the Federal Data Profile. The dashboard is the tool used by Department Management in weekly and monthly Programmatic Reviews.

The Dashboard has five tabs:

1. **Safety:** Contains the quarterly trend key performance indicators (KPIs), regarding children who are safely maintained in their homes and protected from abuse and neglect
2. **Permanency:** Contains quarterly trend KPIs, regarding the children's permanency and stability

3. **Well-Being:** Contains quarterly trend KPIs, regarding children who received physical and mental health resources, educational services, and developed capacity for independent living

4. **Monthly Trend:** Contains monthly trend KPI.

5. **Annual Trend:** Contains annual trend KPIs

Critical Incident Rapid Response Teams (CIRRT). These multi-agency teams conduct on-site investigations of certain subsets of child deaths or other serious incidents involving a child with a history 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, F.S.). Each CIRRT team is required to have at least five professionals with expertise in child protection, child welfare, and organizational management. A quarterly Critical Incident Rapid Response Team Advisory Committee report is required to be submitted to the governor and legislature of relevant findings and recommendations. CIRRT Advisory Committee Report Q4 2022.

In October of 2021, the scope of the CIRRT process was expanded to include investigations with allegations of sexual abuse that involve children who are placed in out-of-home care settings. During FY 2021–2022 (beginning in October), 531 cases assessed, 153 of which were assigned to a coordinator. The cases were assessed as the result of an allegation of sexual abuse involving a child in out-of-home placement. Most of the cases (378) involved allegations that occurred before the child's removal and placement or were perpetrated by non-caregivers (e.g., human trafficking reports), which did not meet the criteria for assignment to a coordinator. In addition to the victim children involved in the 153 investigations, more than 500 additional children were screened because they had been either previously placed where the alleged incident occurred or who had previous contact with the alleged perpetrator to safeguard against future harm. Since the expansion in October, the Department has conducted five First Responder Trainings for 123 professionals across the state who could assist with additional screening activities when necessary.

Accountability. Florida is expected to protect the children living in the state, particularly those at the greatest risk for abuse and neglect. A key component is the Department's obligation to measure and monitor the performance of internal and contracted operations and to recommend initiatives to correct identified deficiencies and drive performance outcomes. Pursuant to s. 409.996, F.S. the Department developed a statewide accountability system that assess the overall health of each circuit's child welfare system by evaluating performance of child protective investigators, community-based care lead agencies, and children's legal services. Accountability measures are grouped within the domains of Safety, Permanency, and Well-Being. Within each domain are quantitative outcome measures to assess child welfare results for Florida's children and families, leading quantitative measures to assess the processes by which such outcome measures are attained, and a host of case review measures to assess the quality of services provided. The Department continuously assesses and publishes the overall health of each circuit's child welfare system by evaluating performance for CPIs, CBC lead agencies, and Children's Legal Services. For details, see Section A of the 2023 Accountability Report.

Programmatic Monitoring. To provide valuable input into a meaningful cycle of performance review and improvement, the Department is in the early stages of implementing a new programmatic monitoring process,

designed to look beyond traditional outcome measures, and to assess whether these systems of care are performing effectively and efficiently, all while being accountable to the various stakeholders involved in the child welfare system.

This programmatic monitoring system is designed to work in conjunction with the Department's existing quality assurance and quality improvement processes and to function as a part of a larger accountability framework, which includes the publication of a "Health of the System" report by circuit and ongoing qualitative reviews using the LOC tool. This system also supplements federal CFSR by evaluating systemic factors such as staff and provider training, foster parent recruitment and retention, service array and resource development, and performance management.

This process is also intended to incorporate a "Cycle of Improvement," whereas findings from the processes contained within, and the systematic review and improvement of the Programmatic Monitoring process itself, will be used to make changes as needed to ensure that the system remains fully capable of providing the Department and its providers with information that is actionable, appropriate, and supported by evidence-based best practices.

- **Annual On-site Reviews:** The Department may conduct one on-site evaluation per year for each of its lead agency providers in conjunction with ongoing technical assistance and supports. The evaluation will include the review of qualitative and quantitative data from a variety of perspectives to inform the analysis and recommendations.
- **Monthly Reviews:** Between annual monitoring cycles, the Department will engage Lead Agencies on a monthly basis to support the findings and undertake any necessary actions resulting from programmatic monitoring, to address contract compliance issues, to review emerging performance trends, and to ensure timely response to identified deficiencies.

Quarterly System of Care/Partnership Meetings. Once each quarter, monthly meetings will be supplemented by a more in-depth System of Care/Partnership meeting that facilitated by OCFW leadership and will include additional participants from the expanded community system of care.

SECTION 4: FINAL UPDATE REPORT ON SERVICE DESCRIPTION

Overview of Child Welfare System of Care

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 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.

Prevention Programs, A Statewide and Local Collaborative Approach

Table 4.1: Children, Parents, and Families Served by Prevention Program

	SFY 2022-2023
Circle of Parents	1035 parents
Healthy Families Florida (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 of October 1 through September 30.

Coordination with Governor's Executive Office- Office of Adoption and Child Protection

Public Awareness Campaigns. Annually, Governor Ron DeSantis 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 maintains the charter agreement with PCA America. The Ounce participates in and accesses the network of state chapters for research-based best practices, campaign strategies and resources, and summaries of successful prevention services and supports.

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

Part of a national model and network, the Circle of Parents® provides a non-judgmental, supportive environment led by parents and other caregivers. The practice of shared leadership among facilitators and parents ensures

participants both receive and provide help to others. Families receive resource information through the informal family-friendly group meeting format. The interaction of families provides reassurance that challenges parents face 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. This initiative spearheaded by First Lady DeSantis and implemented by the Department utilizes 'Hope Navigators' to guide Floridians on an individualized path to prosperity by focusing on community collaboration between the private sector, faith-based community, nonprofits, and government entities to break down traditional community silos, maximize resources and uncover opportunities. Services are available to Floridians statewide, including children aging out of foster care, pregnant mothers contending with substance abuse disorder and other families in need of assistance. Hope Florida – A Pathway to Prosperity is now available in every county in Florida.

Efforts to Track and Prevent Child Maltreatment Deaths

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

This website includes 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 for abuse, abandonment, and neglect can be found in Chapter 39, Florida Statutes. 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, there is a chart with the most recent five years of historical data to provide the capability for greater trend analysis. Current and past data reveals three notable trends:

- Drowning continues to be a primary cause of preventable death among children between the ages of one and three years 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 a primary cause of preventable death among children under the age of one year.

- Inflicted trauma/wounds caused by a weapon, primarily the use of 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 includes additional information about the Department's prevention campaigns relating to unsafe sleep and drowning, among other leading causes of child fatalities in Florida. These campaigns provide useful information for parents and caregivers and are avenues for community involvement.

This webpage 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, CADR provides statewide and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths that were accepted for investigation by the Hotline. CADR's duties extend to all deaths reported to the Hotline. The goal of these reviews is to eliminate preventable child deaths. CADR operates under the purview of the 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 that brain injury and trauma patterns within a family has on maltreatment and fatality likelihood

CIRRT. CIRRTs are multi-agency teams that conduct on-site investigations of certain subsets 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 is required to have at least five professionals with expertise in child protection, child welfare, and organizational management.

The CIRRT Advisory Team reviews the individual reports created for each review and submits a report of reviews conducted to the legislature each quarter. The Department maintains information on the Child Fatality Prevention website specific to the CIRRT 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.

Beginning in October of the 2022/2023 fiscal year, there were 748 cases assessed with 151 being assigned to a coordinator. The cases were assessed due to having an allegation of sexual abuse involving a child in out-of-home placement. Most of the cases (597) involved allegations that occurred prior to the child's removal and placement, or were perpetrated by non-caregivers (e.g., human trafficking reports), which did not meet the criteria for assignment to a coordinator. In addition to the victim children involved in the 151 investigations, there were over 900 additional children screened who had either been previously placed where the alleged incident occurred, or who had previous contact with the alleged perpetrator, to ensure that no potential victim was left unaddressed. The Department has continued to provide First Responder trainings every two months for professionals across the state who could assist with additional screening activities when necessary.

Promoting Safe and Stable Families

The Promoting Safe and Stable Families program assists in providing child safety, permanency, well-being, and trauma- informed care, and expanding and refining the service array to ensure that it reflects evidenced-based, best, or emerging practices for child development and family functionality. To increase parents' confidence and competence in their parenting abilities and to ensure that children are in a safe, stable, and supportive family environment is a top priority for Florida. The Promoting Safe and Stable Families program allows the Department to develop, expand, and operate coordinated programs of community-based services.

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

Creating positive change for Florida's children and families is only possible when all the organizations involved with the children welfare system recognize their individual and collective roles in enhancing the safety, permanency, and well- being of those served. In Florida, the key child welfare system stakeholders and partners include the Department, lead agencies, communities, providers, contractors, youth, parents, caregivers, foster parents, adoptive parents, other state agencies, Tribes, and the judiciary. Collectively, these stakeholders represent Florida's child and family well-being community.

The unique partnerships within Florida's child and family well-being community create opportunities for long-term improvement by bringing together perspectives and experiences with a singular focus on improving the lives and safety of each child in Florida. The Department strives to prevent child abuse and neglect statewide through its community-based care approach, contracts, and partnerships with notable experts in the fields of primary, secondary, and tertiary prevention programs and strategies.

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

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

The table below displays specific details regarding the grant award:

Table 4.2: Title IV-B Part II, PSSF Expenditures

Title IV-B Part II, PSSF	Actual Expenditures as of 9/30/2023	% of Actual Expenditures
Family Preservation	$5,530,680.72	26.17%
Family Support	$6,538,519.64	30.93%
Time-Limited Reunification	$5,191,966.80	26.17%
Adoption Promotion & Support	$3,869,125.37	18.31%
Administration	$6,615.47	0.03%
Total	**$21,136,908.00**	**100%**

Services Provided in the Four Areas Under the Marylee Allen Promoting Safe and Stable Families Program 4 (Title IV-B, Subpart 2)

Family Preservation Services (26.17% of the FFY 2023 Grant). Florida continues to optimize the efforts toward families (including adoptive and extended families) at risk of separation or facing otherwise difficult circumstances by performing duties including:

- Information and referral to include substance use and domestic violence related services
- Targeting services geographically in zip codes where there is an increased need
- Using the family team conferencing model
- Utilizing clinical response teams
- Home safety and maintenance activities
- Use of wraparound services

Family Support Services (30.93 % of FFY 2023 Grant). Family support services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by:

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

Though many examples of typical supportive programs to families exist, Florida has readily embraced:

- Parenting classes geared toward various developmental ages and stages and the effects of family violence and substance use on children
- Health and nutrition education training sessions
- Home visiting activities and services
- Comprehensive family assessments
- Early developmental screening of children to assess needs
- Assistance in securing specific services to meet those needs
- In-home parent training
- In-home substance use counseling

Time-Limited Family Reunification Services (24.56% of the FFY 2023 Grant). Time-limited family reunification services are put in place for children removed from their home and for their parents or primary caregivers. Florida passionately embraces these services that are designed to maintain intact families. These 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 or before post-placement supervision services are successfully terminated
- Follow-up care to families
- Mentoring or tutoring services
- Therapeutic childcare services
- Parent (adoptive, biological, caregiver, foster) education and training relationship skill-building activities

Adoption Promotion and Support Services (18.31%[47] of the FFY 2023 Grant). 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 that 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.

Community Facilitation and Innovative Practices

Child maltreatment prevention services usually fall under the banner of public awareness activities, skill-based curricula for children, and parent education programs. Vigorous support by the Department, lead agencies, and partners such as faith-based organizations, civic groups, and business partnerships leads to a collaborative effort to provide family-centered practices, helping to preserve Florida's families by protecting children. Innovative practices such as those listed below illustrate the State's commitment:

- **Wendy's Wonderful Kid's (WWK).** Through the Dave Thomas Foundation continues to support children matched and in placement until finalization occurs. The WWK recruiters continue to work on past and present connections to either obtain a placement for a child or ensure that the child has familiar connections while in care.
- **Triple P Parenting Program.** This program is an evidence-based parenting curriculum that is available to dependency clients. The goal of Triple P is to ensure that families have the skills to respond to their individual child's needs.

[47] Allocation of funds are now being distributed to align with requirement to fund at 20%.

- **Kids in Distress (KID) Coordinated Family Services (CFS).** This program is designed to provide a one-stop-shop program to families requiring a single service or multiple services. The intent of CFS is to serve families who have been unable to successfully access or complete treatment services and/or to bridge the barriers inherent in multi-service coordination. All services are provided on the KID campus so that the family does not have to travel to multiple locations to access each service. Service delivery includes case management services, in-home services, evidence-based parent education classes, individual and family counseling, domestic violence counseling, and substance use counseling. The CFS program's ultimate aims are to reduce family risk factors related to child abuse and neglect, preserve and stabilize families, and ensure the safety, permanency, and well-being of children.

Administration (.03% of the FFY 2023 Grant). This includes the costs of in-home and out-of-home "community facilitation services" that are not provided through contributions from state and local sources. These services are defined in Title IV- B of the Social Security Act, Section 431, as the costs associated with developing, revising, implementing, and coordinating the comprehensive Child and Family Services Plan/Promoting Safe and Stable Families five-year plan.

The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1). The Department utilizes 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 their family
- Enabling families to use other resources and opportunities available in the community
- Assisting families with creating or strengthening family resource networks to enhance and support childrearing

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

Family Support Services is the name of Florida's program. Through this program, the lead agency or their contracted providers link families to services in the community. Florida's recently implemented HOPE Florida (2021) and Family Navigation (2022) programs also help link families with needed family 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 substance use and domestic violence related services[48]
- Targeting services geographically in zip codes where there is increased need
- Use of the family team conferencing model[49]
- Creation of the clinical response teams[50]
- Home safety and maintenance activities and use of wraparound services[51]

While adequate evidence-based treatment capacity does not exist across the entire state for families who could be served with in-home supervision, it is hoped that the expansion of Florida's FFPSA work will ultimately 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 reunification services are used for children removed from their home and their parents or primary caregivers. These services are designed to support the safe and appropriate reunification of a child within 12 to 15 months. 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. Adoptive homes are chosen carefully, ensuring that 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 and avoid disruptions. The adoption of foster children continues to be a state and local partnership.

Examples of adoption promotion include:

- Child-specific or targeted population recruitment efforts
- Quarterly matching events for children available for adoption and potential families
- Heart Galleries[52]

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

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

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

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

[52] Traveling photographic exhibit created to find forever families for children in foster care.

- Child recruitment biographies[53]
- Use of social media
- Media blitzes targeting available children who are severely medically fragile
- Town hall meetings and "lunch and learn" activities

Examples of adoption support services include:

- Collaboration with early learning coalitions
- Home and school visitation with post-adoptive families and children
- Adoptive parent support groups
- Counseling referrals
- Post-adoption specialists

Adoptive parent and youth support groups provide opportunities for adoptive parents and youth who are struggling with similar challenges and concerns to meet and discuss their situations. These groups generally convene once a month and are appropriate for the languages, cultures, and needs of the participants in each community. When appropriate, they also receive support from umbrella organizations and qualified facilitators, such as teen support groups. In rural areas where there are limited numbers of adoptive families, newsletters and group emails are being utilized to provide new information about post-adoption services and provide an avenue for adoptive families to communicate with each other.

Research has shown that social connections and concrete support in times of need are essential to family resilience, including knowledge of parenting, child and youth development, and parental adaptability. These connections can be made available to families through adoptive parent support groups. The post-adoption services counselors are connected to support groups in their area and assist with providing local community 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 (section 422(b)(11) of the Act). When a child from an international adoption is removed due to abuse, abandonment, or neglect, the child and their 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 undergone an international adoption receive post-adoption services and support through the private agency that completed the adoption. See the section on inter-country adoption below for more information.

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

Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act). 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 levels, ongoing collaboration ensures 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 implementing a coordinated system of primary prevention services at the state and community levels, 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 which home-based visiting choices they are eligible for. Participation in any home visiting program is voluntary. Depending on location, the choices of home visiting programs offered may include 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 prior to 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 to Healthy Start services. All substance exposed children will receive Healthy Start care coordination regardless of their scoring on the postnatal risk screen or their situation 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 a woman having used or abused schedule I or II drugs during pregnancy or the postpartum period is determined as follows:

- Mother's own admission
- A positive drug screen
- A staff member witnessing use

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

§39.201 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 §39.01(34)(g) as either of the following:

- A test administered to an infant at birth 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.
- Evidence of extensive misuse and/or 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.

Healthy Families Florida (HFF), Ounce of Prevention Fund of Florida (Ounce). Funds for HFF are appropriated by 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 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 of Safety Outcome 1.

HFF works diligently to maintain the program's national accreditation with Healthy Families America (HFA). HFA is the nationally recognized, evidence-based home visiting program of Prevent Child Abuse America (PCA America). Rigorous research based on 19 publications of randomized control trials has demonstrated HFA's effectiveness. 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 their baby's developmental needs, use positive discipline techniques, cope with parenting and family life stress in healthy ways, and achieve family-established goals.

The Department – at 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 a standing partner with the Department and other prevention partners in understanding 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 the 2022/2023 fiscal year, 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, and great progress was made, as evidenced below:

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

Services for Families with Substance-Affected Baby (NAS). Families with substance-exposed infants are referred to services by hospital staff. The referral from the hospital is sent to the Healthy Start Coalition and services are provided through the Coordinated Intake and Referral for Home Visiting Services Program which is funded through the use of CAPTA funds. 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 necessary changes required the creation of a team comprised of cross-system partners in Florida. The Children's Bureau originally selected Florida's team to attend the 2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers. Participation in the Academy provided teams with federal guidance, subject matter experts, and technical assistance through the National Center on Substance Abuse and Child Welfare (NCSACW).

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

- Maintain a statewide leadership group to coordinate the multiple systems involved
- Develop best practices for implementation of the CAPTA/CARA requirements to address the needs of infants born with – and identified as being affected by – substance use, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum (FAS) disorder
- Determine and implement best practices for the completion of a Plan of Safe Care and determine which circumstances specific agencies would have the responsibility to develop and monitor the plan
- Strengthen the ability of behavioral health providers to engage effectively with pregnant women by improving 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). These key partners share resources and cross-train on assessment procedures for substance exposed infants to improve service matching and supports for families. Additionally, they collaborate to ensure that best practices are being used effectively to complete and monitor Plans of Safe Care.

Neonatal Abstinence Syndrome (NAS) Quality Improvement Initiative. With funding from the Maternal and Child Health Block Grant, the Maternal and Child Health Section of 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.

In addition to multi-source passive case finding efforts, the Florida Birth Defects Registry (FBDR) currently conducts enhanced surveillance of NAS, incorporating 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 and/or infant were exposed, and 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 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 be given 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 insights into 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 that 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 support and care plans developed by families and the agency involved with them and are specific to each family's needs. Individual service providers may use their own service plan but 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 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, follow -up, and 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 healthcare 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 or risk concerns

Depending on the concerns and 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, either by Family Support Services or through the more intrusive dependency case management process. The Department recognizes that forming an effective and sustainable system of care for this vulnerable population will take a well-coordinated effort from many partners. 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 levels with FICCIT, FPQC, early learning coalitions (ELCs), and DOH's universal screening workgroup to strengthen outreach to and supports for families at risk.

Early Intervention Services for Infants with Neonatal Abstinence Syndrome (NAS). Florida's Early Steps program provides services to infants and toddlers with disabilities and developmental delays and their families, from birth

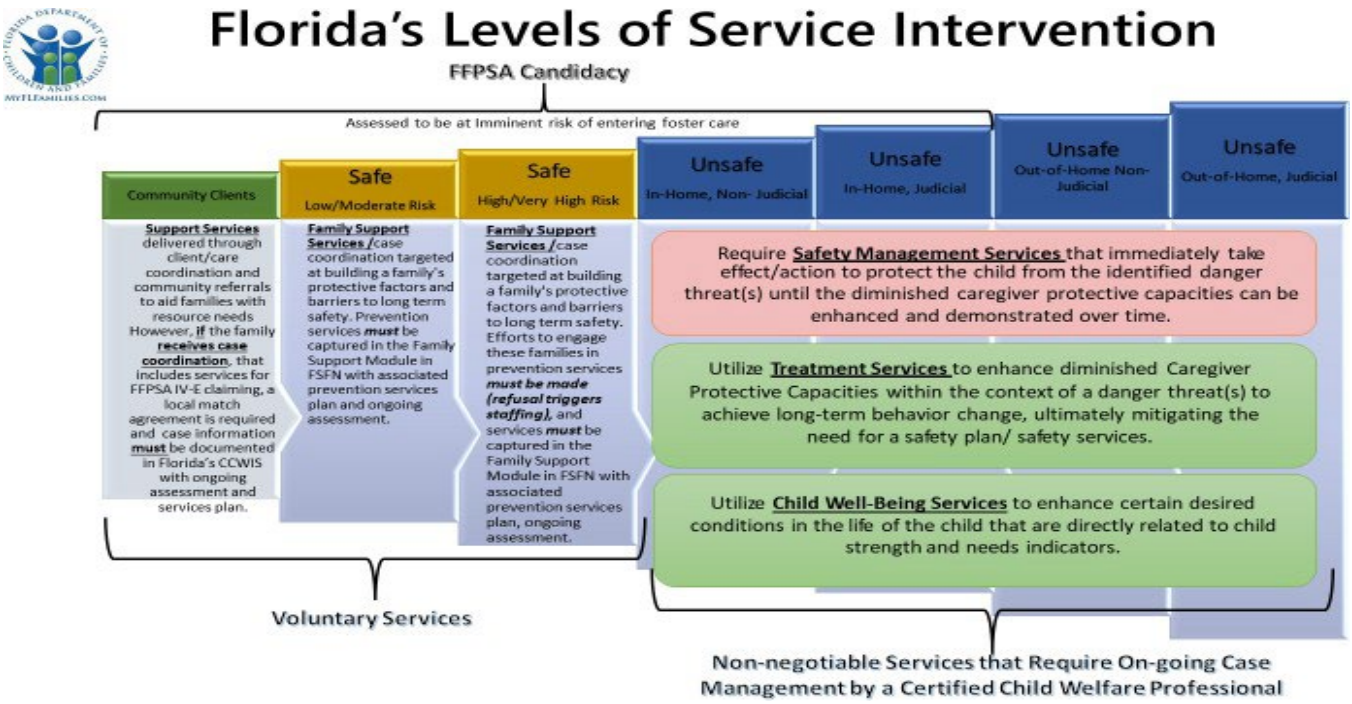
to 36 months of age. Effective January 1, 2018, Early Steps began serving children at risk of developmental delays, including infants with NAS exhibiting clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding. Services include individualized family support planning, service coordination, developmental surveillance, and family support. Screening for potential developmental delays or disabilities is a critical component of assessing child functioning for child protective investigations. Whenever a child protective investigator suspects a child is experiencing a delay or disability, the investigator is required to provide the parent information on community early intervention services. Additionally, investigations closed with verified maltreatment (for a child under the age of three) or infants identified as affected by illegal substance use or withdrawal symptoms resulting from prenatal drug exposure must be referred for a developmental assessment at Early Steps.

Florida Abuse Hotline: Assessment, Screening, and Special Conditions Referrals. Florida recognizes that incidents with serious safety concerns should receive complete and comprehensive child protective investigations. However, some situations reported to the Florida Abuse Hotline (Hotline) do not allege abuse, abandonment, or neglect, and are more appropriately addressed by the provision of resources or services outside of the child protection system. Situations reported to the Hotline that do not rise to the level of a protective investigation may be addressed as a "special condition referral." Special condition referrals are accepted when a child needs services or supervision and there are no allegations of abuse, neglect, or abandonment. Special Conditions Referrals include Caregiver Unavailable, Child on Child Sexual Abuse, Foster Care Referral, and Parent Needs Assistance. From 2022 to 2023, the Hotline screened 23,557 special conditions referrals that were followed up by the regions and lead agencies. The Department's procedures for acceptance of special conditions referrals are published in CFOP 170-05, Special Conditions and new CFOP 170-05, Chapter 29, has been drafted to provide guidance to field staff on the response to Special Conditions Referrals.

Family Support Services. Florida's service array chart below reflects how the child welfare continuum is designed. The household of any report that has been screened in by the Hotline and investigated by a CPI is assessed using the Structured Decision-Making Assessment Tool® (SDM), as adapted by the National Council on Crime and Delinquency (NCCD's) Children's Research Center (CRC), for use in Florida. The risk assessment is an actuarial process which estimates the likelihood of future harm to children in the household.

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

Figure 4.1: Florida's Levels of Service Intervention



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

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

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

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

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

Title IV-B Child Welfare Services, $16,217,683. The Department is the lead agency for administering Title IV-B, subpart 1 of the Social Security Act, also known as the Stephanie Tubbs Jones Child Welfare Services Program. The Department is using CARES Act Funding to support prevention services associated with case management of children that are in- home, out-of-home, and adopted in a manner consistent with section 421 of the Social Security Act:

- Protecting and promoting the welfare of all children; preventing the neglect, abuse, or exploitation of children; supporting at-risk
- Families through services, which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner
- Promoting the safety, permanency, and well-being of children in foster care and adoptive families
- Providing training, professional development, and support to ensure a well-qualified child welfare workforce.

Florida's Child Welfare Practice Model

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

The practice model is designed to ensure that the family is the primary point of communication, involvement, and decision-making. CFOP 170-05, Child Protective Investigations, and CFOP 170-09, 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 them. Safety concepts are codified in statute, administrative code, and operating procedure.

The Department engaged Casey Family Programs to assist in identifying areas of opportunity to streamline policy or practices. As a result of this work, several areas in the licensing process were identified to streamline, leading to review by the licensing department for policy updates. These items were identified through direct feedback from foster parents, case managers, licensing specialists, and other child and family well-being experts. In addition, recommendation was made to continue work around improving the child maltreatment index that is used to guide Hotline report acceptance as well as by Child Protective Investigators to determine findings of maltreatment. This

additional work launched in March of 2023 and is currently underway with a goal of completing the below strategies for implementation over the next year as the Department launches CCWIS system enhancements:

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

This work includes conducting multiple focus groups with system partners such as those with lived experience, child protective investigators, case managers, administration staff, legal team members, and others impacted by the system of care. The seven professional practices are as follows:

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**
   - 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, management, case planning, and assessments of the family's progress. Effective teamwork promotes the commitment and accountability of the family and all team members as they strive to achieve common goals.
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 who may be in imminent danger. The CPI gathers additional information in the six information domains from multiple sources to complete the family functioning assessment – investigations form and assess for impending danger, and as well as 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 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 information gathered to describe family conditions and determine whether a child is safe or unsafe (defined as being in impending danger). 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 form 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:

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

6. Plan for Family Change

Information gathered through the family functioning assessment – ongoing results in the development of case plan outcomes related to what behavior(s) or condition(s) must change to keep a child safe. The case plan includes specific, measurable, attainable, reasonable, and timely outcomes that are developed 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. The parents continue to receive treatment services and other interventions until they have successfully completed their 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 it. 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(s)

Reporting in Florida. Florida's single-entry point to child welfare services is the Hotline. Table 4.3 shows the number of contacts received and the associated investigation and special condition types that were generated for the 2022-2023 fiscal year. All child abuse and neglect allegations are received through the centralized Hotline located in Tallahassee. Reports may be made in English, Spanish, or Creole on different toll-free numbers provided. The Hotline also uses an interpreter service by making a conference call to the service and requesting whatever language the reporter speaks. The counselor then assesses the call through an interpreter.

Reports may be made by one of the following methods:

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

Table 4.3: Florida Abuse Hotline Data[54]

Number of Reports	FY 2022-2023
Total Child Abuse Reports and Special Conditions Contacts	339,731
Total Child Abuse Reports and Special Conditions Contacts Screened In	214,880
Total Investigations (Initial, Additional, Supplemental)	191,323
Total Special Condition Contacts	23,557

Criteria for Report Acceptance and Response Priority Determinations. Pursuant to section 39.201, F.S., "any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare must report such knowledge or suspicion to the Florida Abuse Hotline. Members of the general public may report anonymously if they choose."

Abuse Hotline Updates/Accomplishments

To improve the customer experience, enhancements were made to the online web reporting option in October of 2023.

Mandated Reporters now have the option of creating an account with personal log-in information. Since

[54] Source: CCWIS Reporting

some mandated reporters will need to make multiple reports due to the nature of their profession, when logging on to file a web report, the reporter's contact information will be saved and pre-populated for future uses. Reporters who have created web portal accounts can see the state of the submitted web report as it's being processed at the Hotline. Reporters then have the option of receiving an email response from the Hotline informing them of the status of their submitted web report; whether it has been accepted for investigation, the rationale behind decisions to not accept the report for investigation, and the name and ID# of the Hotline staff that processed the received web submission.

Crime Intelligence Unit

The Hotline operates a crime intelligence unit with specially trained staff who complete criminal history checks for the following purposes:

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

Procedures for child welfare staff for all types of background checks are published in CFOP 170-01, Chapter 6, Requesting and Analyzing Background Records.

Crime Intelligence Unit Updates/Accomplishments

- All planned placement results are reviewed in accordance with Chapter 39, Florida Statutes, and a placement determination is made and sent to the requesting agency based on OCA number
- All Planned, and Emergency Placements results are stored for review by the region's point(s) of contact
- An Analyst Helpline was created to assist with calls regarding the Child Welfare Information System history searches for multiple reasons, including employment and placement
- Technicians began calling out *immediate* reports 24 hours a day to assist counselors with being available for stakeholders trying to contact the hotline more quickly
- In January of 2022, the Crime Intelligence Unit began reviewing all Emergency Placement results statewide and providing "concur" letters to field staff to achieve statewide consistency
- As of August 2023, the Crime Intelligence Unit began completing background checks for investigative and placement purposes for all counties in Florida, including those where the Sheriff's Office formerly provided child protective investigative services

Child Protective Investigations

Table 4.4: Child Protection Investigations Data (SFY 2022-2023)[55]

Reports	FY 2022-2023
Total Investigations (Initial, Additional, Supplemental)	191,323
Total Special Condition Contacts	23,557
Percent of Children Seen in 24 hours (DCF Standard is 90% or higher)	90.31%
Percent of Investigations Completed in 60 Days	98.12%
Percent of children determined to be unsafe removed from home	47.95%
Percent of children determined to be unsafe remaining at home with in-home safety plan	45.26%

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 170-05, Child Protective Investigations.

Child Protection Team (CPT) Consultation. Children's Medical Services with the DOH are 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 the State's targeted opioid response grants. Some additional behavioral health consultants have been funded by the managing entities responsible for behavioral health services in each region. This resource has proven to be extremely helpful to the CPIs in determining impacts of substance use disorders and behavioral health on the safety of children and the services needed for parents.

When information obtained during the interactions with – and assessment of – the family's functioning indicates that substance misuse could be occurring in the home and the CPI feels as though the substance misuse is having an impact on a child's safety or 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 to the child caused by – or highly correlated with – the substance use

[55] Source: March 2024 DCF Key Indicator Report, OCFW Dashboards.

- 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, including 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 they 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 domestic violence training series aligned with Child and Family Operating Procedure (CFOP), to support staff transitioning to the Department from the Sheriff's Office Child Protective Investigations team. 99 percent of participants reported that the training enabled them to understand new concepts. 97 percent of participants reported that they felt they could 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 offices. The purpose of the CPI Project is to collaborate with local Office of Child and Family Well-Being, primarily engaging child protective investigations involving intimate partner violence (IPV). This resource increases the capacity of the Child Protective Investigations to identify the dynamics and impact of IPV, determine ways to hold perpetrators responsible for violence, and address needs for survivors and their children. The CPI Project has shown success in enhancing family safety, creating family permeance, and increasing perpetrator accountability.

2020-2023 CPI Project Success

- Co-located advocates provided 63,250 subject matter expert (SME) case consultations to child welfare professionals
- Co-located advocates followed up with 38,261 referrals for service from child welfare professionals

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 overall child safety.

Risk Assessment

As part of its investigation, the CPI completes a risk assessment during information collection, identifying 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 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 needed ongoing supervision:

- Child remains in home with safety planning and no judicial actions
- Child remains in home with safety planning and corresponding judicial actions
- 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 the child could safely remain at home while the parent(s) participate in a case plan and receive the necessary treatment services to strengthen their protective capacities, with the provision of appropriate and available safety management. 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 of Florida Administrative Code requires that the transfer of primary responsibility for a case involving an unsafe child goes from an investigator to a case manager, achieved through a case transfer conference. The Child Protection Investigator is

tasked with ensuring that information has been updated and provided at the time of the case transfer conference. The case transfer conference should 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, (entitled Case Transfer from Investigations to Case Management) provides the responsibilities that the CPI must attend to prior to case transfer, including documentation in the Child Welfare Information System; 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 as well as family-made arrangements), case managers take over responsibility for ongoing supervision of the child and their family. The scope of case management services includes monitoring or modifying the safety plan, completing a case plan, and filing with the court for approval with one of the following goals: Reunification of children 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's – and their family's – needs and progress, and to support court-ordered services. 65C- 30.007, Case Management Responsibilities After Case Transfer, F.A.C., also states that face-to-face contact with children every seven days if the child is in shelter status and every 30 days after released from shelter status is required. Contact shall be made with the parents every 30 days. Contact discussions should include the status of the case plan, services, and any barriers or concerns. Academic, medical, and dental progress should be monitored, and staffing arrangements and modifications should be made as needed.

Monthly Caseworker Visit Formula Grants. Florida uses the Monthly Caseworker Visit Formula grant funding 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 was reported as follows, per the FSFN Data Repository as of 12/6/2023:

- 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 minimum standard for caseworker contacts is established in Rule 65C-30, Florida Administrative Code, which requires the following:

65C-30.007 Case Management Responsibilities After Case Transfer.

(1) Contacts with Children.

(a) The case manager shall make face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence. If the child lives in a county other than the county of jurisdiction, this shall be accomplished as provided in Rule 65C-30.018, F.A.C.

(b) Initial contact shall occur within two (2) working days of case transfer or the date of the court order for supervision, whichever occurs first.

(c) Contacts shall include observations and private discussion with the child as to the child's safety and well-being.

(d) The safety plan shall establish the frequency of visitation by the case manager, but in no case shall the contact be less frequently than every 30 days.

(e) Face-to-face contacts with the child and caregiver shall occur at least once every seven (7) days as long as the child remains in shelter status. The frequency of contact, while in shelter status, may be modified after the case management supervisor documents in FSFN that all of the following conditions have been met:

1. The child is in the care of a relative, non-relative, or a licensed foster parent and is not demonstrating any behaviors that may lead to a placement disruption.

2. The child has not experienced any placement changes and the case has been open to case management for more than 30 days.

3. The child's needs have been assessed and all therapeutic services needed are being provided.

4. The child, if developmentally appropriate, and the out-of-home caregiver are in agreement with the modification to the frequency of contact with the case manager.

5. The safety plan for the family does not require more frequent face-to-face contact between the child and case manager.

(f) If the frequency of face-to-face visits while in shelter status are modified pursuant to paragraph (e), above, the case manager must document the reasons why the child is still in shelter status in FSFN.

(g) After disposition, the frequency of contacts may be modified, but in no case shall contacts be less frequently than every 30 days for a child.

1. The case manager must document all contacts in FSFN, including case plan and safety plan monitoring, no later than 2 business days from the contact.

2. Contact with a child outside the child's current place of residence shall occur in an environment in which the child is comfortable, such as an early education or child care program, school setting, or child's therapeutic setting.

(h) At least every 90 days, or more frequently if warranted based on the safety plan, the case manager shall make an unannounced visit to the child's current place of residence. When a child is with a parent in a certified domestic

violence shelter or a residential treatment program, visitation arrangements shall be coordinated with program staff and may occur outside of the facility.

65C-30.008 Child Welfare Professional Responsibilities to Parents.

(1) For children remaining in the home, the case manager shall assist the parents in order to:

(a) Resolve the situation that resulted in the need for a lead agency managed safety plan;

(b) Understand and meet their child's needs, including the child's need for safety;

(c) Maintain contact with the family's service providers, including medical and educational providers; and,

(d) Work toward the case outcomes.

(2) For a child in an out-of-home placement, the case manager shall assist the parents in maintaining continuing contact with the child through visitation, letters, phone calls, and any other methods to maintain contact, when in the best interest of the child. All contact shall be in accordance with any order of the court.

(3) For a child in an out-of-home placement with a case plan goal of reunification, the case manager shall ensure the parents are provided with reunification services. Reunification services shall:

(a) Identify and remedy the problems that have resulted in the removal of the child.

(b) Assist the parents in making changes that will permit a safe reunification of the family and recommend services to ameliorate such problems.

(c) Focus on the specific problem areas related to conditions for return that make it unsafe to return the child home.

(d) Help the parent understand the possibility of permanent separation from the child if that becomes necessary.

(4) For all children in the dependency system, regardless of placement, the case manager shall ensure that parents have the information necessary to contact their case manager. If a new case manager is assigned to a case, the new case manager shall notify the parent within two business days of case assignment and provide updated contact information.

(5) The case manager shall document services offered, services utilized and the effects of these services, and shall communicate at least every 30 days with the parents on progress made or lack of progress. This information shall provide the basis for casework decisions and recommendations to the court.

(6) If the court-approved goal of the case plan for a child in an out-of-home placement is not reunification, the case manager must continue reunification services until either released by the court or parental rights are terminated. The case manager has no obligation to offer or provide reunification services to the parents, unless it is necessary for the child's well-being or is otherwise court ordered.

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 meet 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.

Kinship Navigator Funding (title IV-B, subpart 2) Kinship Navigator Funding (title IV-B, subpart 2). Florida legislation authorizes the Department and its contracted providers to establish kinship navigator programs to help ensure the stability of children in – or at risk of entering – foster care by maintaining a connection with or reconnecting with family members. Federal legislation authorizes a Title IV-E kinship navigator program that includes additional funding to support a broad range of services to relatives and fictive kin and promotes partnerships between public and private agencies. Florida has applied for this grant in preparation for implementation of the Kinship Navigator Program included in the state's Title IV-E Five-Year Prevention Plan, as Florida did not have a Kinship Navigator Program.

The Department provides support to relatives and fictive kin through evidence-based Kinship Navigator programs to prevent children from entering, or re-entering, out-of-home care. The Department installed Kinship Navigator programs and services throughout the state in every region operated by the Provider, with the expectation of expanding to counties who are struggling to keep children from entering foster care. Through this plan, utilization of the Department's Contracted Evaluator (Evaluator), the Florida Institute for Child Welfare, assists the Kinship Navigator programs operated by the Provider through the approval process, to ultimately become an established, evidence-based program with the Title IV-E Prevention Services Clearinghouse. The Evaluator identifies gaps that could potentially impact the approval through the clearinghouse and develops an action plan for the Provider. The program expansion will use mixed methods and fidelity assessments using focus groups, surveys, and statistical analysis to understand how kinship navigators are currently implemented in existing counties. The Department received $4,674,391 in funding in the last five years (breakdown below).

Table 4.5: Kinship Navigator Funding

Fiscal Year	Funding Amount
2019-2020	$753,400
2020-2021	$743, 387
2021-2022	$1,042,075
2022-2023	$1,056,943

Fiscal Year	Funding Amount
2023-2024	$1,078,586
Total Funding Received	**$4,674,391**

Least Intrusive Interventions. When an investigator determines that a child is unsafe, Rule 65C-30.009 of 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.

Table 4.6: Children Served In-Home Protective Services[56]

Determination	Number of Children
Children investigated and determined to be unsafe, the number receiving services in the home	5,657 children As of end-of -month count on March 31, 2024
Children determined to be unsafe, the percent remaining at home with in- home safety plan	99.25 % As of Mar 31, 2024

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 FFA-Ongoing. 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.

[56] Data Source: Case Management Safety Management Listing - OCWDRU Report #1301

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[57]
- Targeting services geographically in zip codes where there is an increased need
- Use of the family team conferencing model[58]
- Creation of the clinical response teams[59]
- Home safety and maintenance activities use of wraparound services[60]

Treatment Services. As discussed in Section 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 timeframe of 12 to 15 months.

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

Out-of-Home. Table 4.7 shows the total number of children in out-of-care and setting types as of April 30, 2024. More information about the characteristics of children in care are detailed in the Foster and Adoptive Parent Diligent Recruitment Plan, as part of the CFSP.

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

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

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

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

Table 4.7: Children in Out-of-Home Care[61]

Category	Statistics
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 place 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 people significant to the child, excellent care and nurturing, and other services to help the child deal with prior trauma. This includes services designed to heal and improve the parent/child relationship, developmental or educational supports, health and dental health care, and any other services necessary to 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(ren) 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 as not in the best interest of the child.

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

Special Efforts to Achieve Permanency for Children Aged 0-5

Identification of promising and evidence-based services

The Department implemented a standardized, integrated, multidisciplinary team to allow for effective assessment of children who are vulnerable due to existing histories of trauma, which led to the child's entrance into the child

[61] Data Sources: 1) Child Welfare Dashboard

welfare system. This assessment is especially important for children who are 3 years of age or younger, who have an enhanced need to have healthy and stable attachments to assist with necessary brain development. Stable and nurturing relationships in the first years of life, as well as the quality of such relationships, are integral to healthy brain development, providing a foundation for lifelong mental health and well-being as an adult.

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

Services for Children Under the Age of Five (section 422(b)(18) of the Act). In the 2022 General Appropriations Act, the Florida Legislature allocated $2 million in recurring general revenue to the community-based care lead agencies. This funding supports case management and prevention services to aid Early Childhood Courts. In May of 2023, the Department hired a Statewide Early Childhood Community Coordinator to focus on providing case management and prevention services to support the development of Early Childhood Courts. Since then, 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.

An early childhood dashboard is currently in development. Once completed, this dashboard will display data for all children under the age of five in Florida who are in out-of-home care. Additionally, it will merge data from the FDCIS data system to incorporate the Early Childhood Court population alongside demographics for all children under the age of five in Florida. This dashboard will improve data collection and reporting, significantly enhancing the ability of local court teams, lead agencies, and stakeholders to obtain high-value data points.

This database will cover crucial areas such as permanency and child well-being. This data source will be instrumental in site decision-making and future planning, while guiding local and statewide continuous quality improvement projects. Moreover, it will serve as an additional tool for tracking, oversight, and monitoring within the Department for allocation reporting purposes.

There are 35 sites covering 16 circuits. 29 sites have active court dockets and cases with a current population of 305 as of March 2024. 216 closures occurred in 2023 (FDCIS from 2023-2024).

2023 data on closures reflect:

- Children in ECC reached permanency sooner across all permanency outcomes:
    - Data pulled in 2021: ECC children reached r**eunification with a parent 137 days (approximately 4.5 months) sooner** than non-ECC children. 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 3 months) sooner** than non-ECC children. 2023 data pull suggest 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. 2023 data pull suggest ECC children reached reunification with a parent on average 183 days sooner than non-ECC children.

- 2023 data pull suggest: 61 percent of cases closed with at least one parent vs 43 percent of non-ECC children.

Placement Matching

Multidisciplinary Team Staffings. In December 2022, 65C-30.023, F.A.C. Multidisciplinary Team Staffings and 65C-28.024, F.A.C. Placement Transitions were adopted to align with Florida statutes. The additions to Florida Administrative Code 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 multidisciplinary teams and transition processes.

Diligent Search and Diligent Efforts. Locating parents, relatives, and fictive kin is important for maintaining and Strengthening a 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 a 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 a child placed into their home but wish to remain connected with them. (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 of 2017, Florida's out-of-home population has been declining. Entries to Out -of Home-Care are operating at or near lows over the last three state fiscal years. Full implementation of Level 1 licensure has modified the placement array numbers. Specific information related to the placement services array are discussed further in Chapter 2, under Foster Parent Licensing, Recruitment, and Retention.

Non-licensed Relative Caregiver and Non-Relative Caregivers. For many years, the Department has offered financial assistance to relatives and non-relatives through the Relative Caregiver Program (RCP), which includes 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 relative/non-relative caregiver will receive to match the amount received as a licensed foster parent for up to six months or until licensure, whichever occurs first. CFOP 170-10, Chapter 8, Kinship and Relative Supports outlines the services and supports available for relative/non-relative caregivers caring for dependent children in Florida.

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

specialists review samples of files to ensure compliance with Florida Administrative Code and complete a physical inspection of the providers property. The plan to address improved recruitment and retention is described in Florida's Diligent Foster and Adoptive Home Recruitment and Retention Plan.

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

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

Level 2. Non-child-specific foster home.

Level 2 Enhanced. Enhanced non-child-specific foster homes.

Level 3. Safe foster home for victims of human trafficking.

Level 4. Specialized Therapeutic Foster Care Services are specialized therapeutic services for children in foster care with emotional, behavioral, or psychiatric problems. Intensive treatment services are provided. Therapeutic foster care is provided through Medicaid Managed Care.

Level 5. Medical Foster Care is provided by the Department of Health through Medicaid Managed Care. It is designed to care for children in foster care with a chronic medical condition, provided in a family-like setting. The program offers a range of services to the children, their birth families, and to the medical foster parents.

Congregate Care. Through FFPSA, the Department was able to enhance the placement array throughout Florida with the addition of Qualified Residential Treatment Programs (QRTP). The Department partnered with AHCA to License Homes as Residential Treatment Centers with a credential from the Department as a QRTP. This allows both AHCA and the Department to have oversight of the QRTP. The Department has on average, 38 children in residential treatment center placements each month, excluding Specialized Therapeutic Group Homes (STGH) and Statewide Inpatient Psychiatric Programs (SIPP), for ongoing treatment for mental health.

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
- Enable these children to be willing and reliable witnesses in the prosecution of traffickers

The Department 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 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 of 2023, this digital version is accompanied by extensive training and is currently in the validation research phase with the University of South Florida. 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, the Department coordinates multidisciplinary staffing to develop customized service plans. These plans, in conjunction with the HTST and the Level of Care Placement Tool, outline the needs of a child and their family, identify local services, and determine if placement in a safe house or foster home is a necessary next step. The Department 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 the Department continues to provide ongoing training for state and private entities.

In addition, the Department 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, with plans to increase the total number of beds 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 Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) program, contracted by the Department, 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, the Department implements strategies to ensure that services continue beyond age 18. This includes active involvement in the Youth Committee, with a focus on training youth advocates and young adults who have experienced human trafficking and are in independent living services. This initiative empowers affected individuals with specialized training and support, enabling them to advocate effectively for themselves and others.

The Department 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 independent living staff with resources to provide ongoing support. The need for safe

housing is critical, as up to 80 percent of trafficking 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.

In addition to the initiatives already mentioned, the Department is actively engaged in ongoing collaborations and efforts to combat human trafficking at multiple levels:

- **Human Trafficking Council Co-chairing:** The Secretary 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. The Department 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 DOE 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 interagency workgroups on human trafficking.
- **Health Improvement Goals:** The Department is working with DOH on two human trafficking prevention goals for the State Health Improvement Plan (SHIP), with plans to implement them by the end of 2026.
- **Training Initiatives with APD:** The Department 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 are designed to enhance prevention and response strategies across Florida.

Interstate Compact- Placement of Children (ICPC) and Interstate Compact - Adoption and Medical Assistance (ICAMA)

The Department is an active participant in the ICPC and ICAMA. ICPC ensures protection and services to children placed across state lines. The need for a compact to regulate the interstate movement of children was recognized in the 1950s. Since then, the Department has worked with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) to address identified areas of concern within the ICPC and provide timely interstate placements.

The Interstate Compact on Adoption and Medical Assistance program 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 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. 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, use of the NEICE, and 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, often facilitating conference calls between Florida child welfare professionals and other states to ensure positive outcomes for children. Additionally, the Florida ICPC office provides presentations as needed to the CLS attorneys, judiciary, guardian ad litem (GAL), attorney's ad litem, case managers, supervisors, licensed social workers, CPIs, and ICPC liaisons at lead agencies. The ICPC office is currently developing tailored training that cover specific duties for various child welfare professionals. In February 2024, a tailored training specific for lead agency ICPC liaisons was completed, following a 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 requirements.

Florida processes all ICPC requests electronically through the National Electronic Interstate Compact Enterprise (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 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 safe and timely reminders have been built into the system. Other enhancements include an overhaul of the user interface and the development of a dashboard that provides live data. These changes make the system more intuitive and simpler to use and offer users better oversight of cases.

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 as 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 provided 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 (thus allowing 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 and 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 discs.

To ensure that documents are 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 following 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, including information and referral services, temporary case management, assistance with assessments during investigations, and assistance with subsidy and Medicaid issues. Assistance in maintaining one or more adoptive parent support groups is especially helpful for the many adoptive families who face significant challenges as their adoptive children age and experience various developmental milestones.

Adoption Competency. Adoption-competent mental health professionals have completed the Rutgers Adoption Competency course, or an equivalent curriculum, as approved by the Department. This provides 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 Certified Educational Units (CEUs) for each mental health professional continued licensure, at no cost to the trainees.

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 Survey. 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. In conjunction with lead agencies, the Department conducted a post-communication survey between August 2, 2023, and August 31, 2023. This allowed them to gather feedback from families who requested and received services as a result of the one-year post-communication contact requirement, as outlined in Subsection 39.812 (6), Florida Statutes. The intent of the survey is to determine the types and quality of services received by the family. The major findings about post-adoption services were that:

- 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

Inter-Country Adoptions. Approximately 13 private agencies that 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 them 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 increased 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 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.

Federal Adoption Saving. The Department, through applying child standards for children eligible for adoption assistance, has used most of the adoption savings to support adoption services, post-adoption services, and post-guardianship services, while remaining funds are used for prevention services. The Department's revenue management office, each lead agency contract manager, and the lead agency fiscal unit within the administrative services office all monitor expenditure of these funds and provide oversight toward timely, accurate, and fiscally responsible management of resources.

Florida Adoption Reunion Registry. FARR provides 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, FARR connects them. The registry is passive and does not actively search.

Family First Prevention Services Act Transition Grants. The FFPSA of 2018 included historic Title IV-E funding reforms to help keep children safely with their families and avoid the traumatic experience of entering foster care. It also emphasized the importance of children growing up in families, and helped ensure that, when foster care is needed, children are placed in the least restrictive, most family-like settings appropriate for their special needs. The FFPSA limits Title IV-E foster care payments to 14 days for residential group care placements. This limit exists unless it is a specified placement and provides new optional Title IV-E funding for prevention services for mental health and substance abuse prevention and treatment services provided by qualified clinicians, and in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling. The prevention services must be rated and approved by the federal Title IV-E Prevention Services Clearinghouse and are identified in Florida's five-year Title IV-E prevention program plan. For states to make a successful transition, full implementation of the FFPSA will take several years.

On December 20, 2019, the FFTA was signed into law, providing one-time, flexible funding for states and Tribes to help implement the FFPSA. Funds may be used for any purpose specified under Title IV-B (including subpart 1 and 2) and for activities directly associated with implementation of the FFPSA. Florida was federally allocated $29,233,082 in FFTA funds (a three-year grant). In determining how to use these one-time funds, states were encouraged to consider how the funding could be used to strategically move child welfare to a truly preventive system that works to strengthen families before child maltreatment occurs and reduces unnecessary family disruption. In collaboration with child welfare stakeholders from across the state and national child welfare advocates, the Department convened a series of FFPSA subcommittees to review the federal requirements, analyze existing state policies and practices, and assess the placement and services needs of Florida's child welfare system of care. As a result of these cooperative discussions, the Department sought to utilize the FFTA funds to support FFPSA initiatives.

Section 73 of Chapter 2022-156, Laws of Florida, allowed the Department to revert and reappropriate the unexpended balance of funds provided in Specific Appropriation 306B, Chapter 2021-36, Laws of Florida, and subsequently distributed through budget amendment EOG 2022-0229 for Family First Prevention Act transition funds for the 2022-2023 fiscal year for the same purpose.

There is $8,577,435 in the lump sum categories in the Family Safety and Preservation Services, and $8,796,258 in the Community Substance Abuse and Mental Health budget entities. No additional funding is needed for the Community Substance Abuse and Mental Health program for the 2022-2023 fiscal year. Existing budget will be used.

Cost Calculations

Prevention for $4,361,948 Fiscal Year 2022-2023 (Year 2). Prevent the entry of children into foster care through the delivery of evidence-based services to safely maintain the child and family in the home.

1. **Motivational Interviewing $995,040 (Office of Child and Family Well-Being).** Contract with trainers to certify staff in Motivational Interviewing (MI). MI is a method of client counseling designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes. Trained MI practitioners will incorporate the MI approach as a prevention strategy to better engage families.

2. **Multisystemic Therapy $1,461,350 (Community Substance Abuse and Mental Health**). Multisystemic therapy (MST) is an intensive treatment for troubled youth delivered in multiple settings. This program aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in youth aged between 12 and 17 years old.

3. **Functional Family Therapy $0 (Community Substance Abuse and Mental Health).** Under the FFPSA, allowable services utilizing Title IV-E funding must be used only on programs rated by the Title IV-E Prevention Services Clearinghouse (Clearinghouse) as well-supported, supported, or promising evidence-based practices. One of the models selected for expansion across the state was FFT. FFT was selected to provide a short-term prevention program aimed to address risk and protective factors that impact the adaptive development of youth (aged 11 to 18) who have been referred for behavioral or emotional problems. The Department issued solicitation number DCF RFP 2021 014 requesting proposals from the only two vendors listed on the Clearinghouse as being approved to provide FFT implementation training. Both vendors are developers of the model. The Department issued a notice of award for the selected vendor; however, a protest was received from the other vendor as there was unrelated litigation between the two vendors. For this reason, the Department subsequently issued a notice of cancellation for the solicitation, and at this time will not be utilizing FFPSA funding for services.

4. **Parent-Child Interaction Therapy $504,000 (Office of Child and Family Well-Being).** In Parent-Child Interaction Therapy (PCIT), parents are coached by a trained therapist in behavior management and relationship skills. PCIT is a program for children aged 2 to 7 years old and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship.

5. **Homebuilders $502,268 (Office of Child and Family Well-Being).** Homebuilders provides intensive, in-home counseling, skill-building, and support services for families who have children aged betweem0 and 18 years old who are at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services.

6. **Continuous Quality Improvement, Fidelity Monitoring, and Evaluations $1,658,492 (Office of Child and Family Well-Being).** A contract with vendor/university research partners to conduct reviews of all prevention EBP services and collect, organize, and corroborate the fidelity findings from selected EBP delivery throughout the state. FFPSA requires states to conduct continuous quality improvement reviews on all child welfare practices and fidelity monitoring of EBP services to ensure providers are implementing the services without compromising the program's core components. The core components of an EBP service must be complied with in order to produce the outcomes demonstrated during the research evaluation of the services.

7. **Community-Based Care Installation of Evidence-Based Services $1,091,603.00 (Community-Based Care Lead Agencies).** This provides one-time funding reimbursement to CBC lead agencies, supporting local implementation of evidence-based prevention services. The prevention services must be rated and approved by the federal Title IV-E Prevention Services Clearinghouse and are identified in the state's five-year Title IV-E prevention program plan. CBCs electing to install an EBP will submit an application/plan requesting funding supports to implement the EBP. The requests will have an annual deadline at which time the office of child welfare will review the totality of the requests and assess how to best prioritize the dedicated funds to reimburse costs to a CBC.

8. **Behavioral Health Consultation $2,518,157 (Community Substance Abuse and Mental Health).** This will expand behavioral health coordination to provide specialized care coordination of services, better supporting families in need of prevention services. This department's use of care coordination approach helps to build strong supportive partnerships with families to engage them in the appropriate services to meet their needs.

Foster Care $6,701,922.00 Fiscal Year 2022-2023 (Year 2). Ensure children in foster care are placed in the least restrictive, family-like setting or an appropriate, approved, specified residential setting.

1. **Enhance Florida Foster Information Center $1,145,000 (Community-Based Care Lead Agencies).** Expand the role of the Florida Foster Information Center (FFIC) to include working in partnership with local CBCs to provide foster parent peer mentoring services and support using the TBRI approach. The foster parent peer mentors will be trained as TBRI practitioners, offering hands-on assistance to individuals interested in becoming a licensed foster parent, as well as existing foster parents caring for children with challenging behaviors, thus stabilizing placements for hard-to-place children.

2. **Trust-Based Relational Intervention $554,400 (Office of Child and Family Well-Being).** The department will identify individuals to be certified in trust-based relational intervention (TBRI) training and select individuals to serve as foster parent peer mentors. Individuals certified as TBRI practitioners will be used to provide TBRI caregiver training to family foster homes specialized in serving sibling groups and hard-to-place teens. TBRI caregiver training is rated as a promising practice on the federal Title IV-E Prevention Services.

3. **Clearinghouse.** TBRI is an evidence-based service, designed for parents and/or caregivers of children between the ages of 0 and 17 years old who have experienced adversity, early harm, toxic stress, and/or

trauma. The training will provide caregivers with a better understanding of the needs behind a child's behavior, helping the caregiver connect with the child to build a relationship where the child feels safe.

4. **Residential Settings Transition Support $675,000 (Community-Based Care Lead Agencies).** Provide one-time cost reimbursement funding opportunities to residential care providers to ensure that the state has appropriate placement capacity for residential treatment programs that meet the new FFPSA qualified residential treatment program (QRTP) requirements. Funding must be used to meet one or more federal requirements for QRTPs.

5. **Residential Treatment Assessment Services $1,327,066 (Office of Child and Family Well-Being).** Amend current vendor contract to include funding to increase assessment services for the completion of initial 30-day assessment and ongoing 60- or 90-day assessments for all children placed in a QRTP setting. To be placed in a QRTP setting, children must have an independent evaluation completed within 30 days of placement in the QRTP. Assessments will be completed by a licensed psychiatrist or psychologist who is trained to conduct a comprehensive assessment of the child to include the use of the Child and Adolescent Needs and Strengths (CANS) assessment tool. The CANS is a multi-purpose, information integration tool that is designed to support care planning and level of care decision-making.

6. **Supplemental Foster Care Maintenance $10,366,466 (Community-Based Care Lead Agencies).** Used to stabilize the placement of a hard-to-place child or children or sibling group in a licensed family foster home and provisional placement of a child or children or sibling group in a licensed setting. Estimates based on current child welfare data and review of residential group care placements that do not meet the FFPSA-specified residential setting type.

7. **Healthy Families $6,248,240 (Office of Child and Family Well-Being**). Healthy Families is a nationally accredited home visiting program for expectant parents and parents of newborns experiencing stressful life situations. The program improves childhood outcomes and increases family self-sufficiency by empowering parents through education and community support. Parents voluntarily participate in Healthy Families so they can learn how to recognize and respond to their babies' changing developmental needs, use positive discipline techniques, cope with the day-to-day stress of parenting in healthy ways, and set and achieve short- and long-term goals.

8. **John H. Chafee Foster Care Program and Educational Training Vouchers.** The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) and Educational Training Vouchers (ETV) help ensure that youth and young adults who are 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 4.8, in state fiscal year 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 other services that assist in the transition to adulthood. It is estimated that an additional 5,500 former foster care youth between 18 and 22 years of age who have aged out of the Florida foster care system and are potentially eligible to receive services to become self-sufficient.

Table 4.8: Transitioning Youth and Young Adults[62]

Measurement	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24 (Mar)
Total number of youth ages 13 to 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 to 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 to 17 in group care (end of month counts)	1,233	1,144	1,055	1,129	1,207	1,294
Youth turning 18 while in foster care (end of month counts)	816	629	507	462	464	335
Youth aged 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
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

[62] Source: Florida Safe Families Network (FSFN)
Note: FY2022-2023
Data Source: FSFN OCA Summary & Detail Report; Date Parameters 7/1/2022 – 6/30/2023 FY2023-2024
Data Source: FSFN OCA Summary & Detail Report; Date Parameters 7/1/2023 – 4/30/2024

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 independent living programs, extended foster care (EFC), postsecondary education services and support (PESS), and aftercare services. The Department has incorporated real-time policy support through the Office of Continuing Care, including a regular cadence of statewide stakeholder virtual meetings, in-person site visits, 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 support youth and young adults in Florida. Quality assurance reviews now include relevant questions specific to independent living, both within the "life of case reviews" and as standalone post-18 independent living program case reviews. The first round of reviews was administered in 2023. As reviews continue, 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 has codified all programmatic and general oversight requirements for the Chafee program and ETV within Florida Statutes and Florida Administrative Code. As a result, there are highly structured statutory requirements that govern Extended Foster Care, Postsecondary Education Services and Support, and Aftercare Services. Program requirements include establishing client eligibility, payment calculations, payment disbursement requirements, payment amounts, and standards of progress, as well as due process and appeals for a denial or termination of services. Requirements in Florida Administrative Code further detail the framework for how the array of independent living services are administered, including application and discharge procedures, transition planning, and documentation requirements.

Requirements Related to Case Management, Caregiver Activities, and Judicial Oversight

In Section 409.14515, F.S., requirements are established for future implantation to assist children who are in foster care and 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 those 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 after turning 13 years of age but before turning 18.

Section 39.6035 F.S. requires that specific transition plans be developed for youth "aging out" of the foster care system after turning 18 years old 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, a driver's license, 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 healthcare decisions. The Department's transition planning document was recently updated to capture additional information including information. About independent living services and programs. The document is tailored to the individual needs and plans of the child and includes, 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 to the youth's self-sufficiency, not only for their benefit, but the benefit of their entire team.

Florida recently passed into law an increase in the monthly PESS stipend for a young adult who does not remain in foster care and is attending a postsecondary school, from $1,256 to $1,720, 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. Information will be provided to – or referrals made for – 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. It must also 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 strong connection with youth advocacy groups and organizations makes it possible for lived experiences to influence policy. Florida has increased its collaboration to support engagement and provide a voice to youth, service providers, and advocates.

Youth Advisor Position. The Department established an internal position to employ a young adult with lived experience to support the policy and practice team and the Office of Continuing Care. This position of youth advisor allows for continued collaboration and communication between the Department and some of the statewide youth advocacy groups, including One Voice Impact, Florida Youth SHINE, and GAL CHAMPIONS, who promote youth empowerment throughout the state. A youth advisor communicates with local youth councils, advisory boards, and groups around the state to gather their feedback on new policies and changes. Furthermore, the youth advisor meets with youth from group homes, foster homes, transitional housing facilities, and other placement types to ensure that lived experience from all placement types are recognized, included, and represented. The youth advisor also conducts site visits statewide to specifically gather feedback from youth and young adults who are not currently involved in advocacy. This work is relatively new, but through intentional implementation, the youth advisor will build trust, allowing more young people to reach out directly.

Part of the Youth Advisor's role is to collect feedback from their peers and distribute it to other areas of the Department, thus ensuring that lived experience is incorporated in daily culture as well as policy and practice decisions made by the Department. The Youth Advisor works collaboratively with other areas of the Department outside of the scope of youth and young adult services to ensure lived experience feedback is understood and valued. The youth advisor also conducts young adult-specific training about changes within the Department geared towards closing the feedback loop, putting youth input into practice within the Department. This is done through individual communication with advocacy groups as well as through the statewide Youth Committee established within the Department's Child and Family Well-Being Council. The Department is also looking to expand its employment to include additional young adults with lived experience to support youth engagement statewide.

Independent Living Services Advisory Council (ILSAC). The Independent Living Services Advisory Council (ILSAC) assesses the implementation and operation of Florida's Road-to-Independence Program (Postsecondary Education Services and Support and Aftercare) along with extended foster care and advises the department on actions that would improve the ability of the Road-to-Independence Program services to meet established goals. The advisory council, 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 to 23 years of age while in foster care, relating to education, employment, housing, finances, transportation, health, 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 the Connected by 25 program, 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, resumé-building, and interviewing skills. Additionally, mentors assist their assigned youth in achieving the individualized goals set at the beginning of the year. The FYLA group travels four times throughout the program year to engage in several educational and leadership activities, including touring the State Capitol, the State Supreme Court, and college campuses across Florida. Each FYLA class concludes with a graduation ceremony during the annual Family and Child Well-Being Summit.

Florida Youth SHINE. Florida Youth SHINE engages current and former youth in foster care across the state of Florida. There are fourteen local chapters that facilitate meetings and partner with or serve as representatives on local youth advisory or advocacy boards. The goal of each chapter is to provide a voice for the youth and address local issues through the development of proposed solutions and bring them to the statewide level. Chapters also work on community education activities to better educate the communities and gain public speaking experience. Chapters come together four times per year to work on statewide issues that affect youth in Florida. Chapters are open to members ages 13-24 who have been touched by the system of care (foster care, adopted, non-relative care, relative care, and reunification). Florida Youth SHINE is comprised of youth currently under the age of 18, aged 18-22, and those who may no longer receive support in Florida who are aged 23 and up.

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.

Guardian ad Litem CHAMPIONS. Guardian ad Litem CHAMPIONS is a GAL youth advisory council composed of a group of former foster youth who provide a voice for all foster care youth appointed to the program. These young adults serve as ambassadors and credible messengers for best interest advocacy and the value of volunteer child advocates and pro- bono attorneys. GAL CHAMPIONS represent a collective viewpoint of alumni who have personal lived experience in the foster care system and advise by:

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

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

Currently, GAL CHAMPIONS have 20 members ranging in ages between 16 and 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 to solicit feedback on various topics. The feedback is compiled, disseminated, and discussed with Department leadership and utilized for policy and practice changes. These youth are then followed up with by the Department once changes are made to showcase the improvements that these young people have created. This ensures that 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 of 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 themselves. The committee will be structured to have officer positions and a seat at the table for all Child and Family Well-Being Council discussions. The membership currently consists of youth from One Voice Impact, Florida Youth SHINE, and the GAL CHAMPIONS statewide youth advocacy groups, in addition to several youth representatives from within 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 that lived experience is incorporated into all aspects of the Department and is a consistent avenue to solicit feedback from subject matter experts.

Medicaid 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, 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 age 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 turns 16. 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 turning 13 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, or the parents of the child if those rights have not been terminated.

Statute requires an additional judicial review hearing within 90 days after a youth turns 17 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, in addition to 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 that 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 should be as detailed as the youth chooses and must 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

Young adults who reach the age of 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 healthcare 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 are eligible to transfer their Medicaid to Florida, and Florida young adults are eligible to transfer their Medicaid 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 in order 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 postsecondary 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 and 21. These funds may be used toward services and items such as rental deposits, utility services, or household supplies (i.e., linens, appliances, furniture etc.).

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 without an existing support system, it is even more difficult. 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 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 transition – or have recently transitioned – out of foster care, aiming to make their leap into adulthood a positive experience. Young adults between the ages of 18 and 26 who "age out" of the foster care system in Florida may receive services including, but not limited to, special services available to former foster youth, a support system to help with next steps, and connections to existing resources within their community.

The three categories of independent living services that are currently available in Florida for young adults include:

- Extended foster care (ages 18 to 21, or 22 with documented disability)
- Postsecondary education services and support (ages 18 to 23)

- Aftercare support services (ages 18 to 23)

Young adults with lived experience in foster care who are employed with the Department are compensated for their time as paid employees. This includes the youth advisor role and navigators under the Office of Continuing Care (OCC).

Extended Foster Care (EFC)

In support of the development of more permanent bonds for Florida's former foster care youth, Section 39.6251 of Florida Statutes established EFC for eligible youth between the ages of 18 and 21 (up to age 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 reaching the age of majority who wish to remain in foster care should have their placement viewed as their preferred placement. 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 collaborate and identify an alternative placement that may or may not be licensed and offers a degree of supervision to best meet their immediate and long-term needs.

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 in place 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 goal of reaching an 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 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 with supportive adults. Young adults enrolled in eligible postsecondary institutions while meeting other eligibility criteria can utilize 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 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 of age
- Is enrolled in 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 faced with 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 Subsection 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 it. 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 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 are other more limited financial supports 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, ensuring 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 when they turn 23, 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, group home, or temporarily away from 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 reclaim 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 of their own. 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 so 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 re-enroll in PESS, at any time until they turn 23 years old. Participation in the program is approved annually, based on the individual's enrollment date.

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

Table 4.9: ETV Awards[63]

	TOTAL ETVs Awarded	Number of New ETVs
Final Number: 2021-2022 School Year (July 1, 2021 - June 30, 2022)	543	173
2022-2023 School Year*	591	197
Final Number: 2021-2022 School Year (July 1, 2022 - June 30, 2023)	573	241
2023-2024 School Year*	587	205

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. 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, but are not limited to, 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, utilities, furnishings, household goods, and other basic living expenses

[63] *In some cases, this may be an estimated number since the APSR is due on June 30, 2024, the last day of the school year. Data Source: FSFN OCA Summary & Detail Report

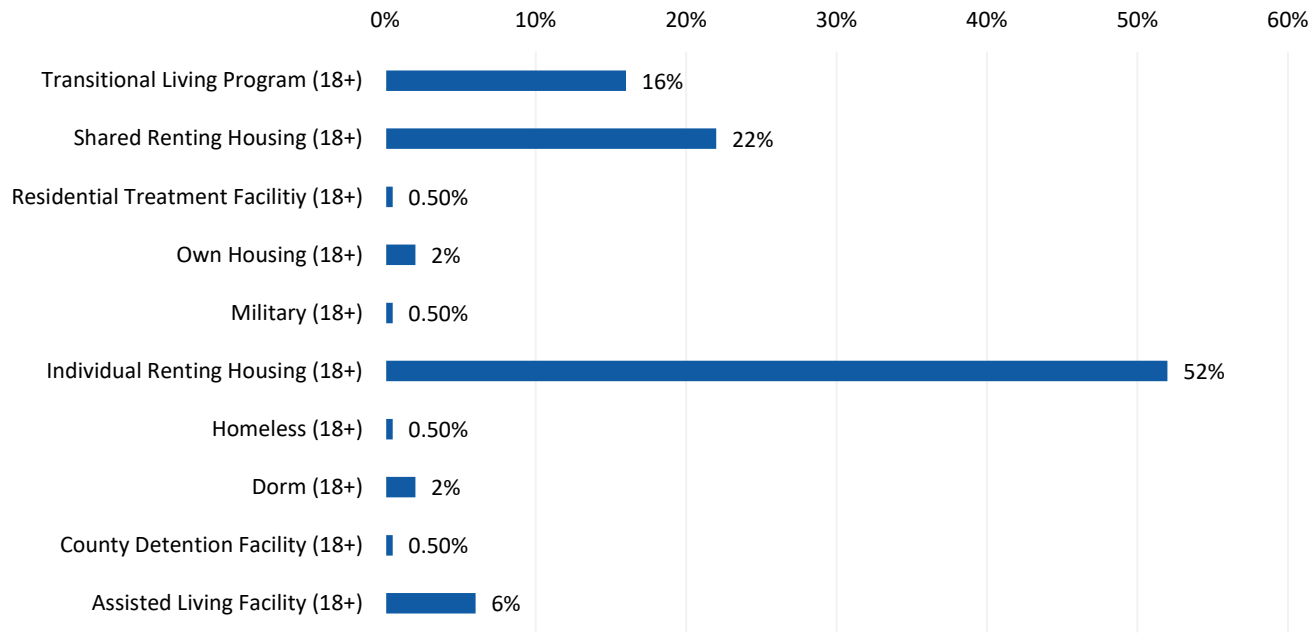
Rules governing aftercare services are found in Chapter 65C-42.003, F.A.C. Page 183 of this report discusses the Office of Continuing Care, the lead agency's responsibility for reaching out to young adults until they turn 23, and how the Office of Continuing Care provides an avenue for young adults to receive continued resources until the age of 26.

Housing (Living Arrangements)

The Department and lead agencies track and monitor data relevant to housing for young adults receiving independent living services and strive to ensure that every young adult served has an appropriate living arrangement and the necessary supports needed 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 Figure 4.2 below, just over half (52%) of young adults in EFC are reported as renting individual housing while approximately 16 percent are in transitional living settings. All out-of-home placement types showing 0 percent reflect each having four or less reported entries.

Figure 4.2: Out-of-Home Placements of Young Adults in Extended Foster Care[64]



[64] Source: Florida Safe Families Network (FSFN)

U.S. Department of Housing and Urban Development Awards

Lead agencies in Florida were made aware of awards by the Public Housing Authorities (PHA) listed in the press release from HUD in April of 2020. However, the PHAs have set various dates as to when those vouchers can commence. Those vouchers that were sent are 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 the dependency system.

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 dedicated the last quarter of 2022 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 provided detailed information about gaps and opportunities in housing, and many focused on the specific needs of young adults from foster care on their path to self-sufficiency.

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 Agency for Persons with Disabilities, 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 that 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 independent living staff, participated in a call with the Capacity Center for States in May of 2022 to discuss HUD's programs, FUP, and Foster Youth to Independence (FYI) Vouchers to gain a better understanding about 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 persons with a disabling condition. The developer and the lead agency creates a memorandum of understanding (MOU) that outlines the roles and responsibilities of the parties. The apartments provide a "first come, first served" 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 reports of FYI-FUP voucher usage for the state of Florida.

Florida Housing Authority (FLHA)

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

Consultation with Tribes for Chafee Program and ETV

The 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 of 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 was held on April 4, 2024, where the Department discussed Chafee programs and how the youth and young adults can access those services. The Tribe continues to obtain information and have access to independent living services for those children who meet eligibility criteria.

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 Florida Youth Leadership Academy (FYLA) and ongoing community partnerships. The Department also conducts annual independent living trainings in the summer, in addition to trainings provided at the annual Child and Family Well-Being Summit. The Department takes part in monthly calls, quarterly meetings, and strategy meetings with youth and mentors from statewide groups such as Florida Youth SHINE, One Voice Impact, and the Guardian ad Litem 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.

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 launch as a part of the new preservice curriculum by March 2025.

Quality Standard Workgroup

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

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

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. The Department hosted several focus groups during this time frame with statewide youth engagement organizations to receive feedback on what topics youth wanted to see in the brochure. With that input, s. 39.4085, F.S., established goals in 2021 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.

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 is in the process of collaborating with youth voice throughout the state as the brochure is being updated in 2024. Both documents are currently accessible electronically on the Department's website until they are combined.

National Youth in Transition Database (NYTD) Outcomes Survey Administration

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

- Develop a data collection system to track independent living services
    - Florida uses caseworker-level data collected in the Child Welfare Information System to align with federally required reporting categories to track the independent living services provided to youth and young adults ages 13 to 22; information on the services provided is transmitted to ACF every six months

- Collect outcome measures of the youth/young adults who receive the independent living services provided
    - This data for outcome measures is collected through the administration of the National Youth in Transition Database (NYTD) Outcomes Survey

The Department continues to contract with Cby25® Initiative, Inc. to administer the federally required NYTD baseline and follow-up NYTD surveys to eligible youth and young adults. The survey is provided to a cohort of young people transitioning to adulthood 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, 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 aged 13 to 17 and eligible young adults aged 18 to 23 during their transition to adulthood
- Placements and supportive services for young adults who move to the extended foster care program

Supplemental Disaster Relief Funding The Department, in partnership with local community-based care providers, intends to use supplemental disaster funding to support and strengthen the child welfare workforce and deliver services to families in the areas impacted by Hurricane Ian. Specifically, the funding will be used for expenses incurred beginning September 28, 2022, to assist these impacted areas through the provision of trauma-informed services to children and families; to strengthen partnerships with community-based care organizations that may be able to offer support to at-risk families with children whose belongings, homes, and/or employment were affected; to assess the impact of the disaster on the child welfare workforce; and to help connect agency staff to available assistance and mental health and wellness supports. Specifically, this funding will be used to:

- Screen impacted families for additional disaster relief needs, including assessment of mental or behavioral health needs
- Mitigate costs associated with trauma-informed, EBPs offered to families, with a focus on provision of Functional Family Therapy, Safe Care, Brief Strategic Family Therapy, and Multisystemic Therapy.
- Support displaced families in returning to their home community through assistance regaining housing, replacing lost or damaged belongings, and/or utility payment
- Assist impacted domestic violence centers that have expressed a need for increased shelter capacity
- Promote the expansion of domestic violence services into rural, underserved areas, such as DeSoto County
- Expand the Department's internal workforce wellness team with clinical expertise to assist in coping with related trauma

These funds were not utilized for Hurricane Ian, as the State of Florida was able to address all of the disaster needs of the community using existing resources. The funds allocated will revert to ACF in September 2024.

SECTION 5: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Requirements for compliance with the mandates of the Indian Child Welfare Act (ICWA) are contained in federal regulations, Florida Statutes, Florida Administrative Code, and 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 Tribes, are familiar with the Child and Family Services Plan (CFSP) and the APSR, as well as 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. To date, neither Tribe has expressed 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 in southern Alabama, as they serve Tribal families located on the Florida state line.

The Department met with the Tribes virtually bi-monthly, annually in person, and as-needed in between to address any issues of an urgent nature. Further, they participated as active team members with both the courts and the Department's SAMH teams. Ongoing discussion around the CFSP occurred at each meeting to provide updates on the status of CFSP 2020-2024 goal progress and to allow the Tribes the opportunity to raise any new topics or activities to address trends or issues experienced during the five-year period. While the Seminole tribe provides much of the input as it relates to continued collaboration and expansion of training with respect to notifications, each Tribe was afforded the opportunity to be heard.

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 while none provided any feedback or updates toward the progress of those goals, they each had the opportunity to do so.

During the 2022/2023 fiscal year, the Department provided information to the Tribes from the Children's Bureau that pertains to Tribal maternal, infant, and early childhood home visiting grant programs and adverse childhood experiences from the Capacity Building Center for Tribes.

The Department is responsible for child protective investigations for the Tribes. The Department's operating procedure, CFOP 170-01, Chapter 15, Reports and Services Involving American Indian Children, describes processes to be used by CPIs and case managers. The Department requires the lead agencies to obtain a credit report for youth in care ages 14 to 17. This requirement is applicable to all youth in this age group. Case planning services are offered by the Department and the Seminole Tribe of Florida's (STOF) Family Services Department. Case planning services align with Florida's practice in obtaining credit reports for Tribal children. The Miccosukee Tribe provides case planning services to its own children. The Department continues to engage the Miccosukee Tribe to confirm if case planning services include credit reports. The Department has six regional points of contact

serving as ICWA liaisons to guide child welfare professionals with aligning practices with federal and state requirements. The regional contacts work closely with the Department's statewide liaison at the Department's headquarters.

The Department has enhanced its CCWIS system to capture the new federal 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: this update is made after consultation with them. Appendix F provides additional details on the regional collaboration with the federally recognized Tribes.

The Department has regular communication with points of contact for all three Tribes and has invited the Tribes to participate in joint planning meetings for various initiatives, specifically with our Office of Substance Abuse and Mental Health. The Department's 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 which was held in December of 2022 and February of 2023, and will continue bimonthly moving forward. Topics of discussion include Florida's State Opioid Response (SOR), Chaffe funds and credit checks, child and family services reviews, training needs and collaboration, options for treatment providers serving Tribal members, and adverse childhood experience. The Department completes joint trainings with the Tribes regarding technical assistance with policies for ICWA.

The Department's statewide liaison engages the special projects administrator of the Seminole Tribal Court every two months for a conference call 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 these bimonthly calls to include Department regional staff, DCIP, the Department's general counsel, CLS, 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), including attention to unique local issues
- Collaborate in the development of a case management toolkit 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

In FY 2023–2024, the department continued to engage all Tribes regarding resources through our Hope Florida program which assists the following populations with supports:

- Youth involved with DJJ
- Youth who are transitioning out of DJJ care
- Parents and families concerned with their child's behaviors

Additionally, the substance abuse and mental health department 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 recently underwent a CFSR in which all Tribes were extended an invitation to participate as stakeholders. The Seminole Tribe of Florida agreed to actively participate and engaged in the interview process. The Poarch Band of Creek Tribe was unavailable to participate, however, they were extended the offer for the next round of reviews. The Miccosukee Tribe respectfully declined.

During the 2023 Child Protection Summit, the Department discussed the advantages of becoming a Title IV-E agency and obtained feedback from all Tribes stating 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 extends 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.

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 and assist with children's needs, utilizing benefits through the state's guardianship assistance program.

There are continued ongoing collaborative trainings conducted by the Department and Seminole Tribe to aid 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. At the STOF's request, the Department continues to provide child abuse and neglect investigations and certain case management functions on 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.

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

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

The department continues to strengthen the relationship with the STOF through regular communication involving the circuit ICWA specialists and identifying ongoing practice challenges and solutions. The Judge in Broward County (Circuit 17) travels to the reservation to hear all ICWA cases on the Tribe's reservation. The Tribal courts, alongside 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 and incorporate a diversionary court for cases in the juvenile delinquency court.

The Seminole Tribe continues to participate in the Strong Foundations project as a representative for the Tribe on the stakeholder advisory team. The Seminole Tribe has a non-relative group home on the Big Cypress Reservation that is exclusively for Seminole Tribe children, and it is owned and operated by the Seminole Tribe. Any relative or non-relative home studies that may be needed for a Tribal member willing to take placement will be completed by the Tribal Advocate in coordination with the Department. The case manager assists in the process by completing local background checks and Florida Child Abuse Information System checks. The Tribal advocate completes reunification home studies for any parent who is a Tribe member. By working collaboratively, the families can be assured of receiving the best services aligned with state and federal laws. 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 exits between the State and local Tribes. The Department continues to extend an invitation to participate in ongoing collaboration efforts to all Tribes.

The Tribal representatives for the state's federally recognized Tribes are:

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

Seminole Tribe of Florida

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

Additionally, the representative from the bordering Alabama Tribe:

Poarch Band of Creek Indians

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

SECTION 6: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

The CAPTA plan supports all goals of the Child and Family Services Plan 2020-2024:

Goal 1: Children are, first and foremost, protected from abuse and neglect

Goal 2: children are safely maintained in their homes whenever possible and appropriate

Goal 3: children have permanency and stability in their living situations

State CAPTA Coordinator and Contact Information: Ashley Plummer, Prevention Specialist, 850-363-2560

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

It is paramount that children are, first and foremost, protected from abuse and neglect. The Department, with primary support from the Office of Child and Family Well-Being, continues to be the lead agency designated to administer the Child Abuse Prevention and Treatment Act grant funds. The Child and Family Well-Being Program Office is also the designated lead agency for the 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

The Department continues its commitment to the prevention of abuse, neglect, and abandonment by implementing strategies that support goals for all levels of prevention (primary, secondary, and tertiary), including previously mentioned Plans of Safe Care.

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

Each lead agency under contract with the Department will continue to use CAPTA funds to support case management, service delivery, and ongoing case monitoring in its area. The array of services includes in-home supports, counseling, parent education, family team conferencing, homemaker services, and support groups. In addition to the CAPTA funds, the Department uses a blended and braided funding approach to accomplish the full child welfare continuum of services. Both federal funds specific for child welfare and state funds (general revenue and trust funds) are utilized to accomplish the goals and objectives of the overall system of care. Prevention services are delivered at the primary, secondary, and tertiary levels and treatment interventions are designed to prevent the recurrence of child abuse and neglect.

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

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

There have not been any changes to the policy or procedure regarding Plans of Safe Care and the use of CAPTA Funds in this area. The Department has implemented Plans of Safe Care, and the procedures are established throughout statute and CFOP as referenced thorough this report. The Department is continuing to monitor the impact of implementation and gather relevant data to address potential improvements in the future.

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. Florida's child welfare system continues to benefit from the CJA grant by providing education, training, and reform.

Florida also receives the federal CBCAP grant award based on Florida's child population, matched through the state's tobacco settlement trust fund and leveraged funds. Most of the allocated funds support continuation of prevention programs, such as a continuing contract with the Ounce of Prevention Fund of Florida, Inc., for activities related to the annual child abuse prevention campaign.

The Department is in the process of 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 funding that will increase or improve their ability to serve their communities through capacity building improvements. The Department has also used CAPTA funding to fund behavioral health consultants, who provide subject matter expertise to support child protective investigations and ensure that families gain access to necessary treatment, supports, and resources to strengthen the family unit, improve outcomes, and mitigate further escalation into the child welfare system.

Strike Teams. In July of 2023, the Department initiated the "Adoption Process Pilot" (Pilot) in Hillsborough County (Circuit 13) and Pinellas/Pasco Counties (Circuit 6) to address the statewide barriers to adoption and other systemic issues. Each circuit had a backlog of approximately 400 children whose parents' rights had been terminated, and who were matched with prospective adoptive parents. The Department deployed a "strike team" to each circuit to complete adoptions. The strike teams were composed of one supervisor and six to eight certified case managers with adoption competency training. During the pilot, from July 2023 to January 2024, the strike teams helped to finalize 131 adoptions. These strike teams continue to assist circuits to finalize adoptions.

Collaboration. The CAPTA has a requirement for states to have provisions and procedures for the referral of children under the age of three who are involved in substantiated cases of child abuse or neglect to early intervention services, under Part C of the Individuals with Disabilities Education Act (IDEA) [42 U.S.C. 5106a, Sec. 106(b)(2)(A)(xxi)]. Florida has defined "substantiated" as any case with verified findings of child abuse or neglect. DOH is the state's lead agency and has the primary responsibility of delivering services under Part C in Florida. However, there are activities and services where collaboration between the Department and DOH is essential. Florida's Early Steps program is designed to ensure that children under the age of three who are involved in substantiated cases of child abuse or neglect and are potentially eligible for early intervention services are referred for assessment and potential services. The FICCIT is authorized and required by Part C of the Individuals with Disabilities Education Act (IDEA), as amended by Public Law 105-17, to assist public and private agencies in implementing a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs, providing appropriate early intervention services to infants and toddlers with disabilities and risk conditions and their families. The Department of Health is likewise the lead agency for this council. Representatives from the Department are both members and active participants.

The 2007 legislature created the Executive Office of the Governor's Office of Adoption and Child Protection. In addition, the 2007 legislature created the Florida Children and Youth Cabinet. Florida's collaborative efforts in the prevention of child abuse and neglect previously supported by the Inter-Program Prevention Task Force will continue to collaborate with the Governor's Office of Adoption and Child Protection. The Office of Adoption and Child Protection oversees a child abuse prevention advisory council comprised of representatives from each state agency and appropriate local agencies, and organizations to serve as the research arm of the office. Additionally, the advisory council assists in the development of an action plan for better coordination and integration of the goals, activities, and funding pertaining to the prevention of child abuse, abandonment, and neglect conducted by the office.

Citizen Review Panels. The Department employs citizen review panels (CRPs) as part of its commitment to ensuring the safety and well-being of children under its care. CRPs serve as an additional layer of oversight, offering an independent perspective on child welfare cases. CRPs are used in a variety of ways, including to review specific cases regarding children who are involved in child welfare services, foster care, or adoption; to assess the quality and effectiveness of services provided to children and families by the Department; to determine whether these services adequately meet the needs of the children and families involved; to identify any systemic issues or concerns within the child welfare system and make recommendations for improvements in policies, procedures, or practices to enhance child protection and support services; to serve as advocates for children within the child welfare system by raising awareness about issues affecting children and families; to advocate for necessary changes to improve outcomes; to collaborate with various stakeholders, including Department staff, community organizations, and other advocacy groups, to address child welfare concerns and implement recommended changes; and to monitor the implementation of their recommendations and track progress over time. They provide regular reports to Department leadership and other stakeholders on their findings and recommendations.

Below is a description of various CRPs that collaborate with the Department with links to their annual reports for review.

Independent Living Services Advisory Council (ILSAC). The Independent Living Services Advisory Council (ILSAC) is legislatively mandated under Subsection 409.1451(7), Florida Statutes. The ILSAC functions include reviewing and making recommendations concerning the implementation and operation of the independent living transition services, but also touch upon many broader aspects of foster care. Council members have a variety of experiences and are from diverse backgrounds, including former foster care young adults. The council meets monthly and prepares and submits an annual report to the Florida legislature and the Department on the status of the services being provided, including successes and barriers to these services. The annual report provides recommendations for improvements to the services for Florida's children and young adults. These reports are available at: https://www.myflfamilies.com/services/child- family/independent-living/annual-reports-for-independent-living.

Florida Child Abuse Death Review Committee. This citizens' committee was established by the Florida legislature in 1999 under Section 383.402, Florida Statutes. The committee is comprised of a statewide appointee panel and locally developed multidisciplinary teams charged with reviewing the facts and circumstances surrounding all child fatalities reported to the Florida Abuse Hotline.

The committee prepares an annual report to the governor and legislative branch with key data-driven recommendations for reducing preventable child deaths. These reports are available at: http://www.flcadr.com/reports/.

Faith-Based and Community -Based Advisory Council. Florida's faith-based and community-based advisory council was created in 2006 per Section 14.31, Florida Statutes, and exists to facilitate connections, strengthen communities, and support families in the state of Florida. The council is charged to advise the Governor and the legislature on policies, priorities, and objectives for the state's comprehensive efforts to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law. The advisory council website can be found at: www.flgov.com/fbcb.

Overall, citizen review panels play a vital role in promoting accountability, transparency, and improvement within the Florida child welfare system. They help ensure that the best interests of children are at the forefront of decision-making and that services are provided in a manner that supports their safety, permanency, and well-being.

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 between the two. Substance use, mental health, and behavioral health disorders 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 be given 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. To provide additional statewide guidance and ensure that 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. Please refer to CFOP 170-08 for the detailed processes of drafting and monitoring Plans of Safe Care.

Plans of safe care are required to be incorporated into the family support and care plans developed by the agency involved with the family and are 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 healthcare 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, ELCs, and DOH Universal Screening workgroup to strengthen outreach and supports to families at risk.

American Rescue Plan Act Funding (ARPA). The Department is focused on the integration of services to support investigations and improve outcomes for families. In the 2021-2022 fiscal year, CAPTA ARPA funds were used to support behavioral health consultants, who support child protective investigators with investigations and ensure that families gain access to all necessary supports to strengthen the family unit, improve outcomes, and mitigate further escalation into the child welfare system. The behavioral health consultants offer a crucial clinical perspective to investigations and work to prevent the unnecessary removal of children from their homes. Funds were allocated to support 14 positions to support behavioral health consultants throughout the state. There have not been significant challenges in disbursing ARPA funds. There have been some barriers to data collection on the outcomes of funding prevention programs due to the need for additional fields in Florida's FSFN system. The data team has continued to work diligently with the Office of Quality and Innovation to improve data collection and analysis of the use of ARPA funds for prevention services. The state has continued to spend ARPA funds by providing grants to local providers with innovative ideas on how to better serve their communities. One example of this a mobile service deliver unit for a regional provider to better serve rural communities.

Moving forward, the Department planned to use CAPTA ARPA funds strategically to build capacity within local communities by awarding grants to provide prevention services to children and families, focusing on families before they enter the child welfare system or preventing families from entering deeper levels of crisis. By awarding grants to local municipalities and community-based nonprofits providing services to children and families, the Department can encourage innovation and on-the-ground efforts to build capacity to serve families sooner. The

Department awarded applicants with CAPTA ARPA grant funding in early 2024. Florida has continued to collaborate with stakeholders to ensure that the dollars go directly to statewide areas and programs that provide family support and preservation.

The use of CAPTA State Grants has also allowed the Department to continually strengthen intake, assessment, screening, and investigations of child abuse, neglect, or abandonment. The Department has used CAPTA and CAPTA ARP funding for Behavioral Health Consultants, who provide subject matter expertise to support and enhance the investigation response. The use of Behavioral Health Consultants ensures that families get access to treatment, supports, and resources to strengthen the family unit and prevent children from moving deeper into the child welfare system. Additionally, funding has improved the delivery of services and treatment provided to children by expanding in-home prevention services. These services prevent the removal of a child who has been the subject of an investigation by providing support that allows a child to be safely maintained in their homes and prevents future instances of abuse or neglect. CAPTA funding has supported the Department in implementing Safe Plans of Care by funding the contract which provides training and development of Plans of Safe Care. Remaining CAPTA and ARPA funds have been used to award grants to community-based organizations that provide direct client services to vulnerable populations, including home-visitation programs for substance-affected infants and their families.

CAPTA funds were not used to fund the legal preparation or representation of children in dependency cases, such as funding the appointment of an individual to represent a child in judicial proceedings. Florida has the Statewide Guardian ad Litem Program, which is not housed within the Department. The Guardian ad Litem appointment procedure is outlined in Section 39.822, F.S. and states “A guardian ad litem shall be appointed by the court at the earliest possible time to represent the child in any child abuse, abandonment, or neglect judicial proceeding, whether civil or criminal. A Guardian ad Litem is a fiduciary and must provide independent representation of the child using a best interest standard of decision making and advocacy.” The Guardian ad Litem Program maintains its own funding streams and oversight but works collaboratively with the Department to protect the best interests of children in dependency proceedings.

SECTION 7: STATISTICAL AND SUPPORTING INFORMATION

The State of Florida
2022-2023 CAPTA ANNUAL DATA REPORT

1. The number of children who were reported to the State during the year as abused or neglected: **210,462** (Jul 1, 2022- Jun 30, 2023).
2. Of the number of children described in paragraph (1), the number with respect to whom such reports were:
    - **a.** Substantiated; **24,385**
    - **b.** Unsubstantiated; or (Note: Florida's count for Unsubstantiated includes no indication findings and Not
    - **c.** Substantiated) **186,077**
    - **d.** Determined to be false. **163**
3. Of the number of children described in paragraph (2):
    - **a.** The number that did not receive services during the year under the State program funded under this section or an equivalent State program.
    - **b.** The number that received services during the year under the State program funded under this section or an equivalent State Program; **14,145 children received Family Support Services, 22,648 received In-Home Services**, and **30,543 received Out-of-Home Care** Services, and
    - **c.** The number that were removed from their families during the year by disposition of the case. **10,245**
4. The number of families that received preventive services, including use of differential response, from the State during the year. **37,411** children received prevention services from Promoting Safe and Stable Families programs.
5. The number of deaths in the State during the year resulting from child abuse or neglect. **71**
6. Of the number of children described in paragraph (5), the number of such children who were in foster care. **1** child was placed with a non-relative who completed the Level 1 licensure requirement, but this foster parent was only licensed for this specific child in their care, not additional foster care placement.
7. **A.** The number of child protective service personnel responsible for the—
    - i. intake of reports filed in the previous year
    - ii. screening of such reports
    - iii. assessment of such reports

iv. investigation of such reports.

2,603 investigators (includes CPI, CPIS, and Sheriff CPI and CPIS), and an average of **156 Hotline Staff** Intake Counselors and **25 Hotline Staff Intake Supervisors**. Demographic information of the child protective service personnel can be found in the 2022-2023 Child Protective Investigator and Supervisor Annual Report.

7. B. The average caseload for the workers described in paragraph (A). Not available.

8. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect**. 11 hours from time report received to time report commenced**.

9. The response time with respect to the provision of services to families. Not available.

10. For child protective service personnel responsible for intake, screening, assessment, and investigations of child abuse and neglect reports in the State.

a. Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions.

i. Section 402.402(1), F.S., requires the Department to recruit and hire persons qualified by their education and experience to perform social work functions and provides guidance for preference to individuals having a social work degree with second level preference given to individuals with a human service- related degree.

b. Data of the education, qualifications, and training of such personnel.

i. As of June 26, 2023, a People First data extract indicated that 1,362 staff were identified as having a bachelor's degree; 153 were identified as having a master's degree; four were identified as having a doctorate degree; 32 were identified as educational data unavailable; and 389 were identified as high school graduates, having an associate's degree, or some years of college. This data is inclusive of CPI, Senior CPI, CPI Supervisors (CPIS), and Field Support Consultants (FSC). The total active child protective investigative staff currently holding a degree in social work is 6.79%.

c. Demographic information of the child protective service personnel.

i. People First, Florida's automated web-based Human Resource Information System, provides classification and vacancy data for all child protective investigative positions. As of June 26, 2023, there were 1,622 positions statewide within the child protective investigation job class, with 123 FTEs (approximately 8 percent) being vacant. There was a 12 percent decrease in the total number of vacant positions from SFY 2021-2022 to SFY 2022-2023.

d. Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

i. CPI Supervisor positions are responsible for reviewing and approving all work conducted by CPIs and Sr. CPIs. The average number of CPI and Sr. CPI positions per CPI Supervisor is calculated by dividing the total number of allocated CPI Supervisor positions by the total number of allocated CPI and Sr. CPI positions. The current statewide staffing pattern is approximately one supervisor per 5.0 investigators. The current best practice target caseload per investigator is 12-15.

ii. The Child Protective Investigator and Supervisor Annual Report serves as a status report to the Governor, President of the Senate, and Speaker of the House of Representatives. The report provides the educational qualifications, turnover, professional advancement, and working conditions of the Department's Child Protective Investigators, Child Protective Investigator Supervisors, and other child protective investigative staff.

11. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse and neglect, including the death of the child. **1,918**

12. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children. The number of children for whom individuals were appointed by the court to represent the best interests of such children. The average number of out of court contacts between such individuals and children. The Statewide Guardian ad Litem Office (excluding Orange County) represented a total of 33,938 children in FY22/23 (32,704 children 0-17 and 1,234 young adults 18+). The average number of out of court contacts was 12.3.

**The Statewide Guardian ad Litem Office contracts with the Legal Aid Society of Orange County for child representation in Orange County, Fl. For FY 22/23, they reported the following:

Number of children 0-17: **1370**

Number of youth 18+: **106**

Average # of out of court contacts: **5.46.**

*Their standard for child visitation is once at least every 90 days which differs from the Office's standard of monthly.

13. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6). See links to citizen review panels for relevant reports in Citizen Review Panel Section of this document.

14. The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system. The number of youths served by both the child welfare system and the juvenile justice system in June 2023 was **893**.

15. The number of children referred to a child protective services system under subsection (b)(2)(B)(ii) 1,840. *This includes an unduplicated count of children who were verified victims of any of the Substance Misuse maltreatments or Substance Exposed Newborn who were under one year of age based on Incident Date in investigations completed in FY. Children whose Incident date is prior to their date of birth, children with no date of birth, and children with no incident date are NOT included.

16. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et. seq.).

    The number of children determined to be eligible: Not available.

    The number of children referred in State Fiscal Year (SFY): Not available

While this data is currently unavailable, it is intended to be part of future CCWIS development efforts with a timeline yet to be determined.

Addressing Needs of Dually Served and Multi-Agency Involved Youth

The Department and the DJJ have worked diligently over the past six years to develop and implement interagency efforts statewide for "dually served youth." This is a broad term that refers to youth who have been served by both agencies at any time and is not required to be done concurrently.

For the last five fiscal years, the overall number of dually served youth has steadily **declined from an overall average of 10,000 youth to 7,000** youth. The data source for dually served youth is derived from a monthly Department and DJJ data match between the Departments Florida Safe Families Network (FSFN) and the Department of Juvenile Justice Information System (DJJIS). The reporting population is defined in Section 39.0143, F.S. as "those who are the subject of any proceeding under this chapter and, at the same time, are under the supervision of the Department of Juvenile Justice, and those children who were previously served by either the department or the Department of Juvenile Justice and come to the attention of either agency after being served". The data matching process between the Department and DJJ includes youth previously under the supervision of the Department who are now under the care of DJJ, and those who are being served by both systems concurrently. The criteria for being DJJ-involved includes youth with an open delinquency case that are being served in detention, intake, probation, or residential programs.

Table 7.1: Number of Unduplicated Dually Served Youth, by Fiscal Year[65]

Fiscal Year	Number of Unduplicated Crossover Youth Served
2022-2023	1,585
2021-2022	1,539
2020-2021	1,645
2019-2020	1,997
2018-2019	2,110

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

Inter-Country Adoptions. Currently, there are approximately 13 private agencies that 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.

Monthly Case Worker Visit Data[66]

1. Aggregate number of children in the data reporting population: **28,707**
2. The total number of monthly caseworker visits made to children in the reporting population: **224,418**
3. The total number of complete calendar months children in the reporting population spent in care: **234,870**

[65] Source: Monthly DJJ/DCF Data Match.
[66] Source: FSFN Datamart as of 12/6/2023.

4. The total number of monthly visits made to children in the reporting population that occurred in the child's residence: **223,486**

The percentages based on the counts above are (rounded to the nearest whole number):

1. The percentage of visits made on a monthly basis by caseworkers to children in foster care: **95.54% (224,418/234,870)**
2. The percentage of visits that occurred in the residence of the child: **99.58% (223,486/224,418)**

For additional information on ETV – please see Section 4 Final Update Report of Service Description

APPENDIX

Appendix A: Regional Collaboration Efforts

The **Northwest Region (NWR)** consists of three circuits (1, 2 and 14) covering sixteen counties, including mostly suburban, rural, and agricultural communities. The NWR maintains robust partnerships and sustained collaboration with various agencies, providers, and local community stakeholders. Throughout the reporting period, the NWR actively solicited input and contributions to the implementation of the 2020-2024 Child and Family Services Plan (CFSP) via virtual meetings, telephonic communications, electronic correspondence, and email exchanges. Notable collaborators encompassed the two formerly designated Community-Based Care (CBC) lead agencies (now just one, NWFHN), the managing entity, substance abuse/mental health entities, Department Investigative staff, and formerly the Walton County Sheriff's Office investigation and training teams.

Child Protection and Welfare Services	Performance and QA Efforts	Lead Agencies and System of Care Partners
▪ Assessment Response Team – Pilot, an initiative aimed at bolstering our partnerships and optimizing operational efficiencies within child investigations. ▪ Assessments for all 24-Hour Intakes received by the hotline	▪ Performance Management Team meetings within Child Investigation units. ▪ Local Review Teams to address both systemic challenges and individual client needs	▪ NWF Health Network (NWFHN) ▪ Families First Network (FFN)Managing Entities ▪ Recovery Orientated System of Care (ROSC) ▪ Mental Health First Aid (MHFA) ▪ Wellness Recovery Action (WRAP) ▪ Wraparound ▪ Parent Child Interactive Therapy (PCIT). ▪ Substance Abuse and Mental Health (SAMH) ▪ Florida Law Advisory Group (FLAG) ▪ Guardian Ad Litem (GAL) ▪ Early Childhood Court teams ▪ Various Domestic Violence partners ▪

The **Southeast Region (SER)** consists of three circuits (15, 17 and 19) covering six diverse geographic counties, including urban, suburban, rural, and agricultural communities. The Department contracts with two community-based care lead agencies to provide child welfare and related services in the SER. ChildNet, under separate contracts with the Department, serves Circuits 15 (Palm Beach) and C17 (Broward). Communities Connected for Kids, serves Circuit 19 (Martin, St. Lucie, Indian River, and Okeechobee counties). The SER strength lies in strong collaborations and partnerships committed to providing quality services within our system of care and community. The collaboration through committed professionals and advocates, the cultural and geographic diversity, and the generous funders and resources creates a comprehensive successful system of care.

Child Protection and Welfare Services	Performance and QA	Lead Agencies and System of Care Partners
▪ Child protection investigations (formerly handled by Broward Sheriff's Office) have	▪ Performance and Quality Improvement (PQI) meetings ▪ Local Review Teams to address both systemic	▪ Managing Entities ▪ Indian River County Fetal Infant Mortality Review Team ▪ St. Lucie Roundtable for Child Welfare and Criminal Justice Reform

transitioned back to the Department ▪ Assessment Response Team (ART) a tiered response to the investigative process without compromising child safety ▪ ART ensures intakes meet CFOP maltreatment criteria and completes a pre-commencement assessment for field investigations. ▪ Circuits 15 (Palm Beach) includes two specialized units: the Special Victims Unit (SVU), and the Institutional Unit ▪ Circuits 15 and 17 require law enforcement to jointly investigate child abuse reports with DCF	challenges and individual client needs	▪ Birth to 22: United for Brighter Futures ▪ Palm Beach County Community Services ▪ Early Learning Coalition ▪ Safe Kids Coalition of Palm Beach County ▪ Children's Services Councils ▪ ChildNet ▪ Communities Connected for Kids ▪ DJJ ▪ DOH ▪ Law Enforcement, ▪ Children's Services Council ▪ GAL ▪ Domestic Violence Partners ▪ YWCA ▪ Florida Youth Shine ▪ One Voice Impact ▪ Children's Services Council ▪ Friends of Foster Children ▪ Local community alliance ▪ Seminole Tribe
The **SunCoast Region (SCR)** consists of four circuits (6, 10, 12 and 13) covering ten counties, including urban, suburban, and rural communities. The SCR has strong partnerships across the system of care. The Department contracts with four community-based care lead agencies to provide child welfare and related services in the SCR. Family Support Services of Suncoast serves Circuit 6. Safe Children Coalition serves Circuit 12. Children's Network of Hillsborough serves Circuit 13, and Children's Network of SW Florida serves Circuit 20. The SCR is resource rich with strong collaboration and partnerships across the system of care including community partners and stakeholders.		
Child Protection and Welfare Service	**Performance and QA**	**Lead Agencies and System of Care Partners**
▪ During the 23-24 Fiscal Year, child protective investigations transitioned from several Sheriff's Offices including the Pinellas County Sheriff's Office (PiCSO), Pasco County	▪ Dependency Court Improvement to discuss concerns, trends, successes, and needs ▪ DCF from the Sheriff's office, partnership meetings focused on improving the System of Care.	▪ Family Support Services of Suncoast (FSSSC) is the CBC lead agency with oversight of case management services. ▪ Family Safety (Community) Alliance and Safe Children Coalition (SCC). ▪ Parent 4 Parent Program through NAMI. ▪ Faith Based Collaboration including Care Portal.

Sheriff's Office (PaCSO), Hillsborough County Sheriff's Office and Manatee County Sheriff's Office to DCF-CPID. ▪ FSSSC has worked in tandem with the new leadership selected by DCF-CPID in the transition of duties to ensure no lapse in services to children and families. ▪ The State Attorney's Office (SAO) provides legal representation.	▪ Barrier Breaker meetings with DCF.	▪ Youth collaboration and advocacy. ▪ Schools ▪ Substance Abuse/Mental health/behavioral specialists – prevention, referrals, etc. ▪ GAL ▪ Collaboration with various groups to help and strategize regarding our housing crisis in C12. ▪ Fatherhood initiative – collaborating with father, male relatives, youth, businesses, housing, community. ▪ Six Sigma and Results First ▪ High Needs kids, workgroup in collaboration with FSA– prevention, existing, data collection- entire community is involved from different disciplines. ▪ Circuit 13. Children's Network of Hillsborough (CNHC) began providing services as the CBC lead agency beginning 7/1/2022. ▪ County Alliances ▪ Domestic Violence ▪ Man Up and Go (MUG) to launch the Fatherhood Initiative Program. ▪ Intensive Permanency Specialists (IPS)
In the **Southern Region (SR)** the system of care is comprised of partners with the shared goal of caring for children and families in our community. The SR DCF is comprised of two circuits Miami-Dade County Circuit 11 and Circuit 16 Monroe County covering the Florida Keys. The Department contracts for the delivery of child welfare services with Citrus Family Care Network (Citrus FCN) as the Community Based Care (CBC) provider. Citrus FCN subcontracts for case management and direct services with Full Case Management Agencies (FCMA).		
Child Protection and Welfare Services	**Performance and QA**	**Lead Agencies and System of Care Partners**
▪ DCF responsible for child protective investigations, handling all investigative activities ▪ Citrus FCN is responsible with providing all child welfare case management related services	▪ Performance and Quality Improvement (PQI) meetings ▪ Local Review Teams to address both systemic challenges and individual client needs	▪ Managing Entity in Miami Dade County ▪ Miami Dade and the Monroe County CBC Alliance ▪ The Children's Trust ▪ Department of Juvenile Justice, ▪ Dependency Court System, ▪ GAL ▪ Miami-Dade Juvenile Services ▪ Foster and Adoptive Parents Associations, Prevention ▪ Law Enforcement

		▪ G.R.A.C.E. Court (Growth Renewed through Acceptance Change and Empowerment) ▪ Early Childhood Court ▪ Youth Advisory Council (YAC) ▪ Children's Legal Services (CLS) ▪ The Dependency Drug Court (DDC) ▪ Office of Substance Abuse and Mental Health (SAMH) ▪ The Foster and Adoptive Parent Association (FAPA) and QPI Initiative ▪ Child Abuse Death Review Committee
The **Northeast Region (NER)** consists of four circuits (3, 4, 7 and 8) covering twenty mostly urban and rural counties. The NER contracts with five (5) community-based care (CBC) agencies, each serving as the lead agency (in their respective circuit/s and counties) responsible for delivering foster care, adoption, post adoption, foster home licensing and independent living services throughout the region.		
Child Protection and Welfare Services	**Performance and QA**	**Lead Agencies and System of Care Partners**
▪ DCF responsible for child protective investigations, handling all investigative activities	▪ Barrier Breakers meetings with the lead agencies and community stakeholders to review operational achievements and address challenges encountered in service delivery. ▪ Monthly meetings are held to share performance data, review recruitment efforts, and discuss strengths and barriers to ensure foster home needs are met ▪ Data is continuously gathered and analyzed, and improvements are made to services and processes when compliance is not met or when safety/security issues arise	▪ Community Partnership for Children (CPC) ▪ Substance Abuse and Mental Health (SAMH) ▪ Children's Legal Services (CLS) ▪ Agency for Persons with Disabilities (APD) ▪ Children's Medical Services (CMS) ▪ Department of Juvenile Justice (DJJ) ▪ Health Departments ▪ County School Boards, ▪ Early Learning Coalition ▪ Episcopal Services ▪ LSF Health Systems ▪ GAL ▪ Dependency Court Improvement Program ▪ Kinship Navigators ▪ Family Support Services of North Florida (FSSNF) ▪ The Family Integrity Program (FIP) ▪ Finally Home Christian Adoption Services (Finally Home) ▪ Kids First of Florida (KFF) ▪ Camelot Community Care (Camelot) ▪ Lutheran Services Florida (LSF) ▪ 4 Sisters Solutions (4 Sisters) ▪ One More Child (OMC)

The **Central Region (CR)** consists of four circuits (5, 9, 10 and 18) covering twelve counties. Major partners in the Central Region include local service providers and stakeholders are engaged in multiple ways: ongoing communication on mutually served children and families, various types of System of Care, provider and operations meetings, Children's Alliance Meetings, Task Force participation, Multi-Disciplinary Team Staffings, Work Groups, community events, monthly BFP newsletter and participation in Statewide Work Groups and quality improvement initiatives.		
Child Protection and Welfare Services	**Performance and QA**	**Lead Agencies and System of Care Partners**
▪ Office of Criminal Conflict and Civil Regional Counsel, 5th DCA. The Social Services Unit (SSU) enhances the legal representation provided to the parents in the dependency system by incorporating a Forensic Social Worker into the legal team.	▪ Quarterly System of Care meetings are held to unite agencies such as DCF, CLS, Guardian ad Litem (GAL), Agency for Persons with Disabilities (APD), the Managing Entity (ME) and other agencies that hold contracts with HFC along with other stakeholders in the community. This meeting is used to communicate, discuss system performance, initiatives, upcoming changes, and exchange best practices. ▪ Quality Parenting Initiative. BFP embraces the Quality Parenting Initiative to ensure that every child removed receives the love, nurturing, advocacy, and support he or she needs for healthy development ▪ Department of Juvenile Justice Partnership: BFP's	▪ Kids Central, Inc's working agreement of understanding are maintained with local service providers, stakeholders, and partners with which they collaborate to establish a system of care that is responsive to the needs of families and children in the service area. ▪ Camelot (Adoption and Post-Adoption Support), ▪ Brevard C.A.R.E.S. (case management for Prevention and Diversion) ▪ Family Allies (case management for Dependency) Crosswinds Youth Services (Independent Living) ▪ DJJ (mutually served youth and Juvenile Civil Citation) Dependency Court, ▪ Early Childhood Court, and the GAL. ▪ Brevard Public Schools ▪ Agency for Persons with Disabilities, States Attorney's Office ▪ United Way ▪ Ready for Life, Smile for Budgie ▪ Brevard County Youth Advisory Counsel ▪ Brevard County Foster and Adoptive Parents ▪ One Voice Impact ▪ Serene Harbor ▪ Salvation Army ▪ Aspire Health Partners ▪ Circles of Care, Palm Point ▪ Devereux ▪ Friends of Children

	Intake and Placement and Brevard C.A.R.E.S prevention staff attend weekly shelter audits with DJJ to identify potential crossover youth at risk of coming into care ▪ Kids Central and Circuit 5 community partners collaborate and meet regularly to resolve challenges and addressing issues as they arise ▪ Performance and Quality Improvement (PQI) meetings	▪ Healthy Start, Healthy Families, Early Learning Coalition, Early Head Start and Head Start, ▪ Central Florida Cares Health Systems ▪ Children's Advocacy Center

Judicial, Court, and Attorney Measures of Performance (JCAMP)

Performance Measurement Findings for Florida

A Pilot Project of the Capacity Building Center for Courts

Goals of data collection

Inform quality hearing and quality legal representation projects (both statewide). Data will help Florida to understand current practices in these areas to inform the development of new interventions to move hearing quality and quality legal representation work forward. The data may also be helpful to contribute to a better understanding of current practice to inform participation in the Child and Family Services Review (CFSR).

Data collection methods

Court observation. A mix of live and recorded hearings were observed. All live hearings observed took place virtually. Court observations were conducted at both shelter care and permanency planning hearings, and data were collected on key JCAMP measures such as parties present, judicial engagement of parties, topics of discussion, attorney practice and engagement during the hearing, and judicial findings on the record. Race data from the Florida Dependency Court Information System (FDCIS) were added to the court observation dataset when case numbers were available to match court observation to administrative data. These included race/ethnicity and gender for one child and both parents.

Surveys. Court stakeholders, parents, and youth involved in the child welfare system completed online surveys about their experiences in the court system. Stakeholders responded to items on a 5-point scale (1 = Never/Almost Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always/Almost Always) about how often they engaged in a specific practice (e.g., how often they meet with a client prior to court) or how often a specific practice occurred in court (e.g., notice is provided timely to parents). Parents and youth were asked about their experiences with the court on a 5-point Likert scale (1 = Strongly disagree to 5 = Strongly agree). Mean responses are displayed, and all have values between 1 and 5.

**Please see addendum provided by the Guardian ad Litem Office on page 39.*

Samples

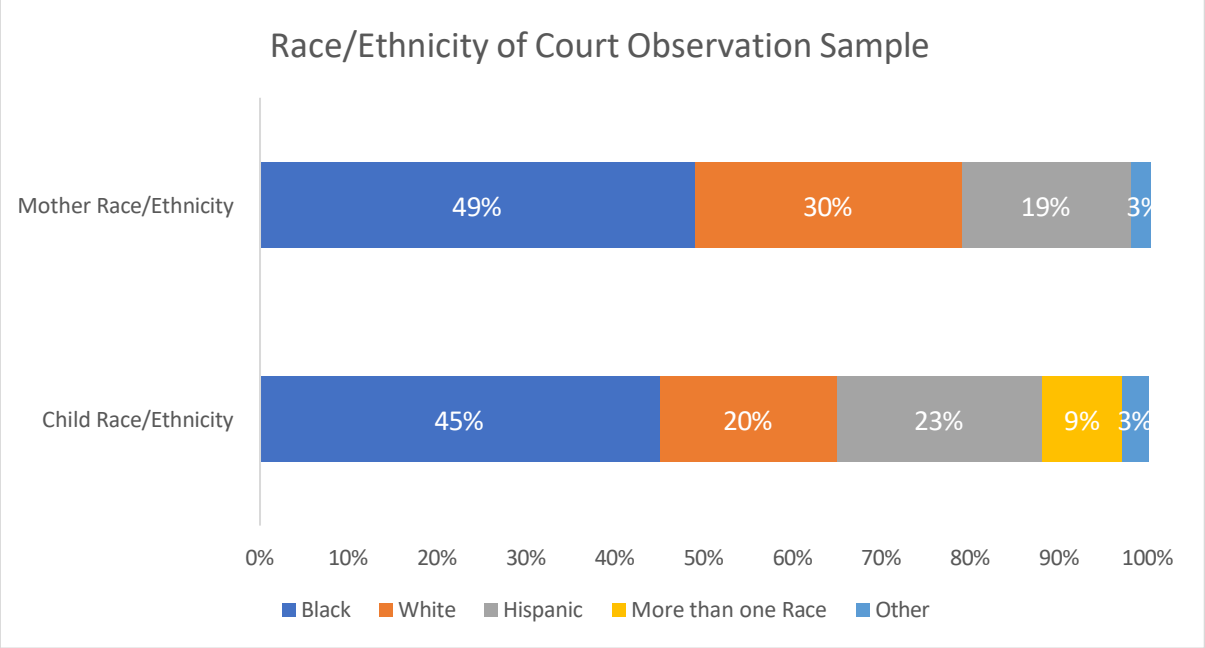
Court Observation

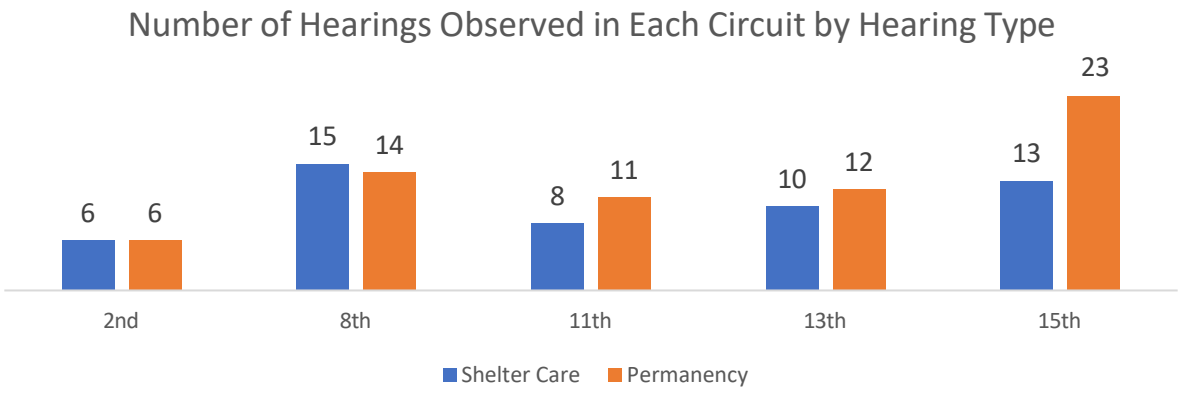
A total of 120 unique hearings were observed from five participating judicial circuits.[1] This included 53 shelter care and 65 permanency hearings. Two hearings had missing

[1] The five participating judicial circuits were the Second, Eighth, Eleventh, Thirteenth, and Fifteenth.

data for hearing type and circuit. There were missing data on attorney practice for 13 permanency hearings. Calculations do not include these missing data and will show a n=52 to represent how many court observations were used to calculate numbers.

Race data were available and able to be matched to 107 cases for the child and 97 cases for the mother.

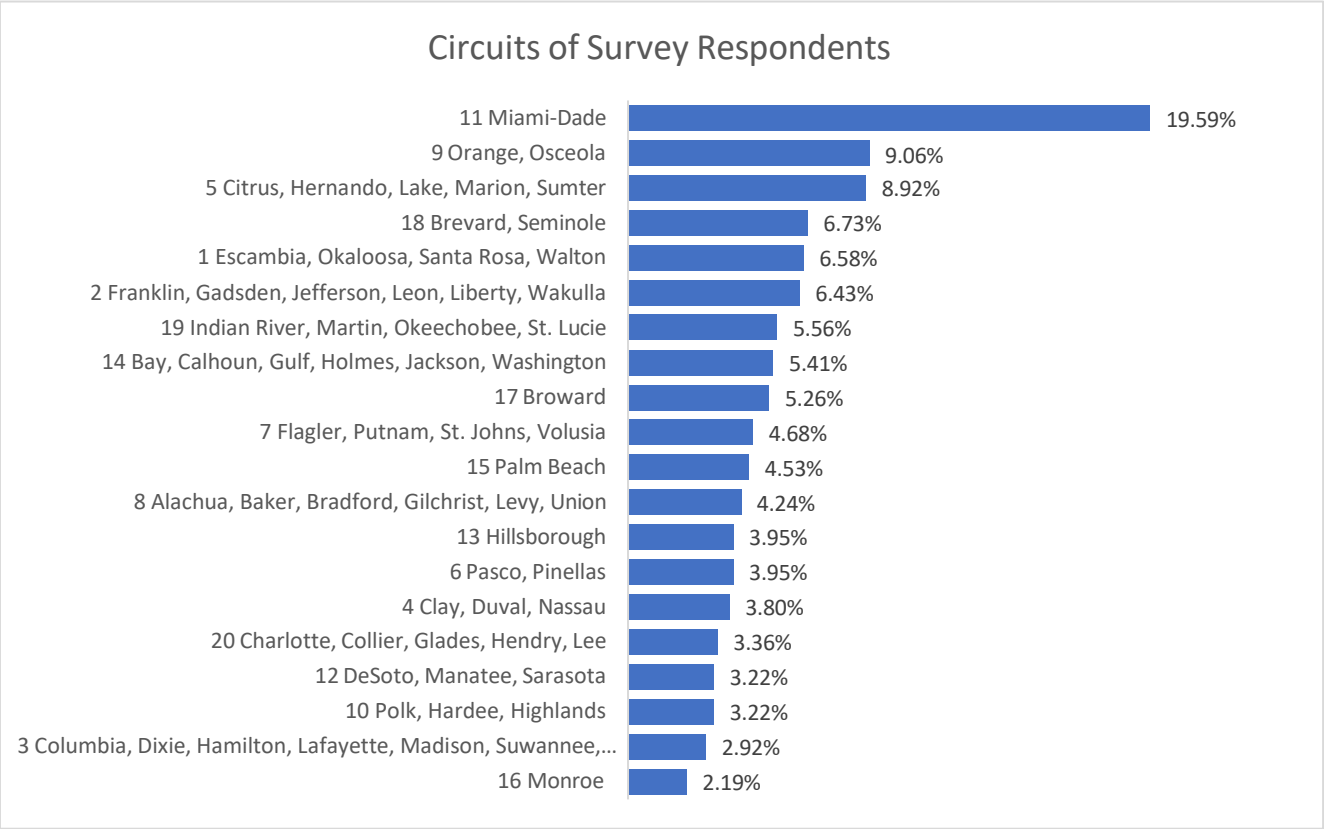


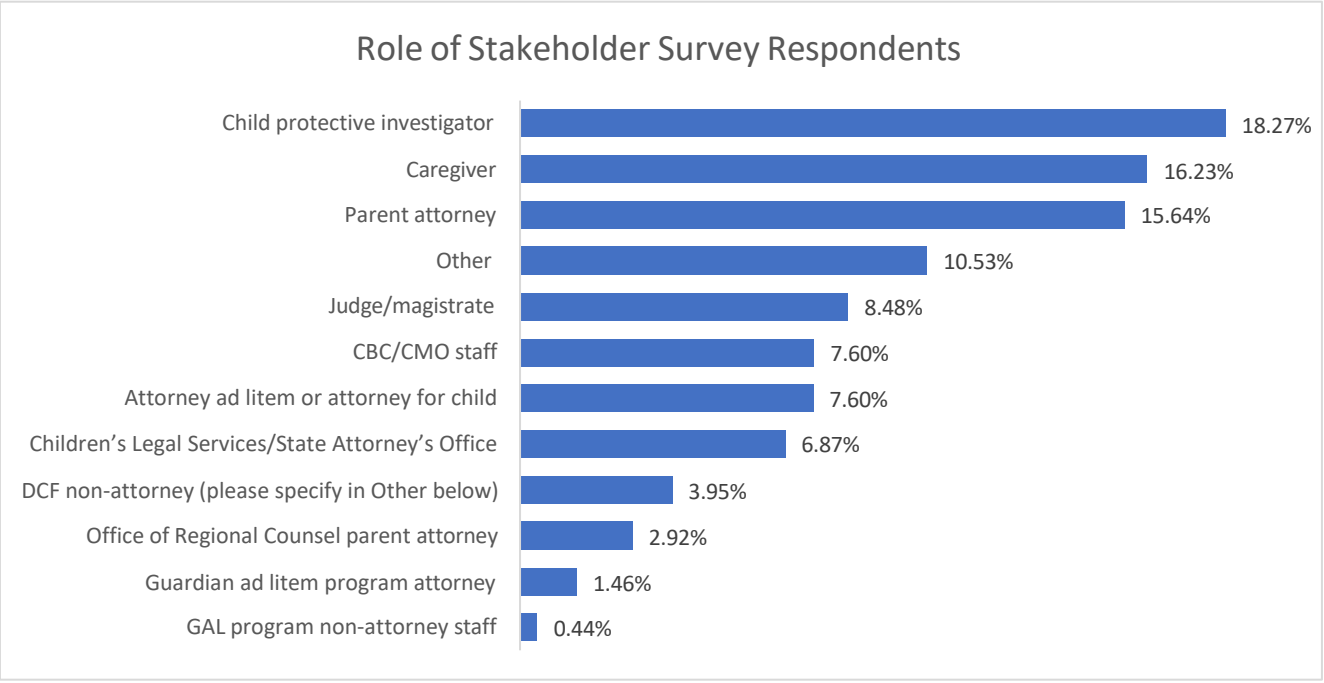


Stakeholder Survey

A total of 684 stakeholders initiated the survey; however, only 440 stakeholders completed all questions in the survey. Some open-ended questions were left blank or were otherwise incomplete. The plurality of stakeholders who took the survey primarily

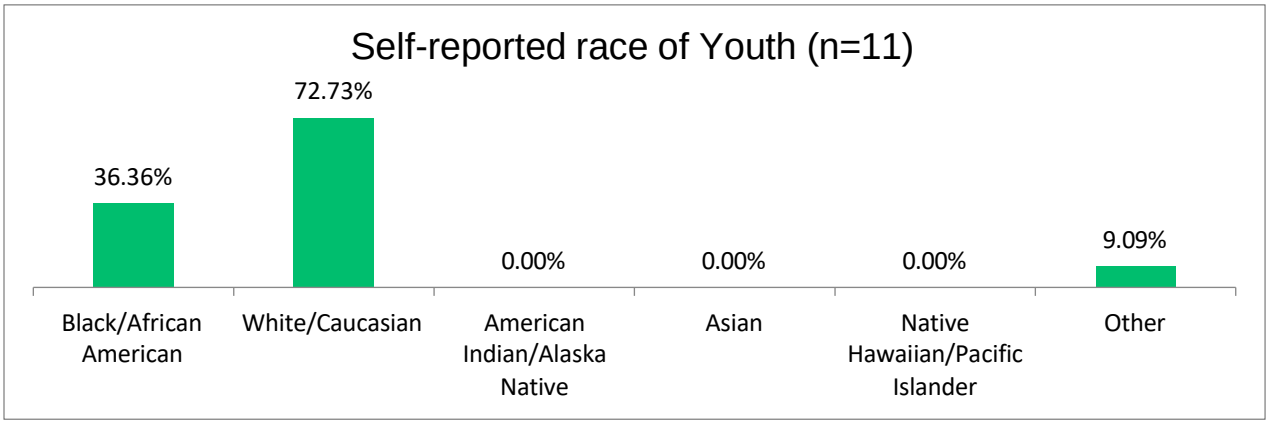
work in the 11th circuit (20%); the distribution of where survey respondents work and their role can be found below.





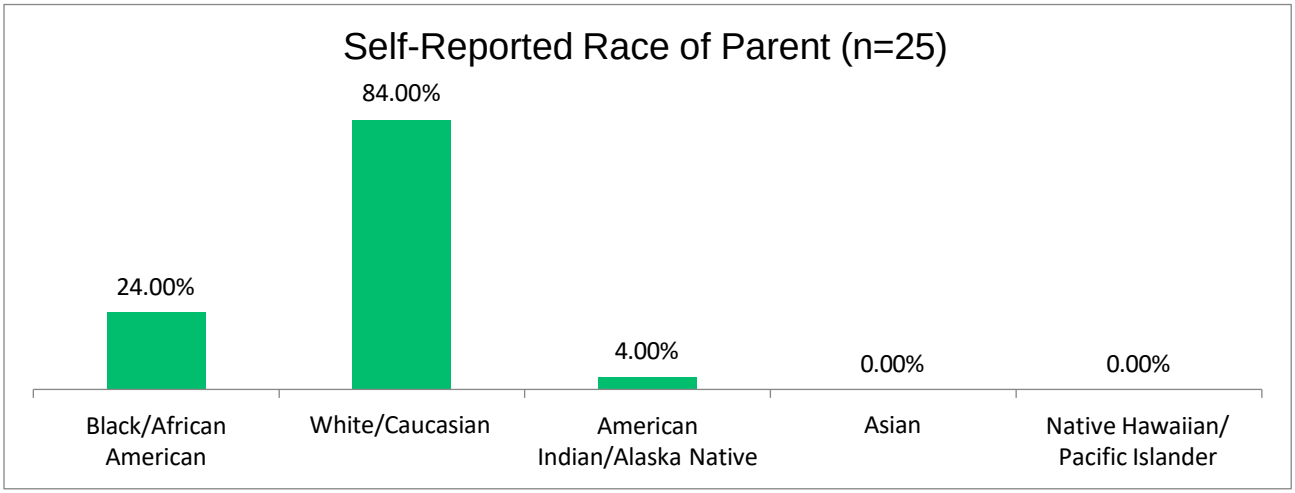
Youth Survey

Fourteen youth with experience in the foster system initiated the survey; however, only 11 youth completed the survey. Youth ranged in age from 19 to 31.



Parent Survey

A total of 25 parents completed the survey. These were mostly mothers (76%), with a few fathers (12%) and grandparents (12%). Parents were primarily White (84%), and 88% indicated they were not Hispanic.

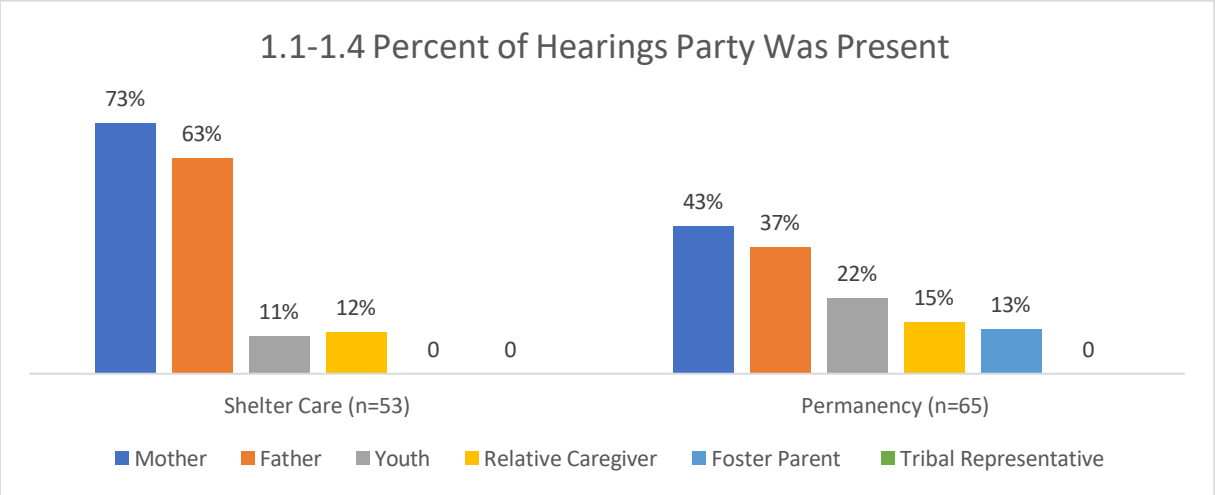


Findings are reported below by measurement category and specific performance measurement question. It is indicated what type of data collection methodology was used to gather the data presented for each question. For questions that use court observation data, when there is a sufficient number of cases, race data are presented to illustrate how the numbers may vary by race for White, Black, and Hispanic mothers. No statistical comparisons are made.

Engagement

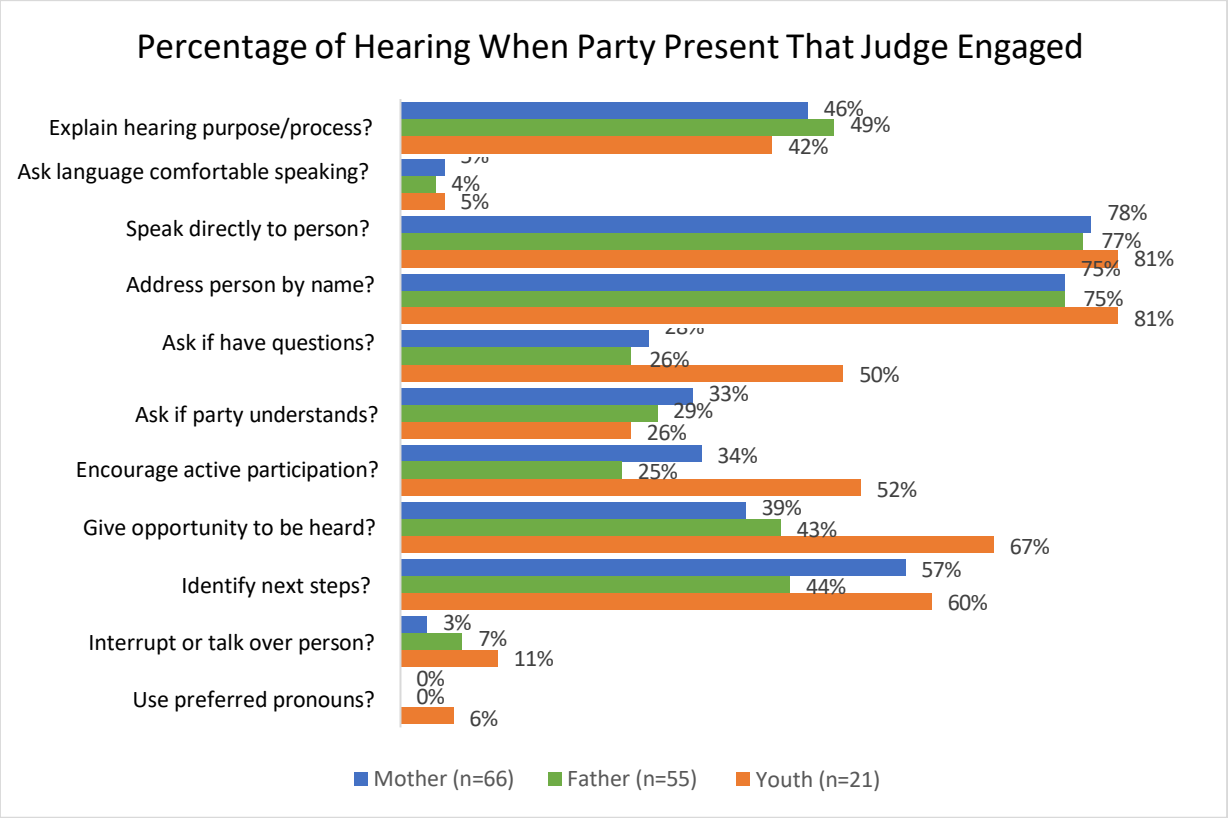
1.1 – 1.4 Do parents, youth, tribal representatives, foster parents and relative caregivers attend hearings?

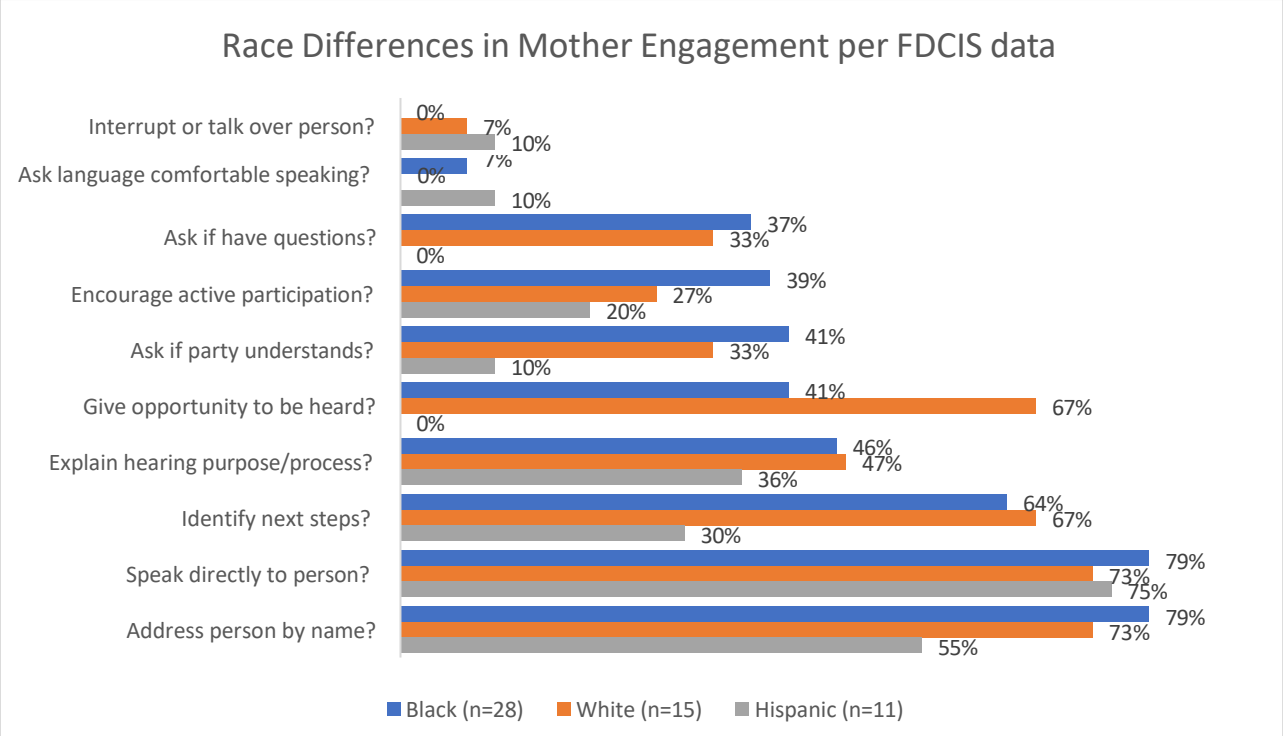
Parents are more likely to be present at shelter care hearings (compared to permanency hearings) whereas youth and caregivers (relative or foster) were more likely to be present at permanency planning hearings. Tribal representatives did not attend any hearings that were observed.



Race Differences. Parent presence was similar across race/ethnicity with Black mothers present at 59% of hearings, White mothers present at 60% of hearings, and Hispanic mothers present at 63% of hearings.

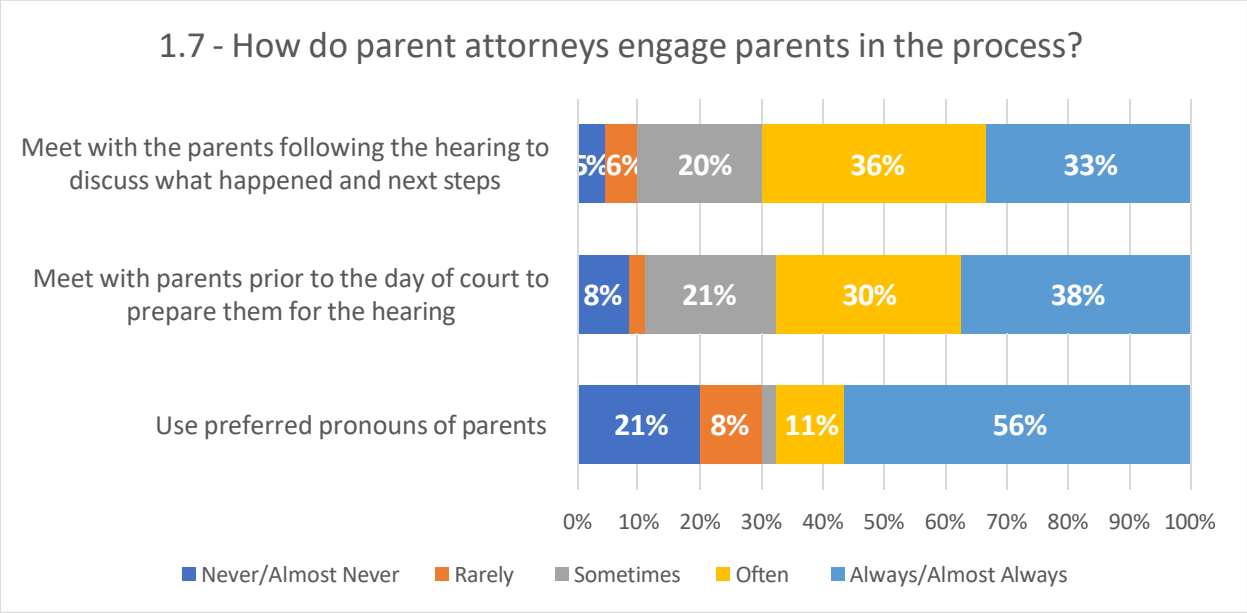
1.6 What do judges do to engage parents and youth in the process?





1.7 How do parent attorneys engage parents in the process?

One hundred eleven parent attorneys completed the survey items around how they engage parents in the process. Parent attorneys indicate they engage in these practices often (average of 3.87 for using preferred pronouns and meeting with parents prior to the day of court to prepare them for the hearing, and a 3.74 average for meeting with the parents following the hearing to discuss what happened and next steps).



For the parent survey, parents (n=25) were neutral/agreed that their attorney helped them prepare for court, with a weighted average of 3.23.

1.8 How do children's attorneys and or GAL attorneys engage youth in the process?

Out of 46 children's attorneys who took the survey, 92% indicated they often or almost always use a youth's preferred pronouns (average response of 4.57). Over two-thirds (72%) meet with youth prior to the day of court to prepare for the hearing (average response 3.96), and 57% indicate that they often or almost always meet with youth following the hearing to discuss the next steps (average response 3.79).

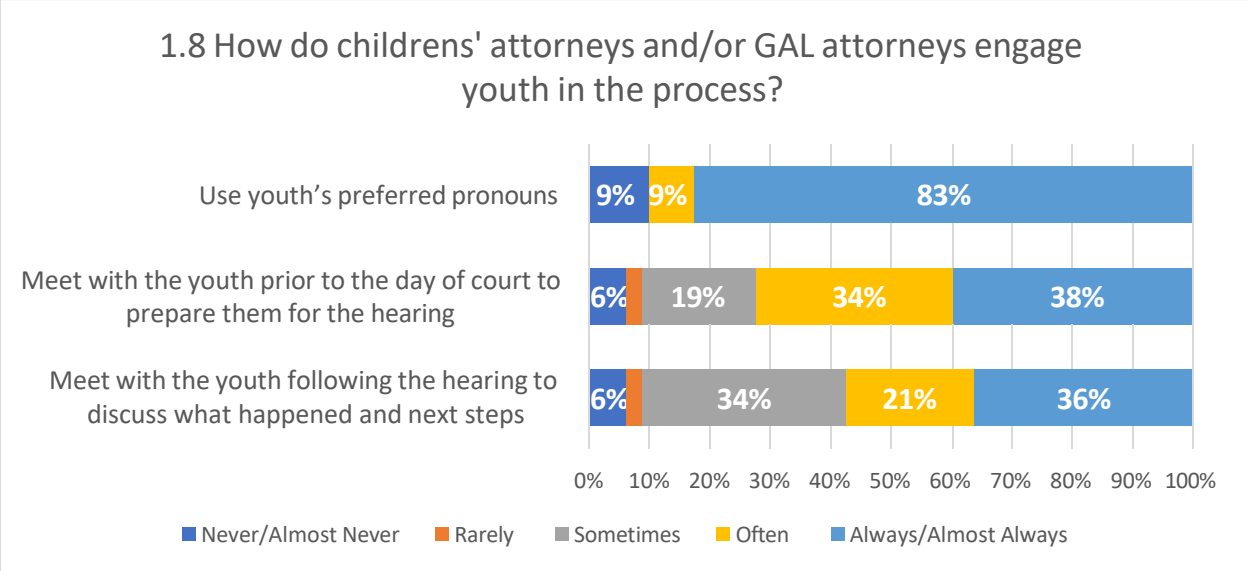


Figure 11. Children's attorney responses to engagement items.

1.9 How does the state/agency attorney engage parents, children, and youth in the process?

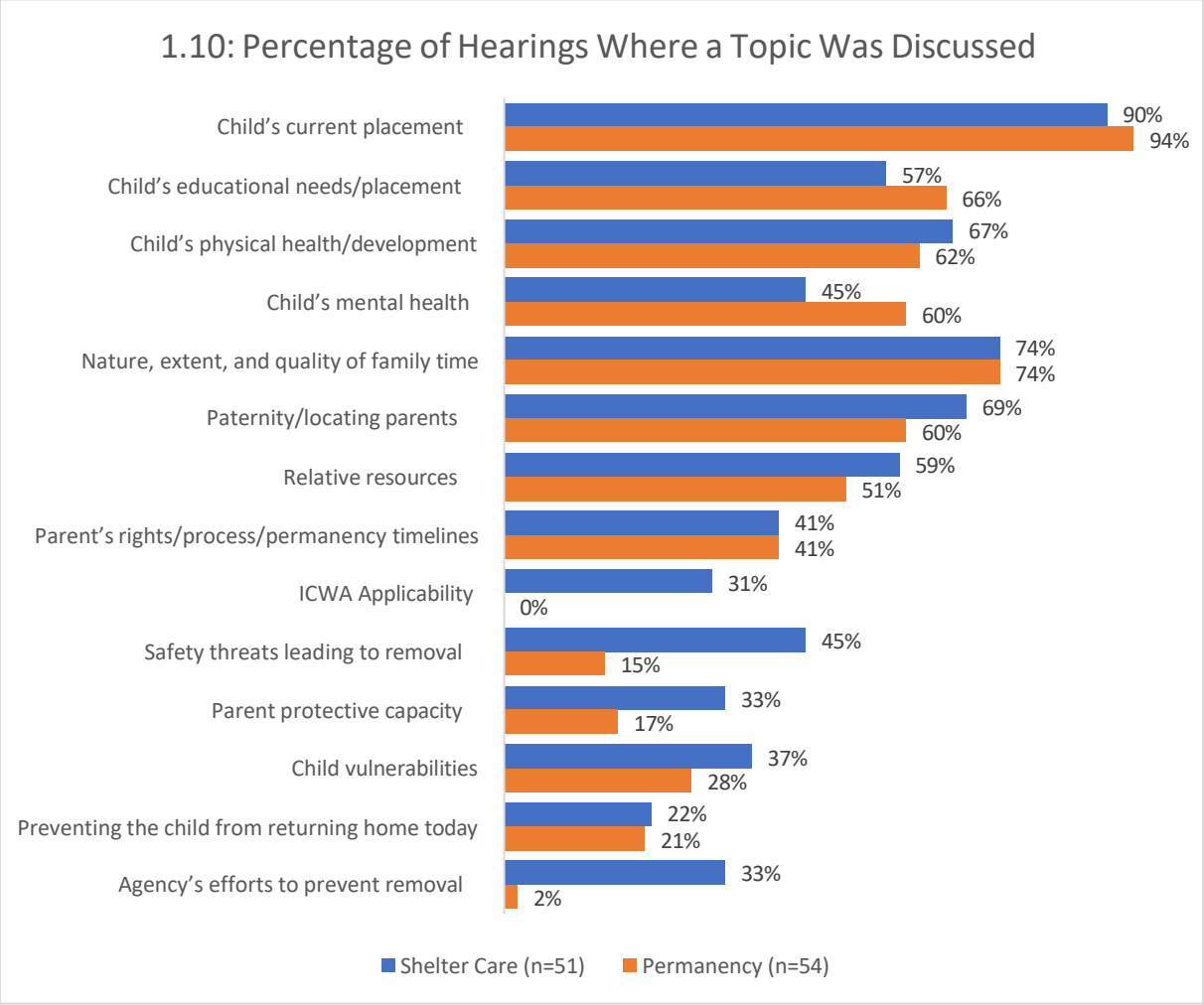
See overlapping due process measures, *infra*.

1.10 – Is there a discussion of important issues in the hearing?

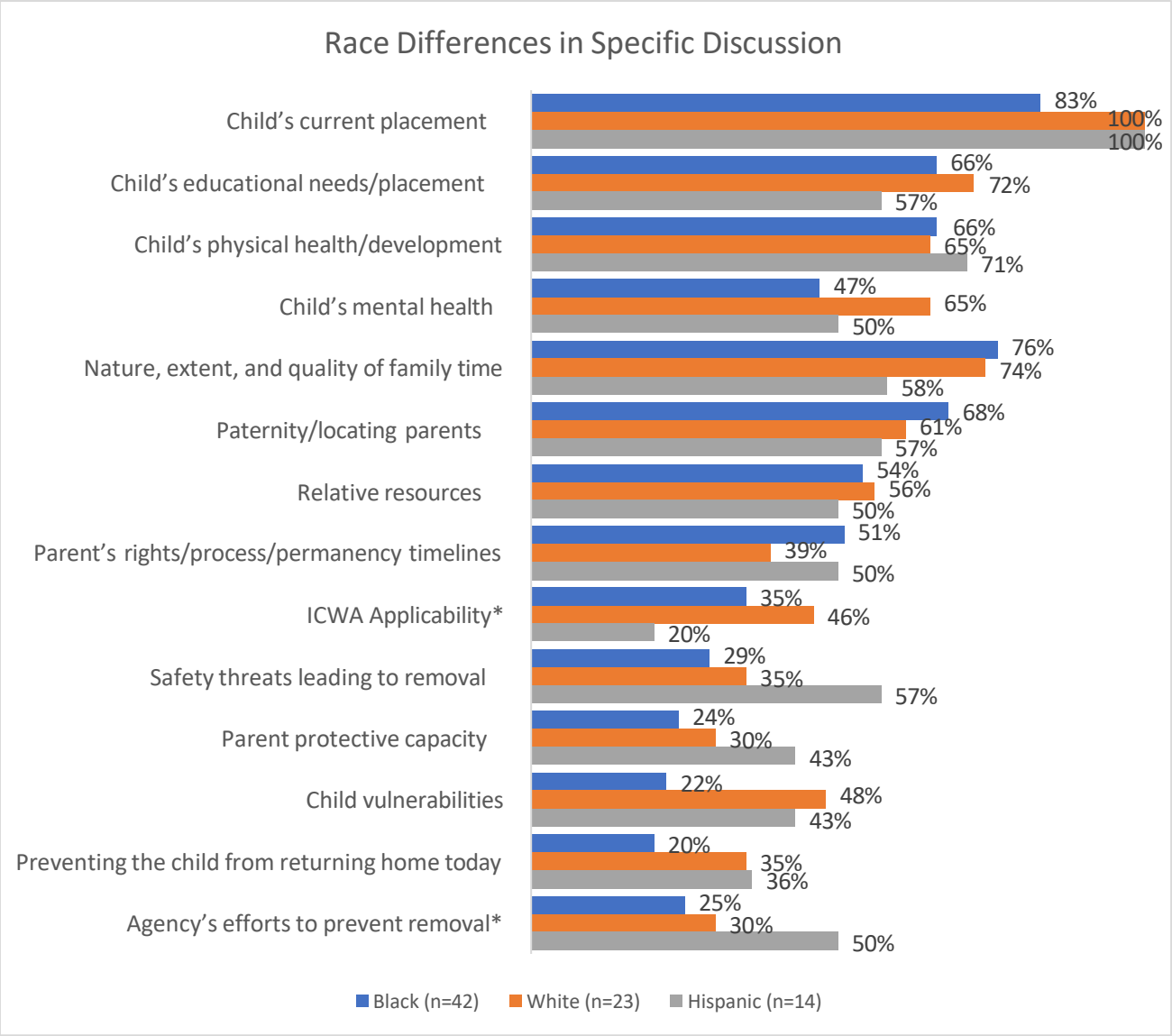
All stakeholders (n=456) were asked to indicate how often court hearings include robust discussion of key topics. Stakeholders indicate this sometimes/often occurs with an average score of 3.85.

Breadth of discussion as reflected in Chart 1.10 shows the percentage of hearings where a measured topic was discussed (adapted from best practice guidelines). For

example, the child's current placement was discussed at 90% of the shelter hearings and at 94% of the permanency hearings that were observed. Although not reflected in Chart 1.10, court observation also showed the breadth of topics addressed at particular hearings, i.e., how many of the observed topics were addressed at a given hearing. Data show that at the low end, one hearing had only 2% of the measured topics discussed, all the way up to 96% of all applicable topics being observed at another hearing. Due to missing data, the sample size varied for each hearing type for each topic discussed; however, most commonly 51 shelter care hearings and 54 permanency planning hearings were coded.



Race Differences. Breadth of discussion is defined as the percentage of topics discussed out of all applicable topics. Discussion covered 47% of topics for Black mothers, 51% of topics for White mothers, and 53% of topics for Hispanic mothers.

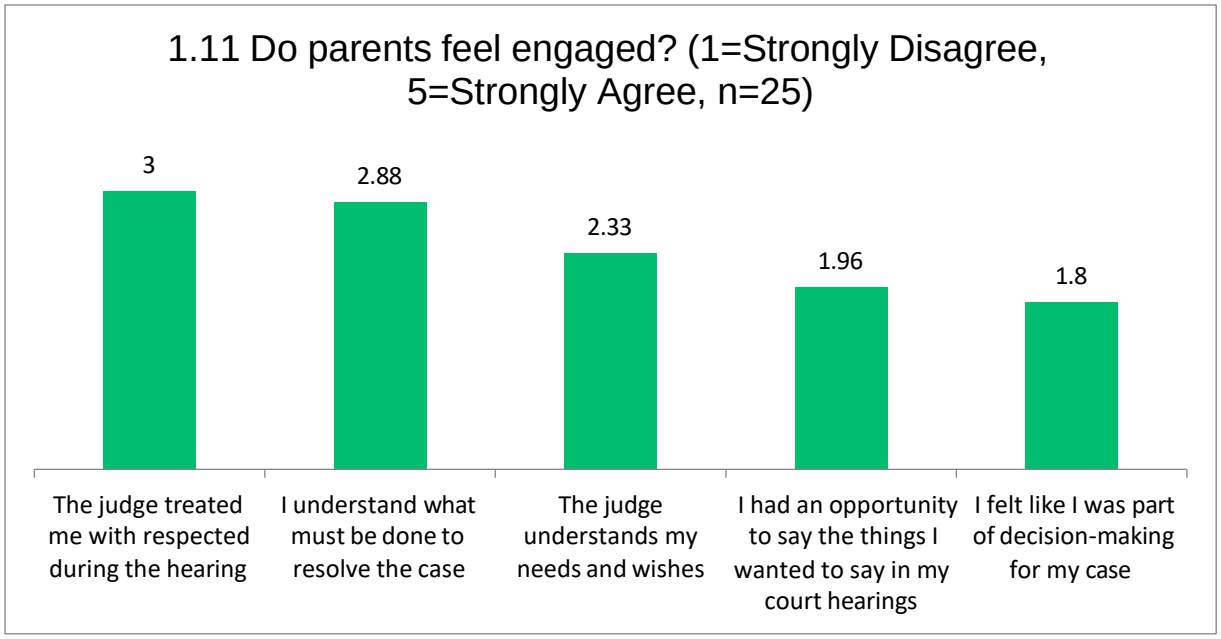


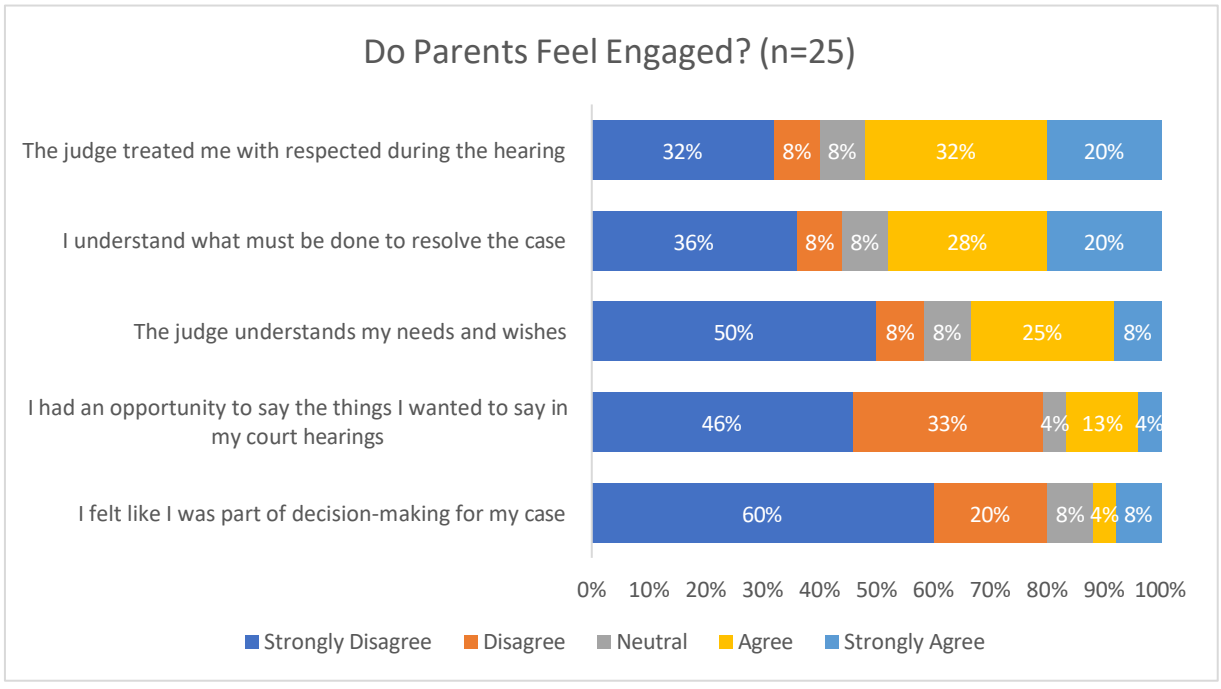
ICWA Applicability and agency efforts to prevent removal are reported only for discussion at shelter care. The sample sizes are smaller for Black (n=20), White (n=10) and Hispanic mothers (n=4) at these hearings.

1.11 Do parents, children, and youth feel engaged in the process?

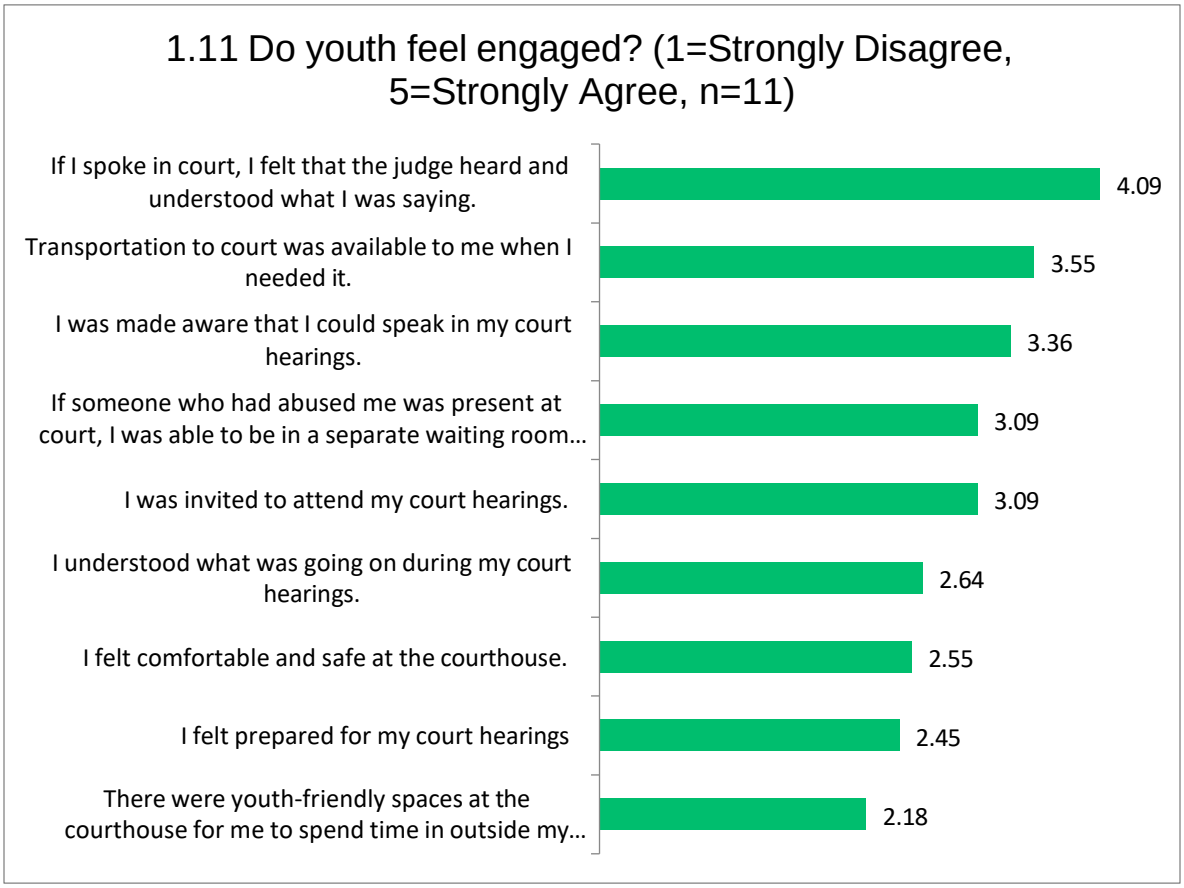
Data are presented from the parent and youth survey in two ways. The first provides an average response to the questions on a scale of 1 to 5, with numbers closer to 1 indicating strong disagreement and numbers closer to 5 indicating strong agreement. The second provides the actual responses of participants to show the range of responses.

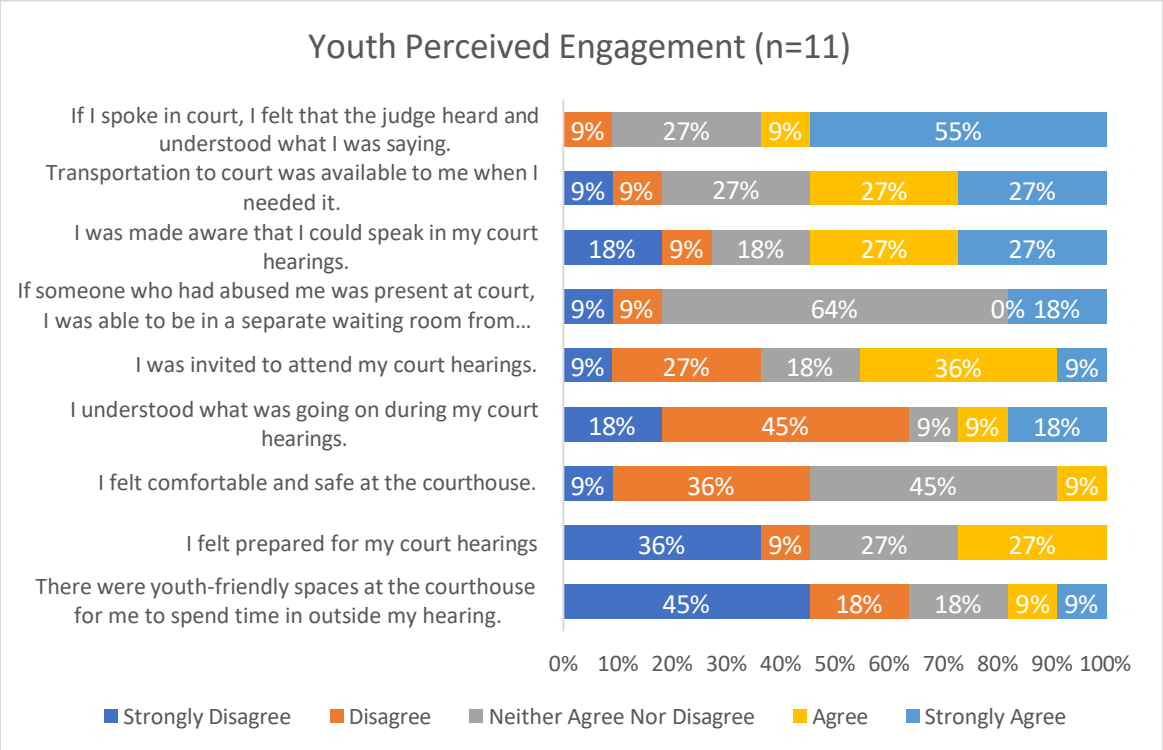
Parents





Youth

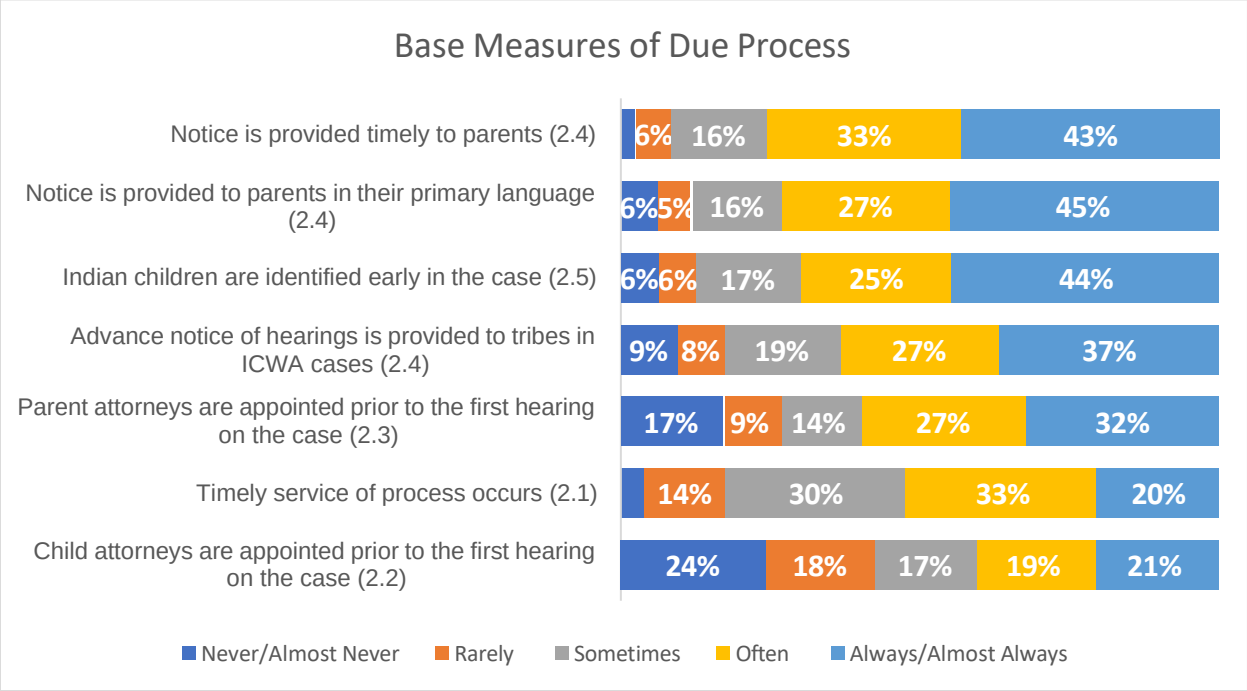

1.11 Do youth feel engaged? (1=Strongly Disagree, 5=Strongly Agree, n=11)
If I spoke in court, I felt that the judge heard and understood what I was saying.
4.09
Transportation to court was available to me when I needed it.
3.55
I was made aware that I could speak in my court hearings.
3.36
If someone who had abused me was present at court, I was able to be in a separate waiting room...
3.09
I was invited to attend my court hearings.
3.09
I understood what was going on during my court hearings.
2.64
I felt comfortable and safe at the courthouse.
2.55
I felt prepared for my court hearings
2.45
There were youth-friendly spaces at the courthouse for me to spend time in outside my...
2.18


Youth Perceived Engagement (n=11)
If I spoke in court, I felt that the judge heard and understood what I was saying.
9% 27% 9% 55%
Transportation to court was available to me when I needed it.
9% 9% 27% 27% 27%
I was made aware that I could speak in my court hearings.
18% 9% 18% 27% 27%
If someone who had abused me was present at court, I was able to be in a separate waiting room from...
9% 9% 64% 0% 18%
I was invited to attend my court hearings.
9% 27% 18% 36% 9%
I understood what was going on during my court hearings.
18% 45% 9% 9% 18%
I felt comfortable and safe at the courthouse.
9% 36% 45% 9%
I felt prepared for my court hearings
36% 9% 27% 27%
There were youth-friendly spaces at the courthouse for me to spend time in outside my hearing.
45% 18% 18% 9% 9%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Strongly Disagree
Disagree
Neither Agree Nor Disagree
Agree
Strongly Agree

Due Process

2.1 – 2.5 Base Measures of Due Process

All stakeholders answered survey questions on the five base measures of due process. Stakeholders reported that the most frequent way due process occurs is through providing timely notice to parents with an average score of 4.08 and that the notice is provided in the parent's primary language, with an average score of 4.0. Appointing both parent attorneys (average score of 3.49) and children's attorneys (average score of 2.95), were the least common reported measure of due process.



In addition, all respondents were asked to provide an open response as to when parent attorneys are typically appointed (measure 2.3: are attorneys for parents appointed early in the case?). Four hundred thirty-four (434) stakeholders left comments. Overwhelmingly, the most common response is at the shelter care hearing, at removal, or at arraignment. Many respondents also added, however, that attorneys are not assigned unless the parent appears, and then the attorney would be assigned at the parent's first court appearance. Several stakeholders left comments about attorney pay being one reason for this:

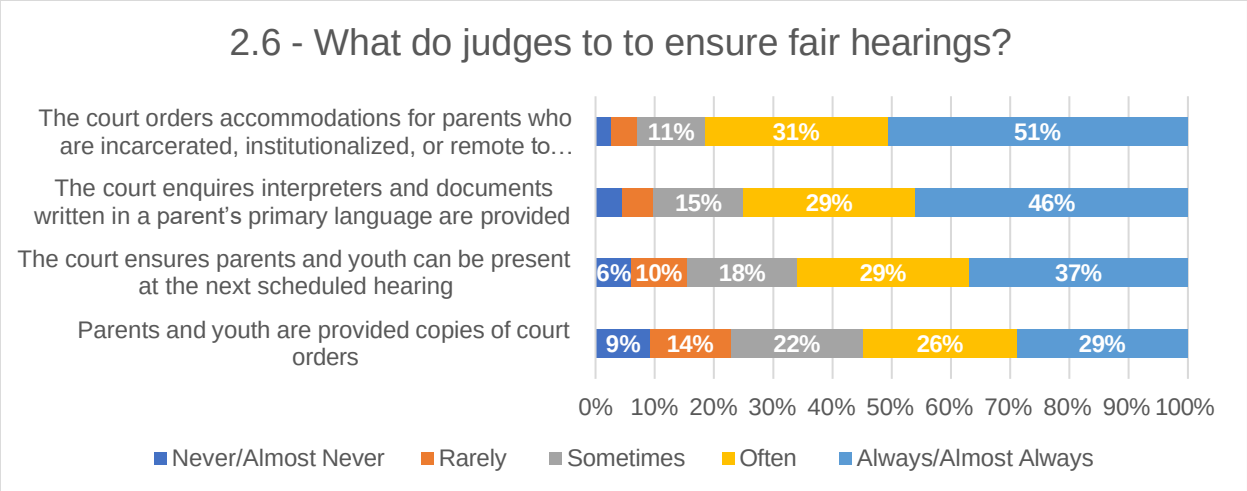
"Parent Attorneys are not being compensated until the parent appears. This has created a chilling effect and additional delays. Parent Attorneys should not be having such a difficult time being compensated."

"The JAC PROHIBITS appointment of Registry Counsel until the parent FIRST APPEARS IN COURT. If we cannot prove the parent APPEARED for a hearing, the JAC will NOT pay. Therefore, Counsel cannot be appointed until the parent first appears at a hearing and fills out an Affidavit of Indigency requesting appointment of counsel."[2]

The open-responses for when child/youth attorneys are appointed (measure 2.2 – are children's attorneys appointed early in the case?) were more varied. Many stakeholders did indicate the child attorney is also assigned at shelter care. However, it was more common to see that they might not be appointed until later in the case, such as at disposition, or under special circumstances like if the child is on psychotropic medication or has disabilities. Other stakeholders indicated that child attorneys are appointed at judicial discretion.

2.6 What do judges do to ensure fair hearings?

All stakeholders (n = 437–454) were asked questions related to what the judge does to ensure fair hearings. The most common way judges ensure fair hearings is by ordering accommodations for parents who are incarcerated, institutionalized, or remote to participate in hearings (average score of 4.22). It is less common for parents and youth to be provided with copies of court orders with an average score of 3.52.



[2] These are only two of the comments that were received. There were additional comments, but space considerations preclude all comments from being included.

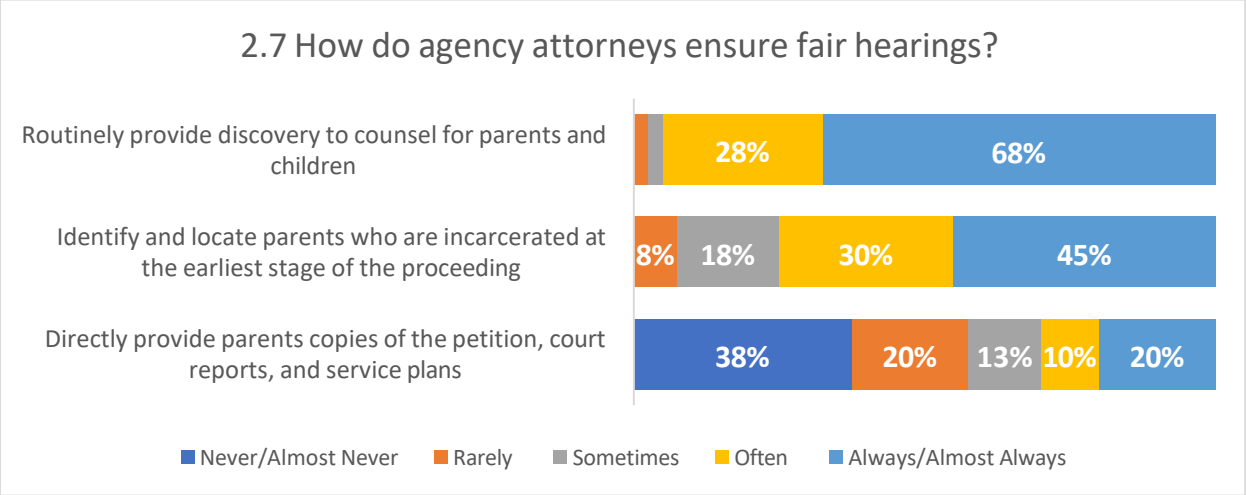
Court observation data revelated that…

- Judges addressed accommodations for incarcerated parents in 30% of the applicable hearings observed (n=40).
- Judges provided interpreters for parents in need in 30% of hearings (n=20).
- Judges inquired about ICWA applicability in 46% of shelter care hearings (n=48).
- Judges inquired about parent's availability to attend the next hearing in 22% of hearings (n=96).

Of the parents who took the parent survey, 8% of respondents (n=2) indicated they needed special accommodations to be able to attend and fully participate in hearings. Neither of these two parents indicated court professionals ensured their accommodations were met.

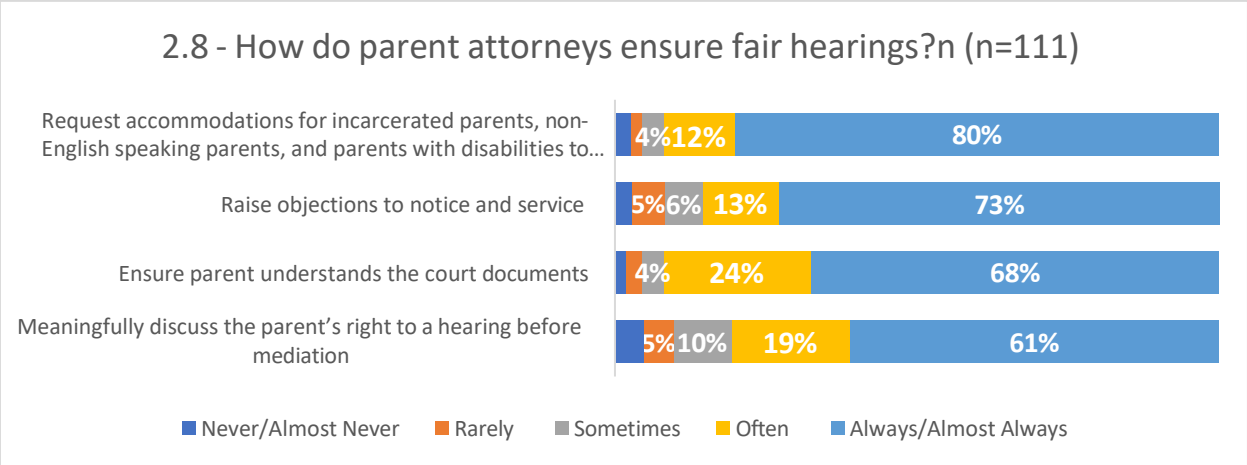
2.7 – How do agency attorneys ensure fair hearings?

Attorneys from Children's Legal Services and the State Attorneys Office (n=40) were asked to indicate how often they engage in practices that ensure fair hearings. Almost all (average score of 4.6) indicated that they often or almost always routinely provide discovery to counsel for parents and children. It was less common; however, for assistant state attorneys to indicate they directly provide parents with copies of the petition, court reports, and service plans (average score of 2.55).

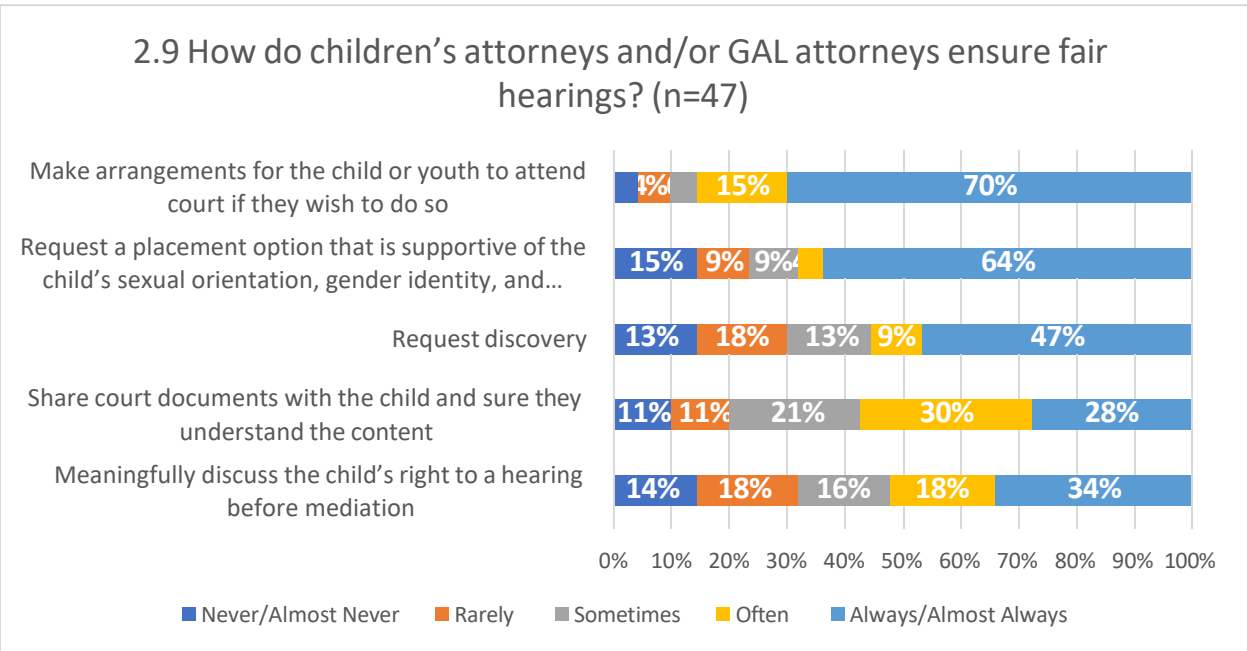


2.8 How do parent attorneys ensure fair hearings?

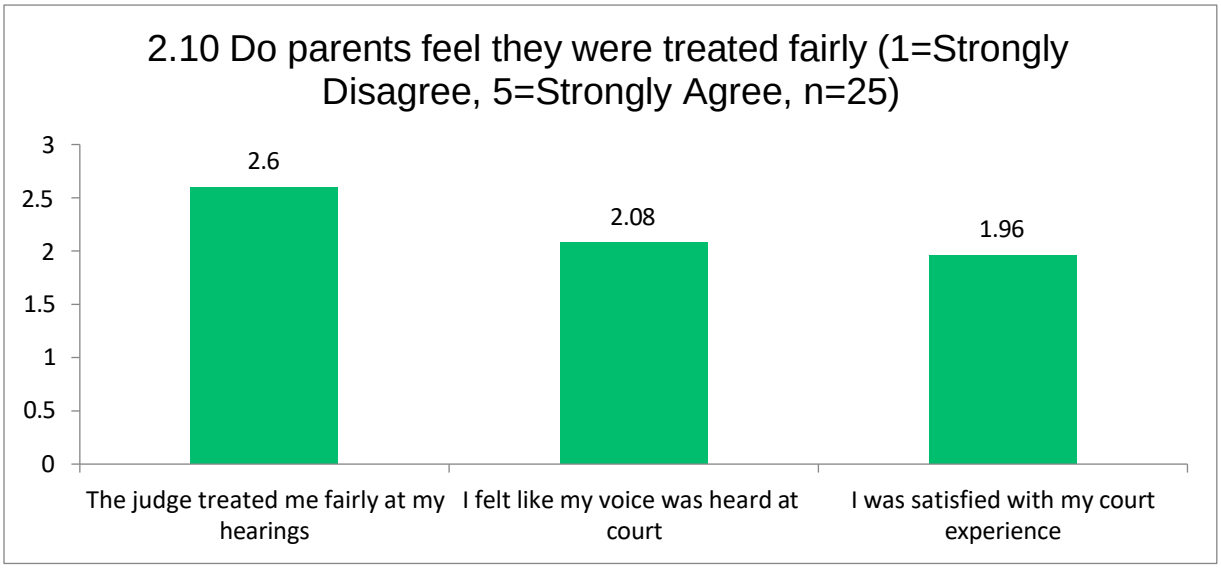
Similar to judges, the most common way parent attorneys (n=111) indicated they ensure fair hearings is by requesting accommodations for incarcerated parents, non-English speaking parents, and parents with disabilities to participate in hearings (average score of 4.65).

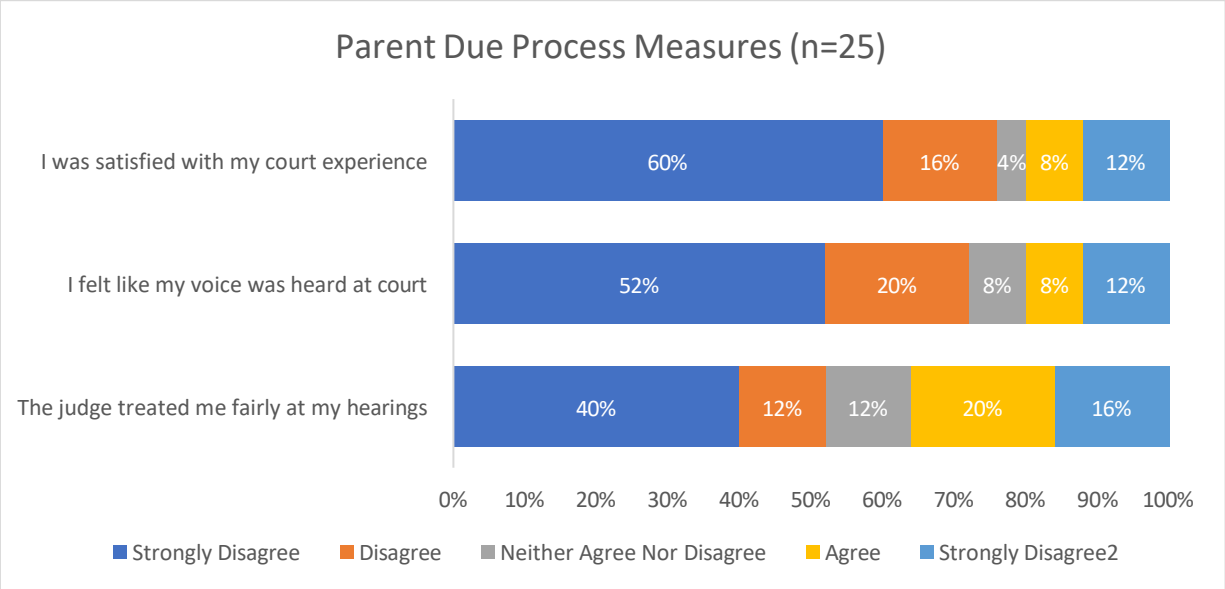


2.9 How do children's attorneys and/or GAL attorneys ensure fair hearings?



2.10 Do parents think they were treated fairly?



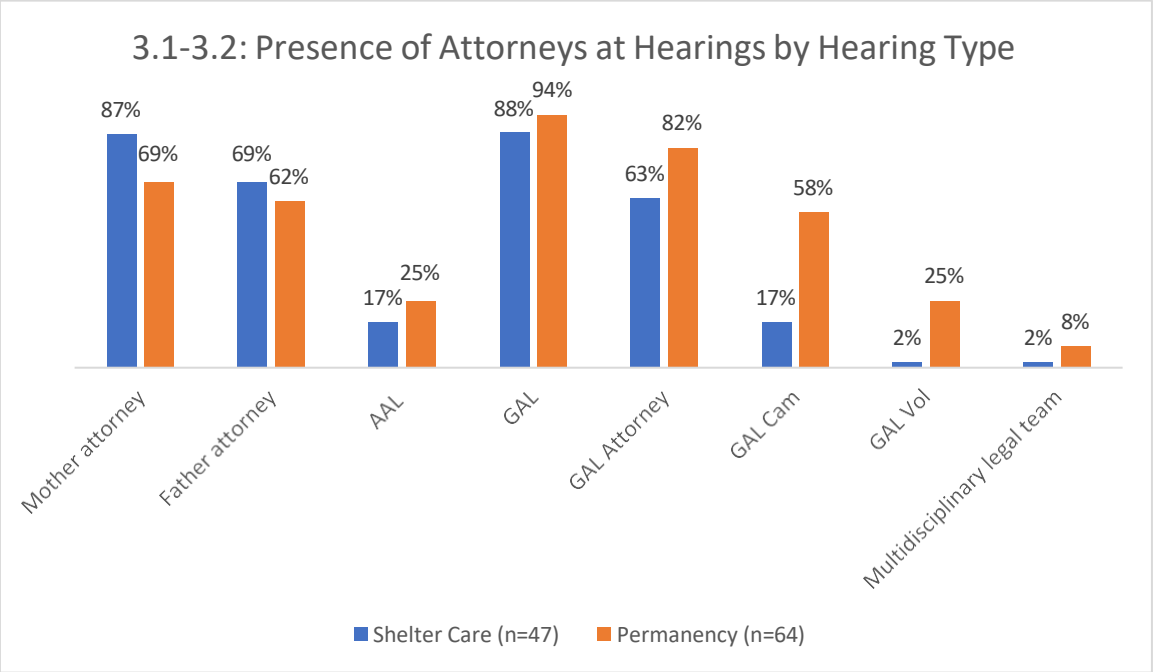


2.11 Do youth think they were treated fairly?

Four youth (out of 11) in the open response comments on the survey indicated that one way to improve the court would be to have someone to be able to explain their rights and the court process in child/youth friendly language, two youths mentioned the importance of having a separate waiting area for youth, and five survey respondents discussed the importance of allowing the youth to speak or have a voice in court (and having an attorney who will advocate for their client to have a chance to speak).

High Quality Legal Representation

3.1-3.2 Do parent and child/youth attorneys attend hearings?



3.5 How do parent attorneys ensure they provide high quality legal representation?

The stakeholder survey revealed that parent attorneys were asked to indicate how often they meet with their client, and meet with other professionals about the case. The most common amount of time to meet with a parent client is once a month (32%), and 43% meet with other professional more than once a month about a case.

Table 1. Parent attorney average reported meeting time with client and other professionals about the case.

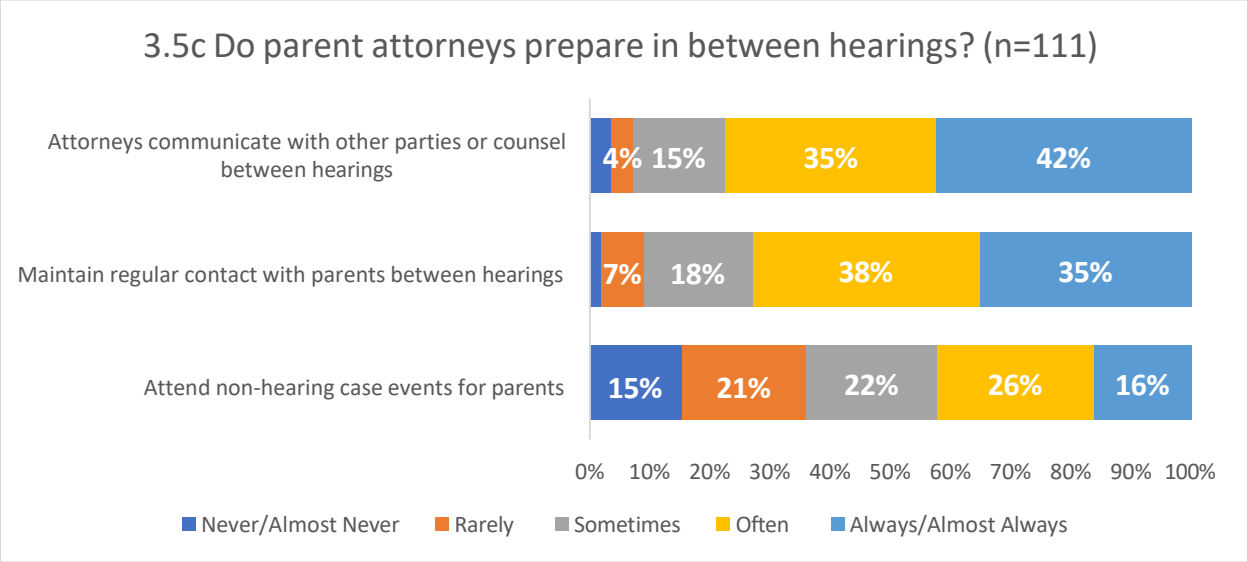
Response	Meet with client	Meet with other professionals
More than 1/month	27.47%	42.86%
Once a month	31.87%	18.75%
Once every other month	19.78%	9.82%
Quarterly	13.19%	4.46%
Less than quarterly	7.69%	8.04%
Other		16.07%

3.5a Does the same attorney represent the parent throughout the case?

All stakeholders (n=451) were asked to indicate if the same attorney represents the parent across the life of the case. On average, (3.88), stakeholders indicate this occurs often.

3.5c – Do parent attorneys prepare in between hearings?

The stakeholder survey indicated that parent attorneys (n=111) were asked three survey questions to gauge preparation between hearings. Seventy-seven percent indicate that they often or almost always communicate with other parties between hearings, whereas only 42% indicate they attend non-hearing case events for parents.



3.6 How do children's attorneys and/or GAL attorneys ensure they provide high-quality legal representation?

The stakeholder survey indicated that child attorneys (n=44) were asked to indicate how often they meet with their client and meet with other professionals about the case. As with parents, the most common response is once per month (34%), but 53% indicate they meet with other professionals more than once per month.

Table 2. Child attorney average reported meeting time with client and other professionals about the case.

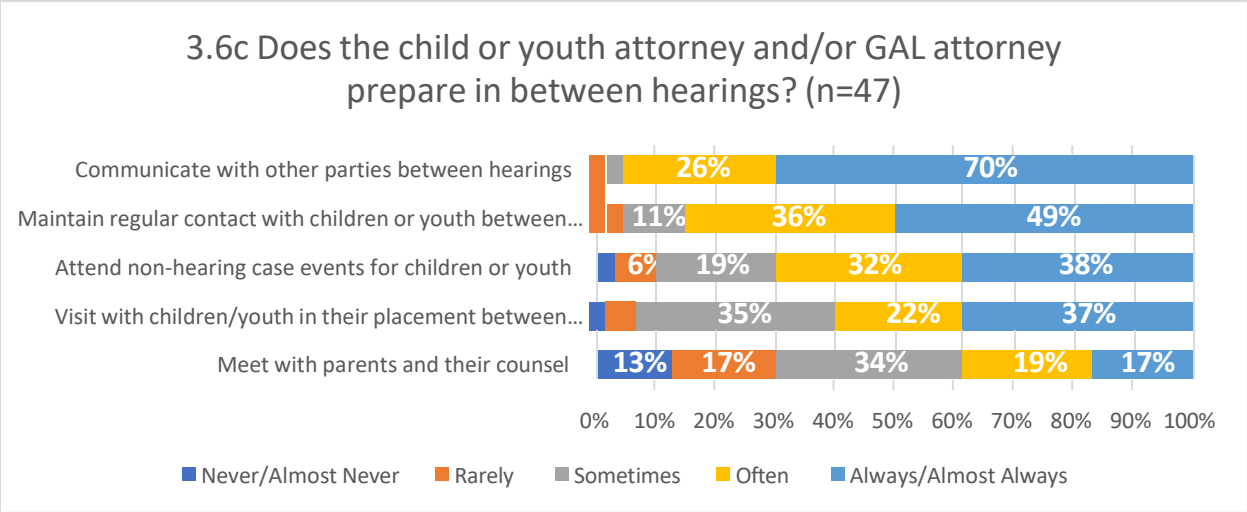
Response	Meet with client	Meet with other professionals
More than 1/month	20.45%	53.19%
Once a month	34.09%	12.77%
Once every other month	29.55%	12.77%
Quarterly	13.64%	10.64%
Less than quarterly	2.27%	2.13%
Other		8.51%

3.6a Does the same attorney and/or GAL attorney represent the child or youth throughout the case?

All stakeholders (n=454) were asked to indicate if the same attorney represents the child or youth across the life of the case (average score of 3.83).

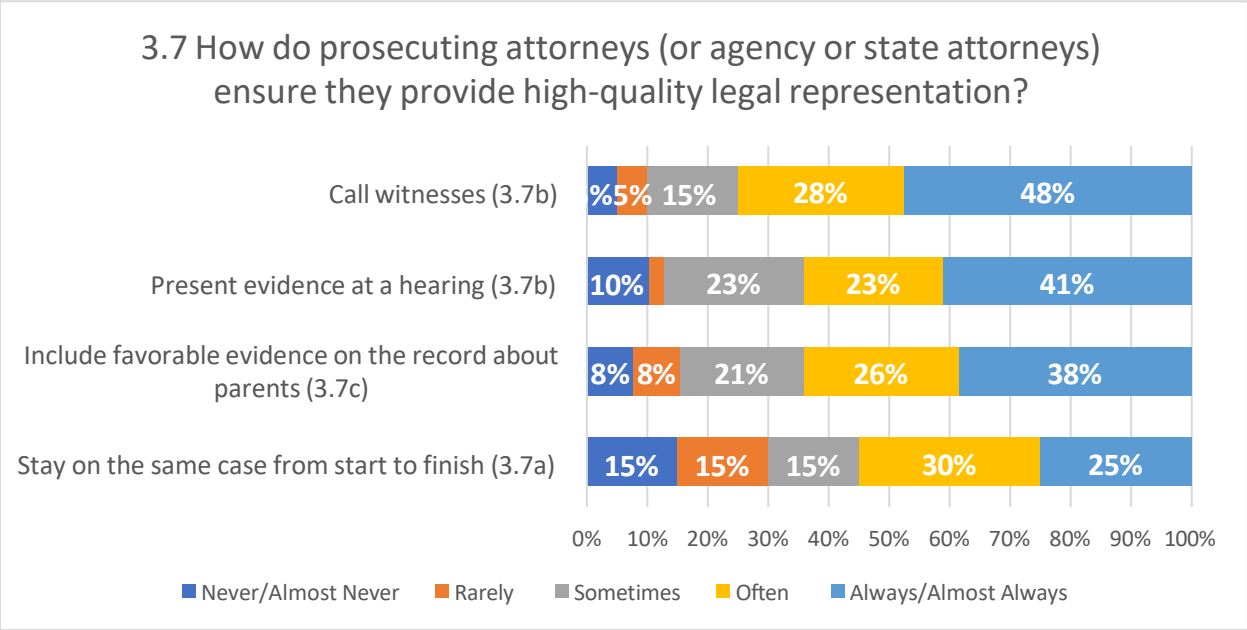
3.6 c – Does the child or youth attorney and/or GAL attorney prepare between hearings?

Child and youth attorneys (n=47) responded to five questions to assess preparation between hearings. The most common way attorneys prepared between hearings is by communicating with other parties (average score of 4.64). The least common way child attorneys prepare between hearings is by meeting with parents and their counsel (average score of 3.11).



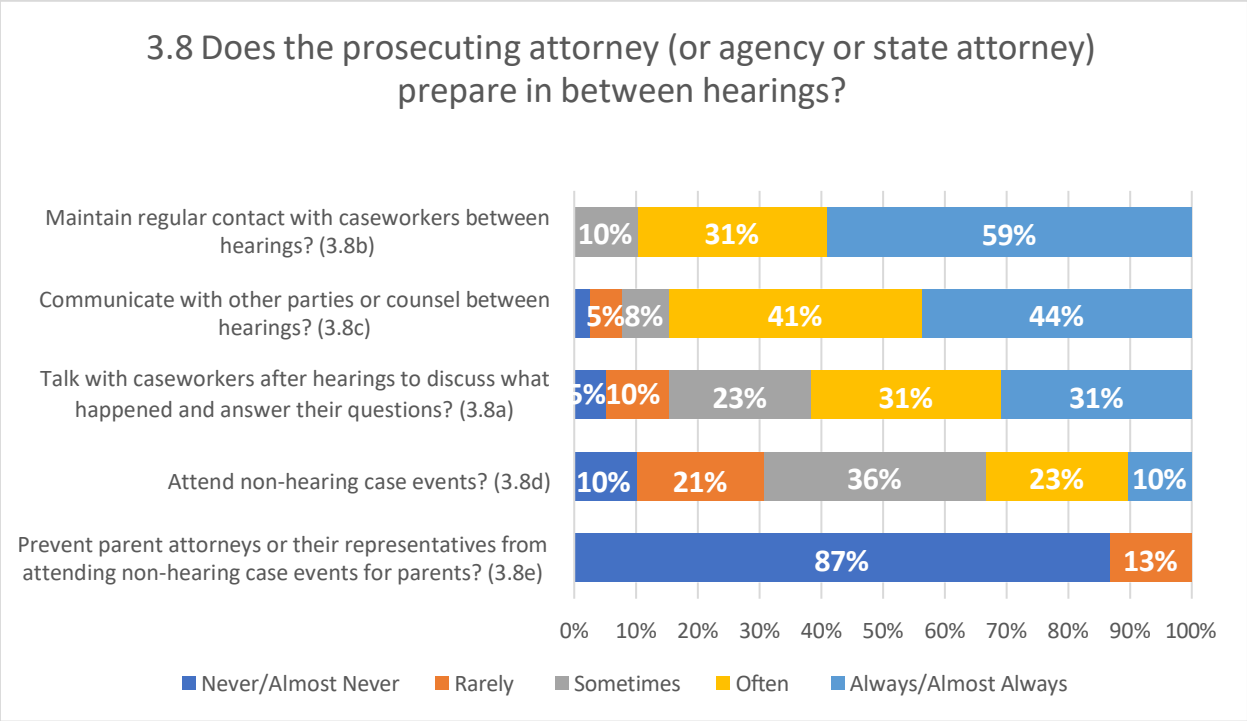
3.7 – How do prosecuting attorneys (or agency or state attorneys) ensure they provide high-quality legal representation?

Attorneys from Children's Legal Services and the State Attorney's Office (n=39-40) were asked how they provide high-quality legal representation. The most common way was through calling witnesses (3.5b; 76% indicated they do this often or almost always), but it was less common for attorneys from Children's Legal Services and the State Attorneys Office to stay on the same case from start to finish (3.7a; 55% indicated this occurred often or almost always).



3.8 – Does the prosecuting attorney (or agency or state attorney) prepare in between hearings?

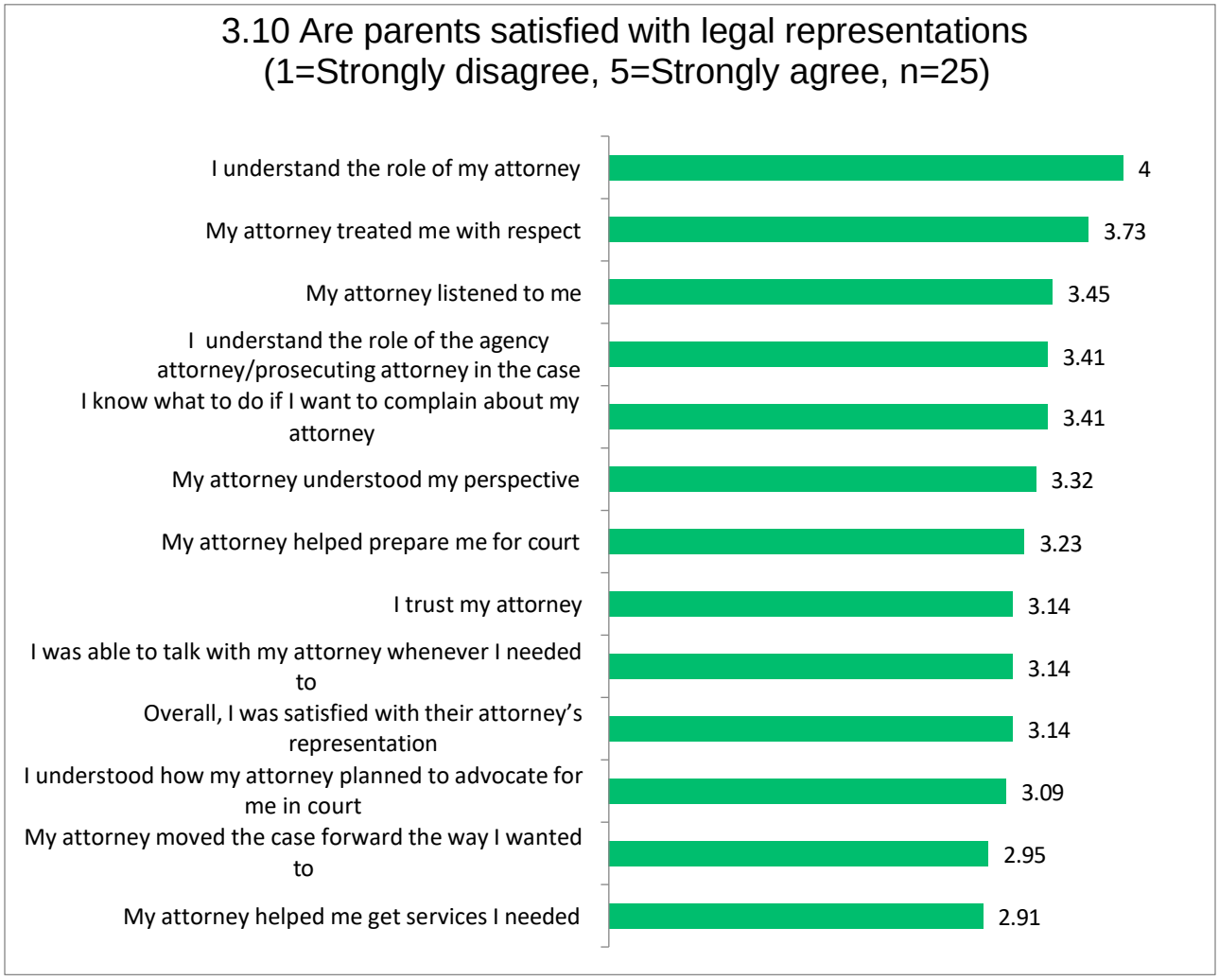
Attorneys from Children's Legal Services and the State Attorney's Office (n=39) responded to five questions about their preparation between hearings. Nearly all (90%) indicated they often or almost always maintain regular contact with caseworkers between hearings, and 62% indicate that they often or almost always talk with caseworkers after the hearing to discuss what happens next. Only 33% indicated that they often or almost always attend non-hearing events. All attorneys from Children's Legal Services and the State Attorneys Office rarely or never prevent parent attorneys from attending non-hearing case events.

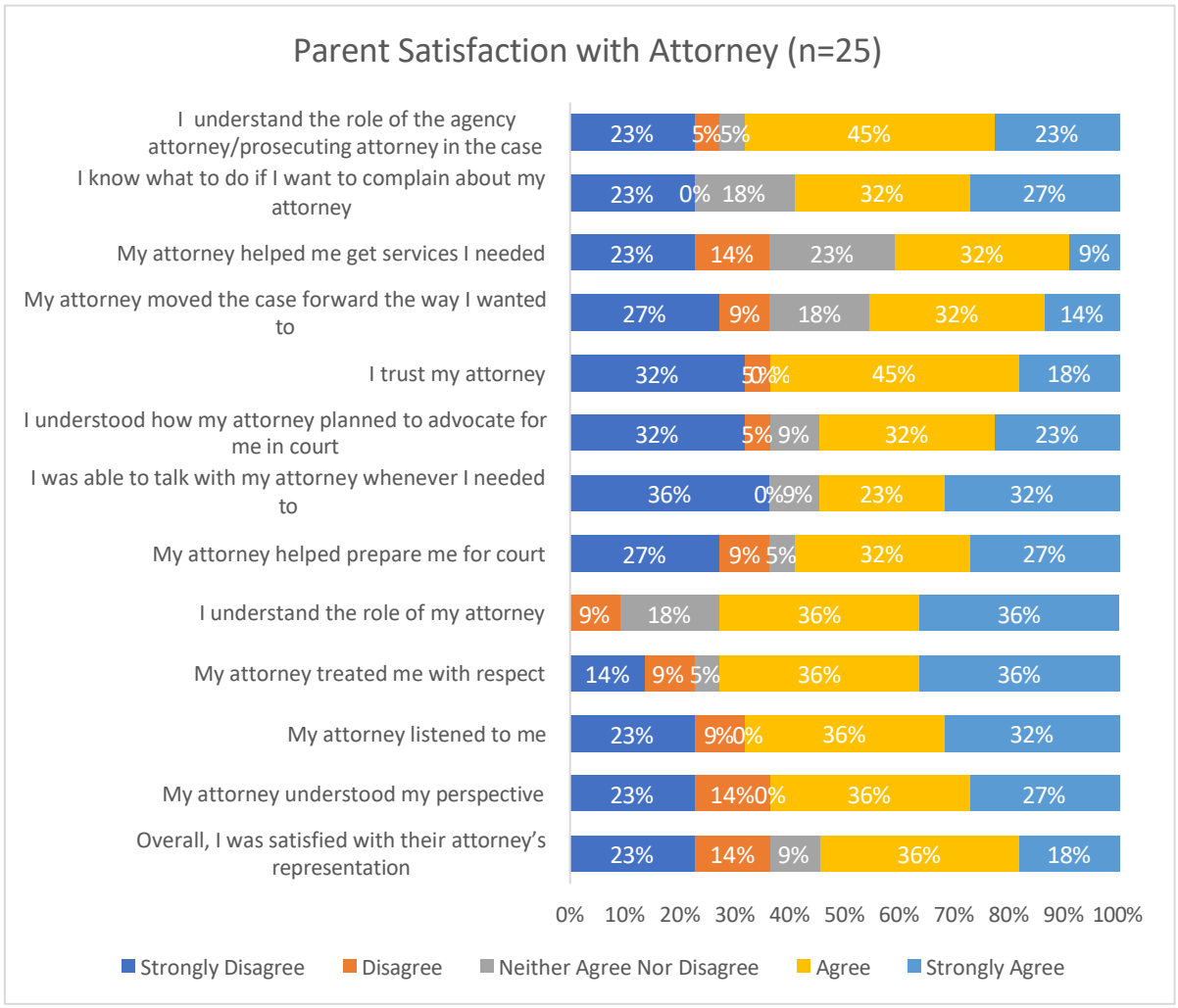


3.10 Are parents satisfied with their attorney's representation?

All stakeholders (n = 422) indicated how often motions are filed claiming that the parent had ineffective assistance of counsel, with an average score of rarely (2.03).

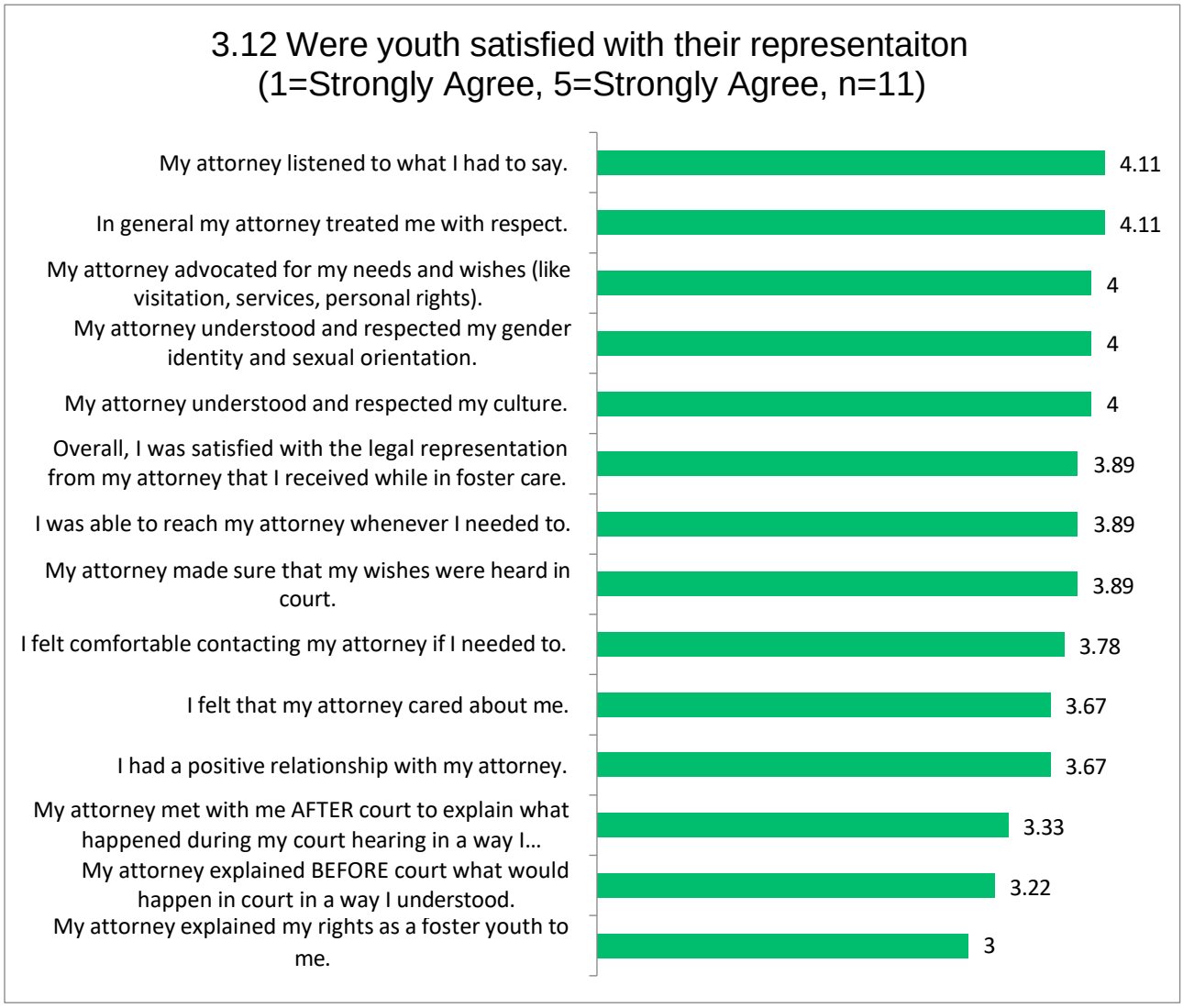
From the parent survey (n=25), 92% of parents indicated they had an attorney during their case. Sixty-four percent indicated the court appointed the attorney for them, and 36% said they retained their own attorney for the case.

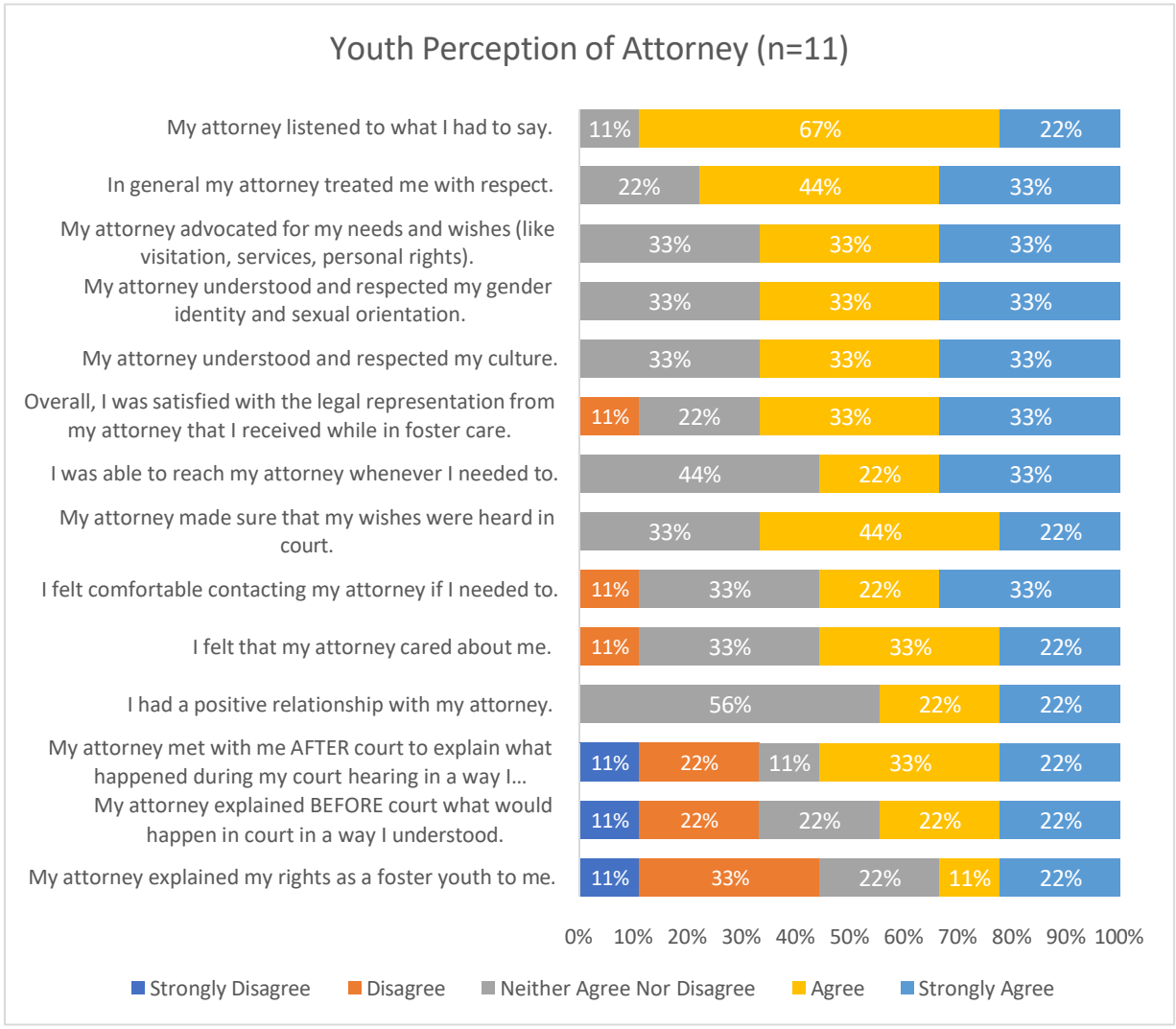



Parent Satisfaction with Attorney (n=25)
I understand the role of the agency attorney/prosecuting attorney in the case
23% 5% 5% 45% 23%
I know what to do if I want to complain about my attorney
23% 0% 18% 32% 27%
My attorney helped me get services I needed
23% 14% 23% 32% 9%
My attorney moved the case forward the way I wanted to
27% 9% 18% 32% 14%
I trust my attorney
32% 5% 0% 45% 18%
I understood how my attorney planned to advocate for me in court
32% 5% 9% 32% 23%
I was able to talk with my attorney whenever I needed to
36% 0% 9% 23% 32%
My attorney helped prepare me for court
27% 9% 5% 32% 27%
I understand the role of my attorney
9% 18% 36% 36%
My attorney treated me with respect
14% 9% 5% 36% 36%
My attorney listened to me
23% 9% 0% 36% 32%
My attorney understood my perspective
23% 14% 0% 36% 27%
Overall, I was satisfied with their attorney's representation
23% 14% 9% 36% 18%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Strongly Disagree
Disagree
Neither Agree Nor Disagree
Agree
Strongly Agree

3.11 Are youth satisfied with their legal representation.

On the youth survey, 71% percent of youth indicated they had an attorney during their case (n=14).




Youth Perception of Attorney (n=11)
My attorney listened to what I had to say.
11%
67%
22%
In general my attorney treated me with respect.
22%
44%
33%
My attorney advocated for my needs and wishes (like visitation, services, personal rights).
33%
33%
33%
My attorney understood and respected my gender identity and sexual orientation.
33%
33%
33%
My attorney understood and respected my culture.
33%
33%
33%
Overall, I was satisfied with the legal representation from my attorney that I received while in foster care.
11%
22%
33%
33%
I was able to reach my attorney whenever I needed to.
44%
22%
33%
My attorney made sure that my wishes were heard in court.
33%
44%
22%
I felt comfortable contacting my attorney if I needed to.
11%
33%
22%
33%
I felt that my attorney cared about me.
11%
33%
33%
22%
I had a positive relationship with my attorney.
56%
22%
22%
My attorney met with me AFTER court to explain what happened during my court hearing in a way I…
11%
22%
11%
33%
22%
My attorney explained BEFORE court what would happen in court in a way I understood.
11%
22%
22%
22%
22%
My attorney explained my rights as a foster youth to me.
11%
33%
22%
11%
22%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Strongly Disagree
Disagree
Neither Agree Nor Disagree
Agree
Strongly Agree

Safety

4.1 How often and at what points in the case does the court make a reasonable or active efforts to prevent removal finding? How often is the finding that the agency made "no reasonable efforts?"

Court observers indicated that reasonable efforts to prevent removal findings were verbally made in 20% of shelter care (n=46). Active efforts findings, when applicable (n=2) were made in 100% of shelter care hearings.

All stakeholders (n=444) indicated how often the court makes a finding that the agency did not make reasonable or active efforts. On average, stakeholders indicated this happens rarely/sometimes (average score of 2.35).

4.3 How does the court discuss the agency's reasonable or active efforts to prevent removal?

The court discussed the agency's reasonable efforts to prevent removal at 33% of shelter care hearings (n=46). When it was discussed, it was most commonly discussed in depth (60% of hearings) and only 1-2 statements in 40% of hearings.

4.10 Do judges order family time that is least restrictive and most family-like?

Fifty-five percent of all respondents (n=444) on the stakeholder survey indicated that the courts order visits in family-like settings often for parents at the initial hearing (average score of 3.48).

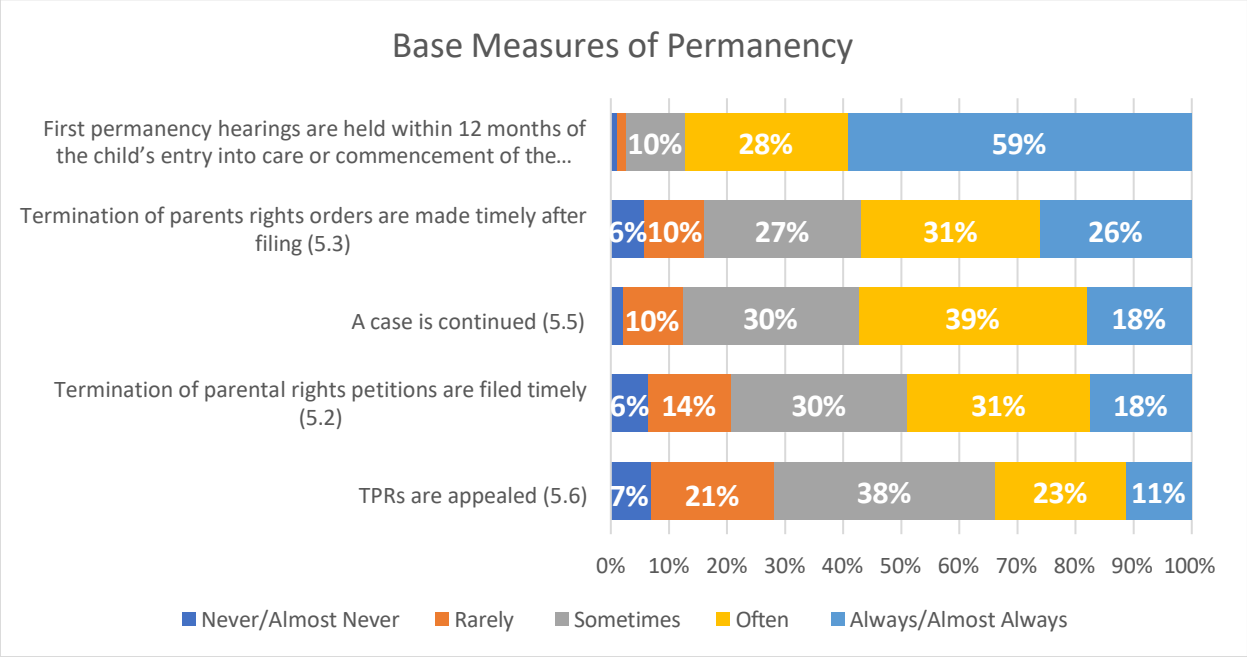
4.13 Do parents believe that the judge considered their protective capacities in decision making regarding removal and return?

On average, parents (n=25) disagreed with the statement "When making decisions, the judge considers the things I do to protect my child." On an agreement scale of 1 =Strongly disagree to 5=Strongly agree, the average score was 2.2.

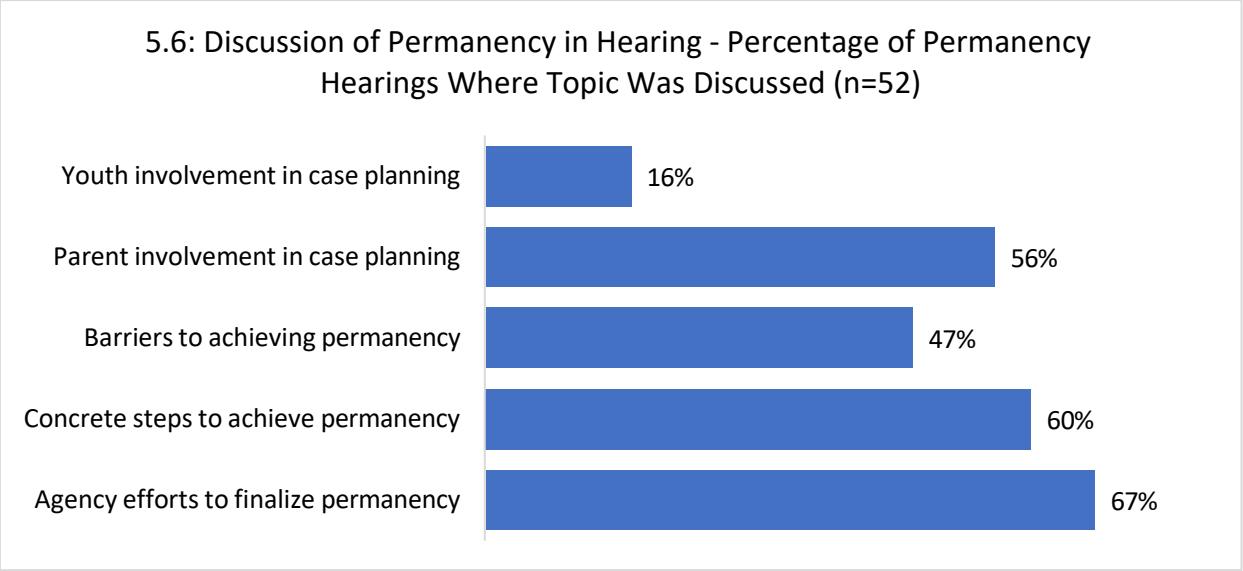
Permanency

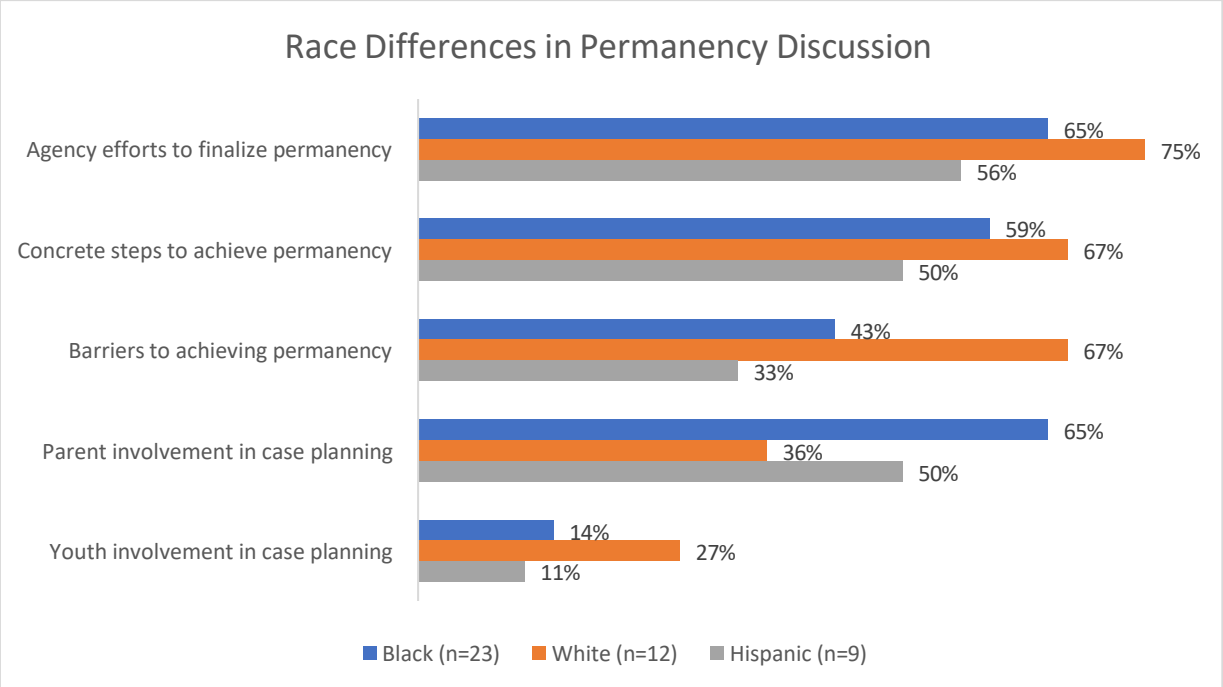
5.1 – 5.6 Base Measures of Permanency

All stakeholders (n= 419-446) responded to five survey questions related to the base measures of permanency. The plurality of stakeholders (average score of 4.43) indicated that the first permanency hearings are often or almost always held within 12 months of the child's entry into care (5.1). However, fewer stakeholders (average score of 3.39) indicate that termination of parental rights petitions are often or almost always filed in a timely manner (5.2).



5.6 How does the court discuss permanency?



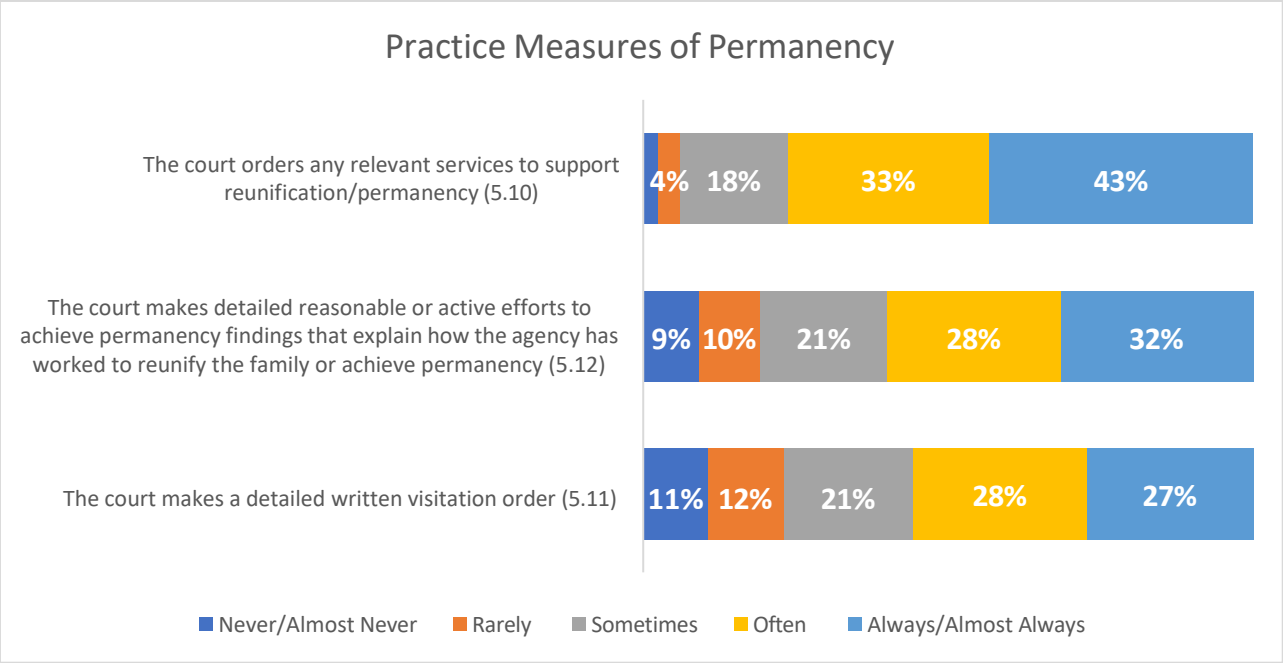


5.9 Does the judge ask about what is preventing the child from returning home today?

The judge asked what is preventing the child from returning home today in 20% of shelter care (n=43) hearings and 15% of permanency hearings (n=46).

5.10 – 5.12 Practice Measures of Permanency

All stakeholders (n=477) responded to survey items to assess practice measures 5.10 – 5.12 or permanency. The two most common responses (76% indicating this occurs either often or almost always) are that the court orders relevant services to reunification/permanency (5.10). It is less common that the court makes a detailed visitation order, with 55% of stakeholders indicating that this occurs often or almost always.



5.13 What information about reasonable or active efforts to reunify or finalize permanency the attorney representing the agency/state present to the court?

Data for evidence presented was often missing during court observation. As such, the following frequencies are based on 43 permanency planning hearings and 39 shelter care hearings. The attorneys from Children's Legal Services and the State Attorneys Office provided evidence about reasonable efforts in 17% of shelter care and 46% of applicable permanency hearings. At shelter cares, this evidence included a child welfare agency report (32%), caseworker testimony (38%), and other testimony in 0% of cases. For permanency hearing, evidence included the child welfare agency report

(38%), caseworker testimony (48%), other testimony in 2% of cases, and other evidence in 0% of hearings.

5.14 – Do attorneys representing the agency/state file termination of parental rights petitions timely in relation to permanency goal changes?

On the stakeholder survey, 38 attorneys from Children's Legal Services and the State Attorneys Office indicated whether they file termination of parental rights petitions timely in relationship to permanency goal changes (5.14), with an average score of 4.03. Sixty-nine percent indicated they often or almost always file termination of parental rights petitions timely in relationship to permanency goals.

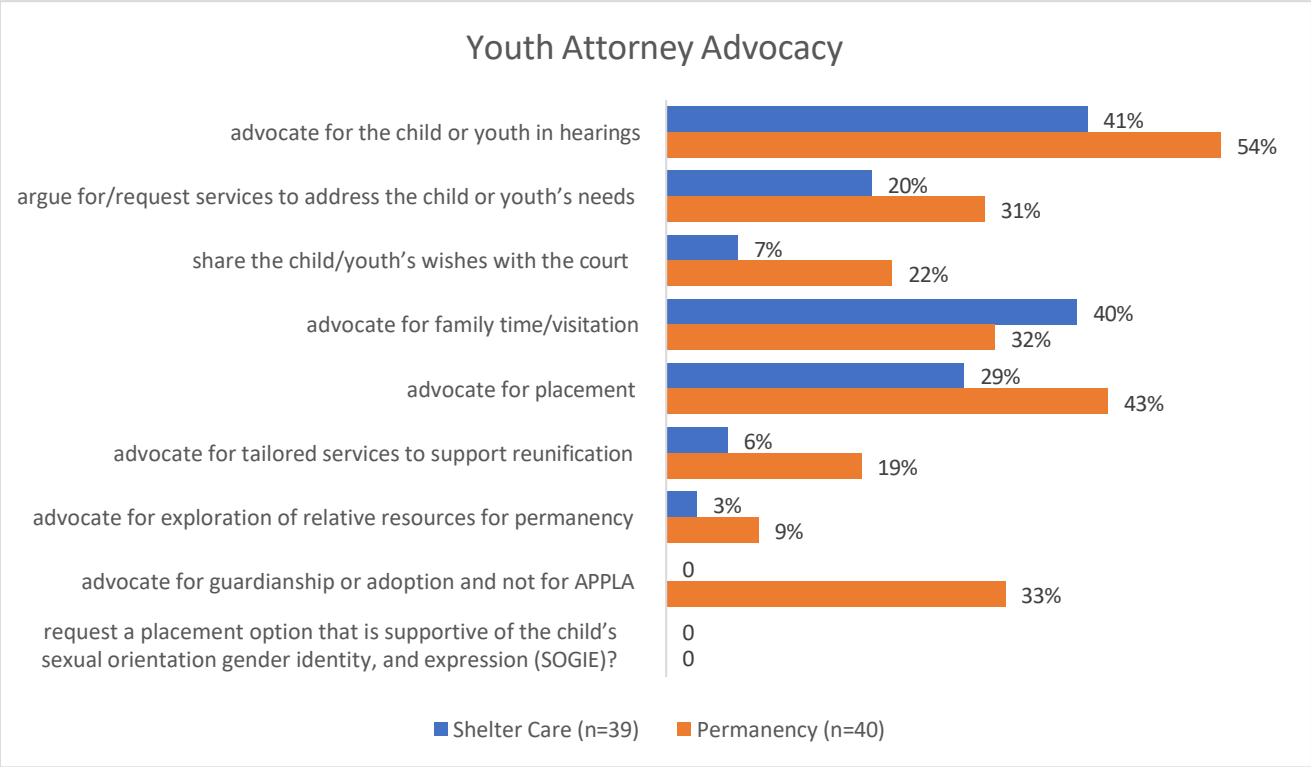
5.15 – Does the parent attorney advocate for reunification in hearings?

Data on attorney practice was often missing. For example, whether mother's attorney presented evidence was only noted in 30 of 51 Shelter Care hearings. Six were marked not applicable, but data were missing in 15.

- Shelter Care
    - Mother's attorney
        - Presented evidence 13% of hearings (n=35)
        - Advocated for services in 13% of hearings (n=35)
        - Advocated for family time in 50% of hearings (n=34)
        - Advocated for placement in 45% of hearings (n=35)
        - Advocated for tailored services to support reunification in 10% of hearings (n=35)
        -
- Permanency Hearings
    - Mother's attorney
        - Presented evidence in 23% of hearings with data (n=31)
        - Advocated for services in 33% of hearings with data (n=30)
        - Advocated for family time in 35% of hearings (n=29)
        - Advocated for placement in 24% of hearings (n=29)
        - Advocated for tailored services to support reunification in 30% of hearings (n=27)

5.16 Does the children's attorney and/or GAL attorney advocate for reunification or other permanency in hearings?

- Court observation revealed that children's attorneys/GALs advocate for the child in 40% of shelter care and 54% of permanency hearings



5.17 When are continuances granted?

- 8% of Shelter cares were continued. Reasons for continuances included:
  - Complexity
  - For father to meet with attorney
  - Was continued from previous day
  - Will be continued for 2nd father (but not coding for him)
- 18% of Permanency hearings were continued
  - 27% - state attorney ill /unavailable
  - 27% - party wanted more time to prepare
  - 18% - parent attorney not present
  - 18% - JRSSR not prepared
  - 9% - paperwork filed late

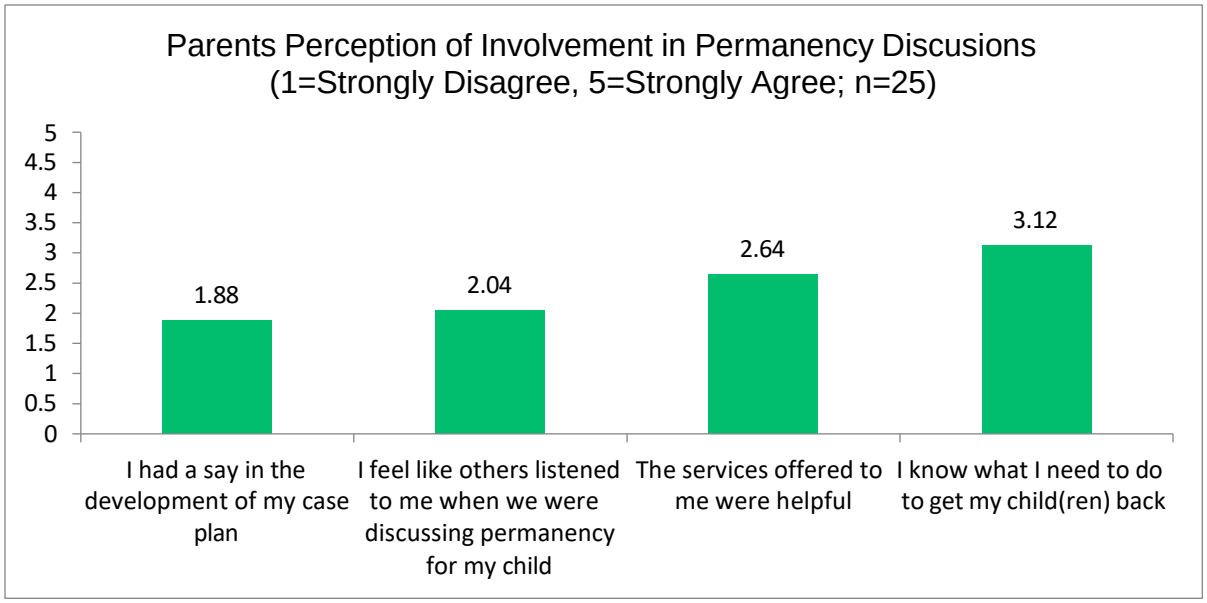
5.18 Do parents feel their voice was heard in permanency planning discussions?

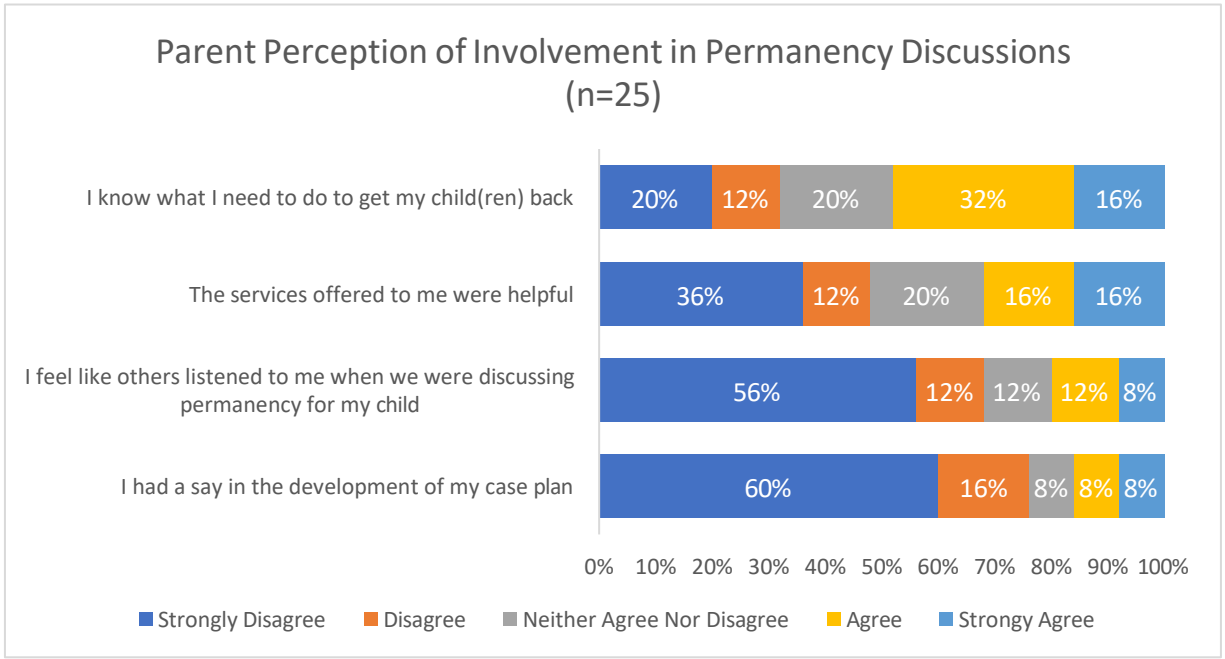
Parents disagreed with the statement "I felt like others listened to me when we were discussing permanency for my child," with an average score of 2.04. On average,

parents strongly disagreed with the statement "I had a say in the development of my case plan," with an average score of 1.88.

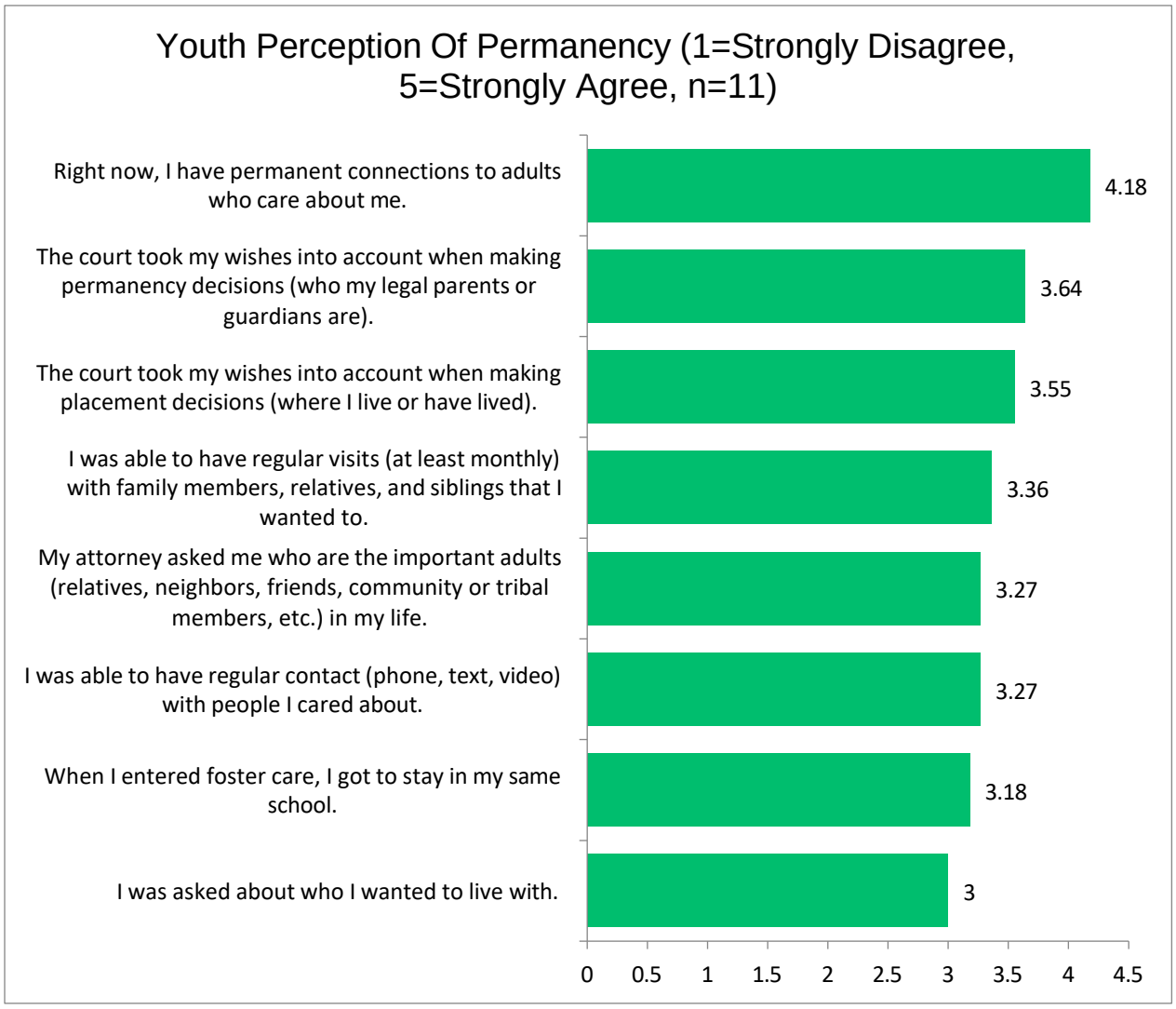
5.19 Do parents understand what is required of them and the steps needed to have their child returned?

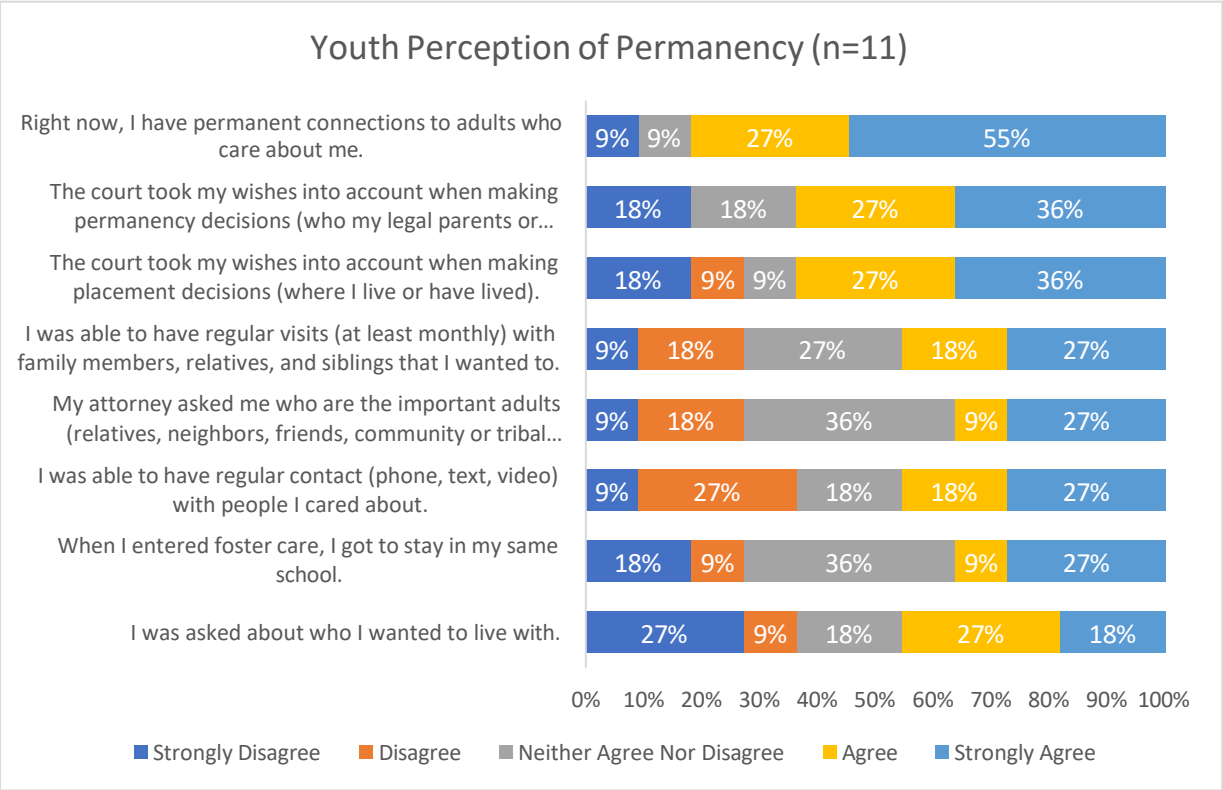
Parents' responses were more neutral on the statement "I know what I need to do to get my child(ren) back," with an average score of 3.12.





5.22 Does the child/youth feel their voice was heard in permanency decisions?





Open-Ended Survey Responses

Two hundred thirty-eight (238) stakeholders left comments at the end of the survey adding any other comments or suggestions about how to improve the quality of court hearings or the quality of legal representation in child welfare cases. A complete analysis of comments has not been completed, but a preliminary scan of all comments revealed some common themes (this is not an exhaustive list):

- Attorneys are overwhelmed and underprepared for court.
- Attorneys need to communicate better with each other about the cases.
- Allow more opportunity for counsel and parties to discuss the case.
- Cases take too long/there are too many continuances.
- Comments that DCF/DCF attorneys/parent attorneys are not accountable, the reason cases take too long.
- All parties should receive copies of court orders / court documents (including caregivers).
- Provide more voice for foster parents/caregivers.

- Low pay, low appreciation, high caseloads for case managers leads to high turnover and lack of services offered.
- Pay for attorneys is low and as such there are not enough attorneys available.
- Mixed opinions about Zoom hearings: some want to see more remote options; some want more in-person hearings.
- Appointing attorneys for children earlier in the case / all children should have attorneys.
- More training for attorneys/judges about child welfare specific issues.
- Hearings are going well / hearings are as effective as they can be.

***Florida Guardian ad Litem Office addendum to the JCAMP report**

Survey responses related to representation of children will likely not be reflective of the situation in Florida.

Chapter 39 - 2022 Florida Statutes - The Florida Senate (flsenate.gov) requires appointment of a Guardian ad Litem (GAL) to represent the child, and generally only children with certain special needs are represented by an Attorney ad Litem, or AAL.

In Florida:

- GALs are appointed by the dependency court to represent children using a best interests standard for decision making and advocating for the child. GAL lawyers can give legal advice to children but do not maintain confidentiality because GALs are required to report to the court and make recommendations regarding the child's best interests. Children are primarily appointed a multidisciplinary team consisting of a guardian ad litem attorney, a certified child advocate manager, and a volunteer – all working together to represent the children. Thus, all children represented by the Statewide GAL Office have a lawyer on their case upon appointment.
- AALs are appointed by the dependency court to represent children and are guided by the child's direction when making decisions and advocating for the child. AAL lawyers provide legal advice and counsel to children and must abide by the client-child's decisions. The AAL must maintain confidentiality pursuant to the Rules Regulating The Florida Bar.
- The survey asked questions about the child's attorney, meaning a client-directed AAL. Respondents in cases where a GAL was appointed may not have responded even though they had legal representation from an attorney using a best interest standard. It is possible that youth respondents, who would be more likely to have a GAL than an AAL, may not understand the distinction between them. At best, results may be limited to feedback from former youth who may have had an AAL appointed in their case and their relationship with this attorney. The results will not provide insight on the role of the GAL or the youth's relationship with their GAL attorney. By using this example, the intention is to illustrate that the majority of children in Florida are represented by a GAL, and representation by an AAL would be the minority.

Appendix C: Regional Progress Toward Goals

Goal 1: Protect children from abuse or neglect through preventable child deaths, preventable entries to the child welfare system, and preventable entries to foster care. *Summarize progress to implement Strategic Initiative 1, Objectives 1.1 through 1.6. Include activities currently underway or planned to be implemented during the current year.*	
Region	**Summary of Activities**
Northwest	▪ NWFHN supports primary child abuse and neglect prevention activities through sub-contract and collaboration with the Healthy Families Florida program housed within The Ounce of Prevention Fund of Florida. Nine Healthy Families Florida Home-Visiting program staff implement primary prevention activities in the agency's service area. ▪ NWFHN partners with local agencies to provide formal Safety Management Services for families who have children who are determined to be in present danger or unsafe and are at risk of entering out-of-home care. Safety Support Services are formal or informal actions, tasks or imposed situations designed to manage or control danger threats and allow children to remain in their homes. Safety Support Services are documented in a Safety Plan and monitored by professionals or non-professionals to assure child safety. ▪ NWFHN works hard to keep a child at home with their parents whenever possible and considers foster care as temporary and a placement of last resort. Child abuse intervention services provided network-wide through a coordinated group of community providers include but are not limited to: Family counseling; In-home supervision and Parent training. ▪ NWFHN Training team provides Pre-Service Training for Child Welfare Professionals within the region who are seeking a CWCM or CWLC credential through the Florida Certification Board. NWFHN Training team will also provide ongoing support during the Provisional Certification Process through individual meetings with the team members and their supervisor to discuss the development of competencies and need for additional support. NWFHN Training team provides Field Support for Child Welfare Professionals designed to help develop the competencies required by the Florida Certification Board's CWCM and CWLC credentials and to strengthen the proficiency of professionals using Florida's Safety Practice Model. ▪ Training team provides Field Support in-person and virtually to team members seeking guidance to better assist the families they serve. They also provide In-Service Training for Case Management Organization and Lead Agency team members to strengthen understanding of topics impacting our system of care and the families we serve. Our focus is to enhance the skills and knowledge of our team members to support the development of partnerships and engagement with our communities. ▪ Quality Team serves as a frontline support to agencies throughout the region. This is accomplished via Special Reviews as requested; Continuous Quality Improvement Reviews; Field Support; Children and Family Services Reviews with the Quality Office; Regional Quality Improvement Team and managing Life of Case tools for the entire region and consulting with case management when necessary. They also focus on identified training needs regarding Plans of Safe Care, Psychotropic Medication, DST Facilitation Training – when gaps are identified. The goal is to be in the position to quickly develop the needed training and share through a targeted delivery – often customized to meet the needs of individual teams. They also offer learning circles to support the transfer of learning and work with a team to overcome any barriers or challenges they are experiencing. ▪ Regional Quality Team that focused on barriers, solutions, and initiatives to address the assurance of permanency, safety and well-being of the children and families. The team is representative of each of the partner agencies throughout the region. The current initiatives of this program are orientation packets for CMOs to present to parents at their initial contact with the families. Providing a 2-page flyer with all the

	prison facilities in the region and their contact information. Developing a "celebration" of successful case closures, reunifications, and milestone achievements for families. Development of a supervisory oversight and accountability plan emphasizing parental engagement. Reviewing existing training on parental engagement when dealing with difficult parents to focus on strategies to engage them. Mentorship modules to emphasize parental engagement strategies. ▪ NWFHN currently purchases the following Federal Clearinghouse Evidence Based Practices (EBPs) within their system: Family Functional Therapy, Healthy Families of America, Motivational Interviewing and Parent Child Interaction Therapy. ▪ NWFHN represents at the Child Abuse Death Review (CADR) groups for Okaloosa/Walton and Escambia/Santa Rosa Counties. Cooperates with CIRRT reviews and has certified CIRRT reviewers. In the coming year, arrangements have been made for two additional team members to complete CIRRT training requirements. ▪ Training team worked with SMEs to develop a comprehensive Plan of Safe Care Training. Additionally, NWF Health Training partnered with Behavioral Health Consultants, local service providers, and OCFW to provide local resources in each circuit. Training encompassed the Plan of Safe Care and development and integration of the POSC into the Pre- and Post-Birth Assessment process for Case Managers. NWF Health Training required this training of all Case Managers and delivered this in-person instructor-led training in each area. This training is offered on an ongoing basis in all circuits based on need and is currently scheduled to be delivered in Circuits 1, 2, and 14 in April 2024.
Southeast	▪ All Circuits have safety management services. Circuits have strong partnership between their Managing Entities, Regional Behavioral Health Consultants and their local Children's Services Council who have worked on developing a process for the Plan of Safe Care implementation throughout the Circuit. Training has been conducted to all CPI staff as well as with community partners to aid in rapid identification of families meeting these criteria coupled with sound partnerships to identify service needs and engage families in necessary services. ▪ Fetal Infant Mortality Review (C19) teams for Indian River and St. Lucie counties. These teams review all infant deaths in their respective County to discuss and research if there were any missed opportunities with community agencies such as Healthy Start, the Department of Health, DCF, Law Enforcement or school. The group seeks to enhance the service array and delivery of services as it relates to preventing infant mortality. Community presentations are delivered to local hospitals such as Tradition and Cleveland Clinic to not only raise awareness and to handle situations expeditiously. ▪ Fetal and Infant Mortality Review (FIMR) Committee (C17) with Broward Healthy Start Coalition reviews fetal and infant deaths in an action-oriented process leading to creative ideas to improve community resources and service systems for women, infants, and families. The FIMR Program includes a Case Review Team (CRT) and Community Action Group (CAG) that serve as the central driving force for reviewing infant and fetal deaths and identifying strategies to improve the maternal-child health system of care based on information learned during the case review process. Among the various types of fatality reviews the FIMR approach is unique because cases are de-identified, and the case review process may include a parent interview. Parent interviews help obtain and acknowledge the family's perspective on factors that may have contributed to the pregnancy loss or infant's life and death while providing valuable information on additional supports families need. ▪ A DCF Operations Review Specialist assigned to the role of Child Fatality Prevention Specialist. This position and other regional staff participate in local and statewide Child Abuse Death Review (CADR) Committees. The CADR Committee meetings focus on ways to reduce preventable child abuse deaths in Florida.

	▪ Regional staff participate on the Domestic Violence Fatality Review Teams (DVFRT) in each community. These teams identify and analyze homicides, suicides and other deaths caused by or related to domestic violence. The team utilizes these reviews to close gaps in agency and systems coordination, collaboration and communication and enhance community responses to domestic violence. ▪ To mitigate the need for removals, the Department, our community-based care lead agencies in C19 and C15, and a team of community partners conduct a multidisciplinary team approach for children that have been identified to be at risk of removal. Safety Support Team multi-disciplinary staffings combine information gathered in an investigation where present or impending danger has been identified, working with a service provider expert, and through the support of child welfare professions to identify safety supports that can mitigate the need for immediate removal. ▪ Decision Support Team (DST) (C17). This team was implemented to provide support and guidance to investigators and supervisors when considering a removal. The team discusses family supports, service providers who should be involved or are already working with the family, what safety plan actions can control the danger threat and whether the family meets the criteria for an in or out of home safety plan. The Decision Support team is provided with a summary of the investigation, including what danger threats have been identified to ensure that it meets the threshold for Present Danger/Impending danger. There is discussion around the criminal histories, prior abuse history, service outcomes and impact on decision making. ▪ Connections through Peer Recovery (CPR project) Diversion Beds (C17): If during an investigation the CPI is considering an out of home safety plan due to a mothers ongoing substance abuse, a DST will convene where it will be determined if the mother can be admitted into an in-patient substance abuse treatment program at The Village South. The Broward Behavioral Health Coalition CPR project has several diversion beds allocated to divert removals due to substance abuse. The CPI works closely with the CPR project to get the mother admitted into the program. The benefit of this project is that it also allows the mothers to bring their child(ren) under 10 years old to the facility with them while they receive their treatment, therefore an in-home safety plan can be implemented. ▪ Healthy Start Coalition of Broward County: Healthy Start works in the community on the Plan of Safe Care Protocol developed between Healthy Start, Broward Sheriff's Office Child Protective Investigations, Broward Behavioral Health Coalition (ME) and Child Net (CBC). As part of USF's Florida's Perinatal Quality Collaborative (FPQC) Maternal Opioid Recovery Effort (MORE), Healthy Start has been working with Memorial Regional and Broward Health. Broward Behavioral Health Coalition (BBHC) funded this program with State Opioid Response Grant funds, on a quality initiative regarding standardizing substance use screening, specified procedures related to direct and warm transfers to either Medication Assisted Treatment, Behavioral Health services and referral to Healthy Start. ▪ The Region has increased utilization of Subject Matter Experts (SME). All circuits have co-located SMEs in the fields of Substance Abuse, Mental Health and Domestic Violence that are available for case consultation to aid investigators with accurate assessment of family conditions, helping them identify safety concerns and service needs. This practice greatly supports reducing the need for out of home placements through effective navigation of potential safety issues and linkage to needed stabilization services. The Region believes that our BHC model particularly is a best practice, garnering statewide attention, and as such we will continue to utilize this process to reduce removals and set families up to succeed. ▪ Behavioral Health Consultants (BHC) have been dispersed across the region. With the initial success of our BHC model, a fuller more robust model was rolled out within the past year. In the most recent quarter of FY 23-24 BHCs completed 362 consultations. Roughly 93% of cases

	with a BHC consultation did not result in a removal. There are 7 BHC positions serving the SER. BHCs are now able to provide families in the region with Narcan, a lifesaving rapid overdose treatment. The BHCs have also increased their recommendations to DAF, and more BHCs have become CIRRT certified. BHCs have also been focusing on increasing their collaboration on Substance Exposed Newborn investigations, working more with the Family Navigators, and meeting the needs of families involved with child welfare. ▪ C19 Communities Connected for Kids. Keeping Families Connected: (KFC). The procedure is developed through collaboration with multiple community partners for the purpose of reducing the number of children who enter the foster care system due their parents refusing to allow them to return home, most usually following a delinquent act or mental health crisis. Our monthly calls for crossover kids include the C19 Chief Probation Officer, the CBC, CEO, DCF Community Development Administrator, along with JPO's and DCM's. ▪ Safety Support Team: (SST). The Safety Support Team Model was developed in cooperation with Communities Connected for Kids (CCKids) in Judicial Circuit 19 and the Department of Children and Families. The formulation of this team was built through efforts of the C19 Shelter Workgroup to provide a multidisciplinary team approach for children that have been identified to be at risk of removal. The objective is to combine information gathered in an investigation where present or impending danger has been identified, a service provider expert, support of Child Welfare Professionals to identify safety supports that could mitigate the need for immediate removal. ▪ Family Preservation Staffings: (FPS) Family Preservation Staffings are essentially the same staffing with the same multi-agency team as ▪ SSTs. The difference is that Family Preservation staffings are for in-home cases that are currently open with case management. Case management has determined that the current in-home safety plan is not sufficient, and removal may be imminent. The Family Preservation staffing process was instituted in 2021 following the Safety Support Team's successes and Keeping Families Connected staffings in maintaining children safely in their homes. The purpose is to have the same team of experts and partner agencies involved to assist in determining if other options could be put in place to keep children safely in their homes. ▪ Child Specific Staffing. Communities Connected for Kids (CCKids) to utilize the child specific staffings) and Integrated Care Team (ICT) process in accordance with Florida Medicaid to assess children with mental health and/or substance abuse needs for different levels of therapeutic intervention. ▪ As a part of the substance abuse and mental health integration leadership, CCKids participated in the Regional CPI Bringing Babies Home Healthy initiative, which provides outreach to parents who are screened out at the hotline but may be at risk of substance exposed newborn. This initiative is a ▪ standing topic at the monthly Circuit Child Welfare/Behavior Health Leadership Steering Committee. ▪ Refocusing the Modern Family (Behavior Basics) - Family Support and Family Reunification; SafeCare (Hibiscus Children's Center & Behavior Basics) – Family Support; In-Home Family Services (Boystown of South Florida)- Family Support; and other non-contracted family support providers (for example, Henderson Behavioral Health) operating within the circuit. Our system conducts joint ongoing monthly review of capacity needs for this level of service. Capacity increases during this reporting period have been accomplished through new state level policy allowing Healthy Families to receive referrals for families who are in Protective investigations or services. CCKids has contracted for the Evidence based program Functional Family therapy, which is available to the prospective IVE candidacy population in our circuit. FFT has become a well-recognized service within the circuit and is showing some promising results. In the last year, over 90% of children served by

	this are maintained within the family home and 100% of those served have had no recurrence of verified maltreatments at 6 and 12 months after successfully completing the program. ▪ Mobile Response Team has added a component of access to a peer specialist to increase engagement for Child welfare families with substance use disorders who are treatment resistant. The ME has expanded the FIT team from one to two and has additionally established the evidence- based Multisystemic therapy (MST) team to serve the population at risk of child welfare due to child substance abuse, DJJ involvement and/or ungovernable behaviors. ME offers Adult Care Coordination for those parents with mental health or other contributing issues who need additional supports and services. One of the goals with care coordination is to stabilize individuals and families to prevent further involvement with DCF. ▪ Dependency Drug court Martin, Indian River, St. Lucie, Okeechobee ▪ Mental Health Court – Indian River and St. Lucie County. ▪ Okeechobee county has established an Early childhood court program. CCKids is contributing funding to support transportation of families to the frequent visitation called for in the model. CCKids has additionally partnered with the Healthy start program to expand a Fatherhood engagement program in support of fathers with dependency involvement. ▪ C15 & C17, ChildNet ▪ Plans of Safe Care have been implemented in both Circuits 15 and 17. They have been implemented by the entire community and include involvement and support from the managing entities, the Department and the CBCs. (1.3.2) ▪ In Circuit 17, Broward Behavioral Health Coalition used the SOR Grant money to procure a service to support substance abusing parents in being able to be reunified timelier and to provide them support that lasts past the involvement of the dependency system post-reunification. This service has continued to be implemented in this community. BBHC has now moved forward with a plan to integrate additional peer supports for substance abuse families in the expansion of a family peer response initiative that has been in place for 3 years. This focus on integrating peer supports will assist families in achieving and maintaining reunifications. (1.5.2 and 1.6.4) ▪ In Circuit 15, the Managing Entity, the Department of Children and Families and the local substance abuse providers have focused on increasing the availability to peers to parents involved in the dependency system. Through engaging and partnering with Rebel Recovery and through the Managing Entities work with South County Mental Health and Rebel Recovery to create an immediate response team that partners a formal provider with a peer to assist in engaging parents in need of substance abuse services immediately and this has remained in place. (1.6.4) ▪ Our major partners in the circuit include Southeast Behavioral Health Network (Managing Entity), AVDA, YWCA, YouthShine, the Children's Services Council, the Department of Juvenile Justice, the Agency for Persons with Disabilities, Friends of Foster Children (local FAPA organization), the Judiciary, the Guardian ad Litem, Legal Aid Society, and the members of the local community alliance. There are many systems meetings where different partners convene to work on the issues facing the circuit. These meetings are held for the partners to come together, problem solve and identify service gaps and plan for increased service opportunities for children and families in the dependency system. During this past year, the Community Alliance has continued work through a sub-committees focused on improved service provision for our clients, improved group homes for our youth and improved outcomes in visitation between parents and children.

Suncoast	▪ Project Safe Children Coalition's (SCC), a capital campaign to replace the only CINS/FINS youth shelter facility to house troubled youth ages 10-17 from Sarasota and Desoto counties. SCC operating since 1991, with the goal of reuniting community teens with their families and preventing entry into foster care or deeper end services. ▪ SCC Emergency Response and Assessment Team (ERAT) provides a traditional and intensive diversion/intervention program and service to prevent removal from parent or relative caregivers. ERAT services are available 24 hours per day, 7 days a week, providing substance abuse education, domestic violence, anger management assessment and short-term mental health crisis intervention services, etc. Case consultation provide an opportunity to identify need for this intensity and are provided to avert additional dependency action. The ERAT team service array was expanded to additionally serve families identified by Child Protection Investigator as Safe High/Very High Risk under the Family Support Services intervention model. ▪ Children's Network of Hillsborough implemented and Intensive Family Services Team model to prevent removals. Referrals are done prior to Investigative case closure. Each family is assigned a certified Case Manager and visits to the family are weekly or more as dictated by the family dynamics. Certified Substance Abuse Peer Recovery Specialists are assigned to parents with substance abuse issues. Focus is on enhanced parental engagement. Family Law, a division within IFST may be used in applicable cases to prevent children from entering the system. ▪ Parent Needs Assistance (PNA) calls routed to the local CBC who contact the family within 24 hours. An assessment is completed in partnership with the family and based on the need, the agency Resource Specialist provides referral and linkage. They remain involved to ensure the resources provided are the correct services and they have been able to get linked. Family Support Services are also provided to families who are "safe" but high risk for further involvement. They follow the same process as the PNA process, but the referral is direct from the CPI. A county collaborative for community-based youth who are open in investigations, receive services include HT youth. High Risk youth can also be linked for in home service through BAYS. Partnerships to provide up front support services include Health Families, Healthy Start and Early Learning Coalition. Children's Network has an internal Utilization Management team to assist with linkage and funding authorization. ▪ Family Reunification Team (FRT) ((C13) works with families 30 days prior to reunification and remains working with the family through reunification up to 90 days, with an option for extension as needed. FRT is made up of a case manager and a clinician who go to the home to work with the families where they are most comfortable. Children's Network recognizes the first 90 days of reunification are high risk and the time period most reunifications fail, because of this the contract for FRT services has been expanded to increase capacity. CHNC uses the FFPSA a clearinghouse as a resource for services for family. ▪ In cases of child fatalities where no CIRRT is convened, the Quality Management team completes an in-depth review to identify case and systemic strengths or weaknesses. Findings are reviewed with the internal Risk Management Committee, which consists of the CEO, COO, CFO, CLO, HR Manager, Director of Contracts and Director of Quality Management. The team discusses the outcome and identifies a plan of action to addresses missed opportunities. ▪ The Children's Network has a sophisticated approach to preventing entries into the child welfare system and foster care. Staffing with ITR (Intake, Triage and Referral) specialists and DCF to review cases they are investigation to set up early intervention. The Children's Network has expanded its Intensive Family Services Teams by adding one in Charlotte County and one in Lee County, bringing the total up to 5. One of

	the 4 Lee County units also provides outreach to Hendry and Glades counties. These units work intensively with clients who have substance abuse or mental health issues and whose children are at risk. The units have certified addictions specialists on staff to provide comprehensive services. ▪ A contract with Lutheran Services Florida in Lee and Charlotte counties to provide safety management services and the lead agency provides that service in Collier, Hendry, and Glades counties. For children safe but at high risk, Family safety services is offered. These services are designed to stabilize the crisis that put the children in an unsafe environment and/or risk for out-of-home placement and keep the child, family, and community safe by defusing the ongoing risk and safety factors. The goal is to strengthen families, prevent unnecessary removals and placements in out-of-home care at the time-of-service delivery and in the future. These services are intended to prevent the unnecessary placement of children away from their families by providing fully engaging, intensive, family-centered, strength-based, and solution-focused in-home services aimed at restoring families in crisis to an acceptable level of functioning. ▪ Family Preservation Specialists works closely with DCF and DJJ to divert teens from the child welfare system. At the beginning of 2023, the FSSSC MDT/Permanency Facilitation team in partnership with case management, developed a streamlined permanency staffing process. This allowed for focused discussion for conditions for return and a safe reunification of families. This has led to more than five hundred children being reunified with their parent(s). ▪ FSSSC in partnership with the Sheriff's Office, and after investigations transition the Department of Children and Families, FSSSC facilitates Open Services staffing's to ensure children under supervision remain safe when new reports of abuse or neglect are received. These staffing's allow case management, investigations, and other appropriate service providers to discuss the allegations, findings, and actions needed to ensure safety while when appropriate to continue to pursue permanency. ▪ Starting in July 2023, the Department of Children and Families chose our circuit to implement an adoption pilot which put a focus on streamlining the adoption process for children who were already in their prospective adoptive placements. Due to the pilot implementation, circuit 6 was able to finalize two hundred and ninety-eight adoptions within the first two quarters of the fiscal year. Due to the streamlined process, FSSSC has not had to utilize contracting out child studies and adoption home-studies. However, we are still contracting child studies for children who are in a recruitment status. ▪ The FSSSC adoption recruitment team continues to work towards finding permanent homes for our children in need of recruitment. Since the initiation of the team, they have matched thirty-seven children. The team continues to recruit adoptive families and train the P.R.I.D.E. model of practice curriculum. ▪ A stronger focus has been put on our children who have been in the system over twenty-four months that have a goal of adoption and are permanently committed. The team will continue to work closely with the case management agencies to work towards achieving permanency for this population. ▪ The independent living team continues to increase their visibility and interaction with our sixteen- and seventeen-year-old youth. FSSSC is currently at 77% compliance with transition staffing's. ▪ FSSSC implemented several different Family Preservation programs that have assisted in protecting children from abuse or neglect through preventable entries into child welfare. Family Preservation served one thousand five hundred and forty-eight families during Fiscal Year (FY)

	22-23 and continues to work directly with families and their needs. These programs are increasing their capacity, effectively preventing entry into child welfare. ▪ Starting in July 2022, FSSSC contracted with Lutheran Service and Gulf Coast Jewish and Family Services to implement their FAST In Home Non-Judicial Services. During FAST services the child remains in the home and the FAST provider manages the safety plan and works in partnership with the family, without judicial intervention, to develop a case plan based on the identified needs in the Family Functioning Assessment and includes in-home therapeutic services when needed. Last year, FY 22-23, FAST served three hundred and twenty families. For FY 23-24, they have served one hundred and forty-seven families with referrals increasing every month. ▪ FSSSC Community Resource Service Team (CRS) provides short-term services when a family is faced with a crisis. Additionally, they work with families who call the abuse hotline for help and assistance. Services include food, clothing, shelter, and community referrals. They work directly with the Child Protection Investigation Team to divert families from Child Welfare. Last year, FY 22-23, they served six hundred and fifty-nine families. For FY 23-24, they have served three hundred and sixty-three families to date and growing. ▪ In November of 2022, FSSSC initiated the Strengthening Ties and Empowering Parent (STEPS) program and was able to assist hundreds of local families by identifying their current strengths and needs and connecting them to resources to achieve their family goals. STEPS provides services and resources to assist in enhancing parenting skills to better manage the stressors of daily living in addition to in-home budgeting and money management, resource connection, and emotional support. During the first year, FY 22-23, STEPS served four hundred and seventy-seven families. This year we have served three hundred and forty-nine families and continue to increase. For FY 23-24, there are plans to expand services with additional Family Advocates and a Health Care Coordinator. This will increase our capacity to serve more families and decrease preventable entries into Child Welfare. ▪ In February 2023, FSS contracted with Camelot's Evidence-Based Program, Family Functional Therapy (FFT) to serve Preservation families. FFT serves families with children ages eighteen or younger. It aims to improve child and family outcomes and keep families together by offering a continuum of services tailored to individual family needs. Families receive one of two levels of services based on a preliminary risk assessment at program intake. Last year, FY 22-23, they served eighty- seven Preservation families. For FY 23-24, they have served seventy-five families to date and continue to increase. ▪ Beginning in September 2023, the FSSSC Family Preservation Program created an Integrated Practice Team (IPT). IPT is a multi-disciplinary team approach to ensure families have access to a wide range of services and support. IPT's purpose is to expedite services for families dealing with complex problems that require multiple service providers, creating space for family and community stakeholders to cocreate solutions, while streamlining referrals to support children and families. This approach allows for the coordination of services, minimizing delays in service coordination and communication among family and community providers. Facilitators remain on the case for up to four weeks and continue weekly contact with community providers and the family to ensure services are streamlined. In the first seven months, we served over ninety families.
Southern	▪ The Fatality Prevention Specialist works closely with all child protection investigators and supervisors guiding the process on child fatality cases. It is during this process where opportunities for improvement are pointed out, and training needs are identified. The Specialist actively participates in community trainings for partners such as the Early Learning Coalition, Daycare Licensing, and other community partners, raising awareness of safety practices, mandated reporter practices, results of investigations, and data on child fatality cases. The

	investigative process for child fatality cases is also introduced to every pre-service class, including necessary documentation, best practices, CIRRT process, and case presentation to ensure new staff have the knowledge and tools necessary. ▪ The Region's Child Fatality Specialist is an active participant on the Child Abuse Death Review Committee (CADR) and the Fetal Infant Mortality Review Team (FIMR) community based, action-oriented process to improve services, systems, and resources for women, infants, and families. ▪ Prevention events are held during the year, either through The Department or with the Department in attendance, during these events information and prevention materials, such as the ABC's of Safe Sleep, drowning prevention and pool safety, car safety are shared with the community ▪ Citrus FCN and the Department work together to strengthen families in efforts to prevent child maltreatment and entrance into the welfare system. Interventions provide prevention services addressing mental health, substance abuse, and in-home parenting skill-based programs. With the understanding that at the very onset of a family's interaction with child welfare, a robust understanding of the underlying factors and stressors, along with a strong support system, is crucial in affecting the outcomes including level of family engagement and participation in services. ▪ Citrus FCN has worked in partnership with the Department to create a broader vision of strengthening families and preventing child maltreatment by providing prevention services addressing mental health, substance abuse, and in-home parenting skill-based programs. From Safety Management Services to Family Services and Family Support Services, Citrus FCN can immediately implement in-home interventions geared toward addressing mental health, substance abuse, and in-home parenting needs to prevent entry into the foster care system through Evidenced-Based Practices. ▪ This wide and unique service array occurs as a parallel process with the investigation and allows for children and families to 1) receive early and immediate interventions and prevention services 2) facilitate the integration of the family's voice into processes via family service plans and family assessment tools 3) allow for effective understanding of family circumstances, dynamics, challenges, and strengths that ultimately lead to an integrated, informed, and holistic system of care for children and families. The Family Services category of the Citrus FCN prevention service array offers families with immediate therapeutic services prior to the final Child Protective Investigator (CPI) safety determination. ▪ Family Support Services: Extends the Family Services Category for cases in which the determination of risk is high or very high and the safety determination is safe. ▪ Formal Safety Services: This service category provides safety plan monitoring and peer support for cases with Present Danger identified but with the risk and safety determination still pending from the CPI. ▪ Citrus Prevention Services share the spirit of the Families First Prevention Act and the Florida Department of Children and Families' strategic prevention vision. Services are directly related to the safety, permanency, and child well-being to prevent removal and entry into foster care. In conjunction with the Prevention Candidacy definition Citrus FCN prevention expansion includes a focus on bridging the gap between child welfare prevention and non-child welfare providers. The Community Prevention Coordinator (CPC) was created with the intent to affect this paradigm shift and establish a reciprocal relationship between the community and the child welfare system. Delivering 1) Education 2) Intervention and 3) Maintenance with the purpose to effect changes on a continuum with core focus on family engagement in the

	community through an extended network of community partners. A crucial component of the CPC position is establishing a mutual relationship with neighborhood members and leaders by promoting education and better access to resources. Our mission is to assist families within Miami-Dade and Monroe Counties, to prevent child welfare involvement and keep our children with their families in the community. The Community Prevention Coordinators are focused on strengthening and maintaining the wellbeing of the children and caregivers in our local communities through bridging the gap, community voice, and community linkage. Having a robust array of Prevention Services ensures that more children can remain safely at home with their families, and that fewer children come into Out of Home Care. ▪ Safety Management Services-Family Services- Family Support Services: immediately implement in-home interventions geared toward addressing mental health, substance abuse, and in-home parenting needs to prevent entry into the foster care system through Evidenced-Based Practices. ▪ This service array occurs as a parallel process with the investigation and allows for children and families to 1) receive early and immediate interventions and prevention services 2) facilitate the integration of the family's voice into processes via family service plans and family assessment tools 3) allow for effective understanding of family circumstances, dynamics, challenges, and strengths that ultimately lead to an integrated, informed, and holistic system of care for children and families. ▪ The Family Services category of the Citrus FCN prevention service array offers families with immediate therapeutic services prior to the final Child Protective Investigator (CPI) safety determination. Family Support Services: Extends the Family Services Category for cases in which the determination of risk is high or very high and the safety determination is safe. ▪ The Parent Engagement Unit staffed by individuals with lived experience who can support birth parents from the initial removal of their child through reunification, and post reunification. The team supports the building of relationships between birth parents and caregivers and has the goal of reducing trauma for children and improving outcomes and permanency for families. ▪ Trough the array of services being provided, the number of children and families receiving in home services continues to grow. ▪ The Region is doing the work and analysis of data regarding removals and length of stay, additional activities include: ▪ Creating Community Prevention Coordinators who are the "boots on the ground", that act as community liaisons. They integrate prevention, build a relationship of trust between the community and the child welfare system by delivering Education, Intervention and Maintenance. ▪ Geo-mapping created to identify the top three removal zip-codes, mapping available resources and average income. The map is used to strategically focus efforts such as prevention services and education. ▪ Mandated reporter information fairs - The subcommittee held mandated reporter information fairs to educate mandated reporters and provide them alternatives to making abuse hotline calls for families in need of accessing services in the community. The fairs provided additional information on community prevention services, and alternatives to helping families link to services like the Hope Florida initiative. ▪ Connecting Conversations Series – launched by the Training subcommittee is a quarterly panel discussion led by people with lived experiences. Topics are selected by the panel members and discussions are opened to the system of care and the community at large. ▪ Citrus FCN's Strategic Plan to better involve birth families was initiated to engage families and to facilitate reunification. The goal of the strategic plan is to ensure implementation of engagement efforts, identify barriers that need to be removed, and to identify best practices to enhance our system of care. The strategic plan will include the development of a Parent Engagement Unit staffed by individuals with lived experience who can support birth parents from the initial removal of their child through reunification, and post reunification. This team will

	support the building of relationships between birth parents and caregivers and have the goal of reducing trauma for children and improving outcomes for families. At this time, Citrus FCN has employed a Parent Engagement Manager who is spearheading the initiative. With the assistance of the Parent Engagement Manager, all policies addressing issues affecting birth families will be reviewed to ensure the policies are guiding practices that clearly engage and empower birth parents. Trainings will be designed to support the paradigm shift so that professionals clearly understand how to support birth parents as they work toward their goal of reunification with their children. ▪ The Region and Citrus FCN co-facilitates the Child Welfare Integration Workgroup working along with leadership from Thriving Mind. The purpose of this workgroup is to integrate the Child Welfare and the Behavioral Health systems of care. It works to reduce and eliminate silos and identify systemic gaps and barriers to services for child welfare families. There are participants in this workgroup from numerous behavioral health and child welfare providers. Some of its participating stakeholders are, DCF, Children's Legal Services (CLS), Banyan Health System, Agape Treatment Center, Citrus Health Network, Center for Family and Child Enrichment, Children's Home Society, Family resource Center, West Care Foundation/ The Village South, Miami Dade Community Based Care Alliance, Jackson Health Systems, Civil Regional Council, Third Region of Florida, and the Healthy Start Coalition of Miami Dade. ▪ The Region continues the practice of using the Decision Support Team process at the removal episode juncture, with the entire team looking at the removal decision made by the child protective investigator along with CLS. Child Protective Investigators explore all possibilities before making the removal decision, always deciding on the least intrusive intervention if safety for the child is ensured. Removal is a joint decision looked at by Supervisors and Program Managers. For all removals that require a licensed placement, the Department's Family Finders are engaged and commence the process of diligently looking for familiar connections. The DST is joined by Citrus FCN's Permanency Team to provide input and assist from the beginning in planning for achievement of permanency. These strategies have resulted in a steady decline of removals and placement of children in out of home care. ▪ The Region's MDT Coordinators and Manager are staffing emergency placements, the process starts prior to an MDT (post removal) where a Lead MDT Coordinator starts gathering information regarding the case. Information gathered can come from various areas such as DST attendance, additional conversations with CPI/CPIS, Family Finders, FSFN and other resources that can provide information surrounding the Department's investigation/involvement. Invitee distribution and coordination of who must be invited based on case dynamic; CPI team are expected to invite: ▪ Children – must be invited when of appropriate age AND displays capacity to articulate key information. ▪ Parents – must be invited unless a no contact order is in place as to ANY child, TPR'D or TPR petition has been filed. ▪ Relatives/Family Supports – must be invited if they provide support of any kind to the family (including fictive kin) ▪ Lead MDT Coordinator ensures invitations are provided to the above and: ▪ Caregiver – Relative, Non-Relative or Licensed placement ▪ CBC – ▪ FCMA – refer to assignment tab in FSFN or email assignment after DST ▪ CBC Case Review Specialist ▪ DCF Family Navigator - when case is designated.

	▪ The MDT team has extended support to front line staff to aid the child protective investigators with unsafe cases including of home placement, in home judicial, in Home Non-Judicial to ensure accurate decision making and sufficiency of documentation prior to the MDT/CTS. The team is added to all DST Request Notifications sent to CLS, MDT Team, and Citrus Intake once a child has been deemed to be unsafe and joins the DST call, will review the following prior to the MDT/CTS meeting will provide feedback to Operations Staff (Program Administrator, CPI Supervisor and/or CPI) regarding the sufficiency of documentation to ensure Case Management is receiving concise information that supports permanency and well-being. ▪ The process of the MDT and the Case Transfer staffing is now being combined, and the meeting is broken up into two sections. The beginning of the meeting, the team discusses best interest factors as they relate to the major decisions for the family. A vote for each area should be taken, MDT Coordinator should be clear as to the question being voted on. After the voting portion, the MDT Coordinator asks the Case Review Specialist if there are any questions for the family and caregivers. Upon reviewing any pending items with the family and caregivers, addressing any questions. The Trauma Transition Therapist, parents, and caregivers will be placed in a breakout room by the MDT Coordinator. The remaining professionals will continue with the CTS. The portion of the meeting will be facilitated by a Citrus Case Review Specialist. ▪ Other best practices that were already implemented continue to be used and include mandated multi-disciplinary staffing for new intakes on cases with open dependency, case management, or supervision, and for those cases that involve children in hospitals or having open investigations in other counties. ▪ Citrus FCN continues to have the Children's Reception and Intake Base (CRIBs) that provides a safe, child friendly and child focused environment to welcome children during a removal episode. In addition to the Transitional Trauma Therapists (TTT's) aiding children that are removed and placed in licensed care, they are providing supportive interventions to biological families and relatives/non-relatives when children are placed in their care. Support includes participating in shelter hearings to provide support to the child and providing overlay services for children that are awaiting behavioral health interventions. ▪ In collaboration with the Behavioral Health department, TTTs can also take on difficult to assign cases, to facilitate services for children in need. In July 2021, the Southern Region QPI Comfort Call Protocol was implemented, as part of a regional initiative, and the TTTs are responsible to conduct those calls within 48 hours of a removal in Miami-Dade County in a collaborative effort following the SB80 MDT staffing. ▪ The initial placement to licensed care is looked at from all levels, starting with the Child Protective Investigator's decision being reviewed by the Supervisor and Program Administrator making sure all resources have been explored before the licensed care placement request is made. At the Citrus FCN level, request for initial placement and movement of children within licensed care is requested and reviewed by the CFCN Placement team. A Placement Specialist is assigned at Citrus FCN to assess the child's need in collaboration with the FCMA and identify the best possible match for the youth. Youth identified to have fragile or temporary congregate care placements are reviewed weekly by the Placement Committee, to review the stressors to the placement, maximize efforts to stabilize, review current services in place and report on efforts to identify an appropriate placement as needed and to address related plans for transition. The same process continues to be used to move children out of group care, with great success.
Northeast	▪ Community Partnership for Children (CPC) has participated in the statewide Service Array Workgroup to provide feedback and information on services needed throughout the State of Florida. CPC is committed to providing services that are an appropriate match to the

	child/family needs based on accurate assessment and are readily available to the family. CPC has the following services to help prevent child welfare entries: ▪ Family Builders is contracted through Devereux of Florida to provide intensive in-home interventions and formal safety supports in Volusia, Flagler, and Putnam Counties. These services are strength-based and focused on the five safety service categories aimed at restoring families who are in crisis and have present or impending danger identified. The program has teams of a Family Specialist and a Family Advocate that work with families who have an open investigation with DCF. This team approach allows for intensive service and adherence to the level required by the safety plan. ▪ CPC contracted with BAYS for prevention and post reunification services. The Support Trusting Relationships with Inclusion, Vision, and Empathy (S.T.R.I.V.E.) program provides enhanced family stabilization using a strength-based model of care intervention and evidence based motivational interviewing to assess biological, psychological, and social factors that can contribute to problems within the family. S.T.R.I.V.E. helps stabilize and support families. S.T.R.I.V.E. and CPC collaborate to provide services to help maintain children safely in the home and prevent removal. S.T.R.I.V.E. helps reunify children from out of home placements to a permanent parental home or relative/nonrelative placement. S.T.R.I.V.E. provides supports and links families to needed services that includes crisis intervention to enable families to effectively care for children. ▪ Homebuilder services are provided through Bethany Christian Services. The Homebuilders program conducts an evidence-based assessment and provides intensive, in-home crisis intervention, counseling, relapse prevention, cognitive/behavioral therapy, and life-skills/parenting education for families who have children at imminent risk of removal or need intensive services to return home from out of home care. Homebuilders provides intervention services in the client's home or the community where the problems are occurring and ultimately, where they need to be resolved. Homebuilders Specialists are available 24 hours a day, 7 days a week which allows for close monitoring of the situation providing a wide range of services that include the basic needs of food, clothing, and shelter, to intense therapeutic techniques. ▪ House Next Door CARES offers services in Volusia and Flagler Counties to families whose children were determined to be safe, but at high risk for future DCF involvement. CARES employs a Parent Partner who introduces the program to the family and completes the Strength and Cultural Discovery with the family. Once a CARES Coordinator is assigned, a family team meeting is held with formal and informal supports. The CPI who investigated the case is invited to the family team meeting as well as anyone else the parents' wishes to participate. Building natural supports for the family helps them to enhance their protective capacities and increase resiliency with the goal of preventing future DCF reports. ▪ CPC partners with Neighbor to Family through their Family In-Home Resource and Support Team (FIRST) to provide non-judicial services for children that are deemed unsafe but are able to remain in their homes without court intervention. FIRST focuses on family assessment, engagement, safety planning, case planning to support family change and service interventions. The ultimate goal is to equip the family with tools and resources they need to properly care for their children in a safe and stable environment. ▪ CPC contracts with Healthy Start Coalition of Flagler and Volusia Counties to provide nurse home visiting services to substance exposed newborns and their families to prevent entry into the child welfare system. This program focuses on high-risk pregnant women and infants and provides early intervention services that connect parents or caregivers with knowledgeable professionals on subjects such as infant care, substance use treatment and support, child development and knowledge of parenting, concrete supports, family functioning/resiliency,

	nurturing and attachment, children's social and emotional competence, and social supports. This service provides increased positive child development, parent/caregiver child attachment, improved birth outcomes, improved school readiness, and increased stability and health of the entire family unit. ▪ CPC believes when families are engaged and viewed as partners, the greater the outcome for children. To assist in this, CPC contracts with Healthy Start Coalition for the Parent Partner program which works closely with families and provides a parent advisory council. CPC also contracts with Healthy Start Coalition for the Fatherhood Initiative which builds relationships with fathers to identify their needs and help establish a positive and stable relationship with their children. The Engagement Specialist assists fathers in accessing services and communicates challenges to CPC that fathers face and offer. The Engagement Specialist also provides support and guidance to help fathers understand the child welfare system and trains CPC staff on how to effectively engage fathers in programs and services. ▪ CPC partners with SMA Healthcare to provide Family Intervention Treatment Team (FITT). The FITT Team provides co-occurring, in-home services for children and families in the child welfare system. The primary focus of the FITT Team is to provide substance abuse, mental health counseling, and evidence-based parenting classes. Services include outpatient substance abuse, detoxification services and mental health counseling for both our non-judicial and judicial clients and residential treatment, as needed. The FITT clinicians are integrated with the assigned dependency case managers and follow the cases through treatment and the child welfare system in an integrated manner. For parents who have completed treatment, SMA will make referrals to the Volusia Recovery Association for a Peer Recovery Specialist. ▪ Integrated Practice Team is co-facilitated by CPC and DCF staff who travel to the various service centers to meet with the families where they live. They coordinate participation in the staffing based on the family's individual needs. Participants may include the insurance company, mental health providers, case management agencies, CMS, substance abuse providers, local shelters, and respite providers. Family participation is a key requirement and follow up staffing are held to evaluate progress and additional needs. ▪ CPC works closely with other agencies in our community which offer prevention services. These agencies include: ▪ Early Learning Coalition and Episcopal Services who offer daycare assistance to low-income families. ▪ Salty Church who works with families in need and aid in linking them to services for housing, therapy, and transportation. ▪ Volusia Flagler County Coalition for the Homeless offers various programs for housing assistance and coordinated entry into the Homeless Management Information System. ▪ Family Support Services has a robust Primary Prevention and Community Engagement Work plan to engage communities where children have historically been involved with the child welfare system in order to help families before they reach the crisis level and strengthen and empower communities. Geo-Mapping has been conducted to identify and assess areas in the city that have poor child and family outcomes to determine areas of greatest need. Data has been collected and analyzed so FSSNF can create a cross-sector task force to determine an approach and implement strategies to meet the needs of the community. The goal is to provide services in the community that are accessible and at no or minimal cost to families. FSSNF has implemented or is actively implementing the following activities as part of the primary prevention work: ▪ Collected and analyzed data on Child Abuse and Neglect and Community Socioeconomic Factors. With this information FSSNF decided to focus on the 32209-area code, resulting in the creation of the Center of Hope. ▪ Created cross-sector Task Force to determine approach and implement strategies to meet community needs

	▪ Create a Parent Advisory Committee ▪ Create parent-led activities and groups ▪ Partnered with Duval County and The Emmett Reed Center as a location to implement services and community presence ▪ Enhance protective factors that might mitigate the risk of maltreatment ▪ FSSNF also has a comprehensive Diversion service array that receives their referrals from the Department of Children and Families as a result of an investigation of abuse or neglect. These programs/services are aimed at stabilizing and supporting families before the need for judicial intervention. Those services include: ▪ Community Resource Specialist: connect parents with resources within the community ▪ Safety Management: short term, high intensity service focused on supporting the present danger plan created by Investigations. Services allows Investigators to focus on gathering information for investigation rather than the immediate safety of the child(ren) ▪ High Risk Newborn: infant mental health services provided by clinicians ▪ STEPS: family support services focused on in-home parenting, budgeting, and case management for safe but high/very high-risk families ▪ FAST: intensive case management for unsafe families with an active safety plan ▪ FSSNF continues to participate in the State Child Abuse Death Review Committee. Trends that are observed and discussed in the CADR committee are translated into policy and practice changes. The CADR committee continues the Safe Sleep Campaign which was started the previous year. The Safe Sleep Campaign provides free safety kits and training to all new births in Duval County. ▪ Family Support Services of North Florida Child Welfare Early Education Program (CWEEP) committee went through a redesign in 2021 and to ensure we continue to support this population the Early Learning Coalition quarterly meeting was created. Early education and school readiness availability is discussed ongoing. FSSNF ensures our CMO partners have the training they need in Early Education ongoing. FSSNF coordinates with Early Steps and provides training twice a year on Ages and Stages Questionnaire and Typical Growth and Development. With Senate bill 80 FSSNF educational liaison has a meeting any time an early education setting is requested to be changed. This is to ensure movement to a new center is in the child's best interest and to ensure stability. ▪ FSSNF partners with ELC from several different departments. ELC is a lead contributor to our QWEEP steering committee. ▪ The voluntary Strengthening Ties Empowering Parents (STEPS) prevention program continues to successfully provide in-home services when children are determined to be safe following the CPI investigation. STEPS was recently relaunched to align with the Protective Factors framework. STEPS uses evidence-based parenting training, Nurturing Parenting and Active Parenting, to work with at-risk families in their homes. This program serves children in both Nassau and Duval. Since the last reporting period, the STEPS program has increased the number of units to increase the number of families served. STEPS is currently providing in-home services to families that have been determined to be SAFE but are assessed High/Very High Risk by the Department of Children and Families. ▪ Family Support Services of North Florida's (FSSNF's) non-judicial Family Assessment Support Team (FAST), family preservation / diversion program, is unique to Circuit 4 and continues to prevent removals and to safely maintain children in their homes while services are provided when DCF finds the children unsafe. The FAST program in Duval and Nassau Counties is co-located with DCF CPIs and the workers are certified case managers. The families work with the FAST case managers to create a case plan while providing wraparound in-home services for 6-9 months. FAST Case Managers are trained in Nurturing Parenting, and Stages Social and Emotional (ASQ) assessments, and Family

	Team Conferencing which are all evidenced-based. Each FAST unit has a FAST clinician available to assist families. FAST Clinical Staff training varies but may include the following evidenced based programs: Cognitive-Behavioral Therapy, Motivational Interviewing, Trauma Informed Therapy, Nurturing Parenting, Art Therapy, and Family Systems/Family Structural Theories. Many of the clinicians also utilize AUDIT which is an evidence-based alcohol assessment. ▪ Regional Partnership Grant – FSSNF applied and was awarded funding to create a 5-year program called Preserving Families and Protecting Children. This grant provides FSSNF the opportunity to augment the Family Assessment Support Team (FAST) by integrating Substance Abuse, Mental Health, and Child Welfare services to maximize efficiencies and improve outcomes for children, age birth to five and their families. The achievable outcomes result in enhanced safety, well-being and permanency through increased family functioning, stability and increased adult recovery from substance abuse disorders. The service delivery model uses the guiding principles of the Strengthening Families Approach to provide family centered services that recognize individual needs, build on family strengths and protective factors, promote optimal child development and reduce the likelihood of child abuse and neglect. USF's (University of South Florida) Louis de la Parte Florida Mental Health Institute (FMHI) is conducting a rigorous evaluation of the Preserving Families and Protecting Children program, including a process evaluation, a partnership study, and an outcomes evaluation. To increase the evidence base of FAST and meet the requirements of Families First Preservation Services Act as a well-supported practice, a quasi- experimental group matching study will be designed to assess child and family outcomes. The evaluation will be submitted for peer review and publishing and a manual will be developed. The program supports a team approach with the following structure: ▪ Family Assessment Support Team (FAST): intensive in-home therapeutic wrap around services comprised of a Certified Child Welfare Case Manager to be paired with a therapist through the Case Management Organizations (CMO). This part of the team will be considered the control group for the evaluation being conducted. ▪ Intensive Family Assessment Support Team (iFAST): the iFAST team will include all FAST components with the following additional enhancements: ▪ Healthcare Coordination (HCC): a Licensed Practical Nurse or above certified staff will provide medical case management and education to randomly selected treatment families. ▪ Parent Educator/Peer: a certified Peer Educator will be providing peer support while using the Nurturing Parenting curriculum to enhance treatment families' protective capacities. ▪ In alignment with the Florida Safety Practice Model-Safety Management is provided by the FAST teams and provides the CPI assistance in meeting the family's safety needs while the CPI gathers the needed information to complete the investigation. If the case is moved to on-going services in FAST the same Family Services Counselor remains with the family for continuity with the family. For Family Preservation, the Oversight Coordinator assists with the transfer of the FAST cases to ensure cases are transferred efficiently and timely. ▪ The Integrated Practice Team (IPT) consists of specialized community partners that offer knowledge and expertise to assist in identifying barriers to keeping children safe in their home. Innovative ideas ensure appropriate services are provided to meet the individual needs of the family, while maintaining children in their own home. IPT was developed to prevent removals as well as shorten the removal period. IPT services have been expanded to include Lockout cases when parents refuse to pick up their children following discharge from DJJ or mental health facilities. IPT members include representatives from: Family Support Services, Duval County Public Schools, Child Guidance Center,

	DCF Family Advocate, Hubbard House, and Gateway Community Service. Family members are strongly encouraged to attend IPT to give them empowerment and a voice in strengthening their family. The IPT resource is also utilized by the FAST and STEPS teams to re-engage a family that may have become resistant to services. ▪ High Risk Newborn (HRN) provides behavioral health and social services to children 0-5 years of age and their caregivers. HRN serves young children who may be at risk for developing more severe mental health disorders and helps parents learn how to build stronger bonds with their children. The voluntary High Risk Newborn prevention program focuses on therapeutic infant mental health. The High-Risk Newborn case managers are therapists trained in evidence-based Nurturing Parenting, Active Parenting Now, Active Parenting of Teens, Ages and Stages Social and Emotional (ASQ-ASQE) assessments. HRN is available to FAST FSC and CPIs who identify services that meet the criteria. ▪ The Family Intensive Treatment (FIT) team is a collaborative effort of child welfare and behavioral health services to service families with identified substance use disorders. This treatment-based model is focused on addressing behavioral health issues while improving family functioning and strengthening child welfare related outcomes. This program uses several assessments to create an overall depiction of the family to identify service needs. These assessments include but are not limited to Bio-Psychosocial, Adult and Adolescent Parenting Inventory (AAPI), Adverse Childhood Experience (ACE), Daily Living Activities Functional Assessment (DLA-20) and ASAM. The results of these assessments guide the development of an individualized treatment plan and case plan. ▪ The FIT Program is offered to families involved in Duval County dependency system as well as non-judicial FAST program. FSSNF monitors the referrals to this program to ensure that families with significant substance abuse history are referred to participate. Other services include: ▪ Community Resource Specialist (CRS) –Community Resource Specialist are co-located with the Department of Children and Families Child Protection Investigators to assist the CPIs with any immediate identified needs of a family. i.e. crib, rent, utilities etc. Additionally, a worker has been designated to assist with Parent Needs Assistance (PNA) intakes that are received through the Florida Abuse Hotline. The worker can connect families in need with mitigating services through the community to ensure the intake is not escalated into a situation of neglect or abuse. ▪ Breakfast Learning Series – The Breakfast Learning Series is a free, monthly educational program for parents, caregivers, social workers, and other professionals. The Breakfast Learning Series provides beneficial information and networking opportunities for everyone involved in helping families. This program has been transitioned to Zoom due to current COVID concerns. ▪ The Family Integrity Program utilizes many services in the community for candidates that are at “imminent risk of entering foster care”. When possible, eligible families are referred to Healthy Start for additional in-home services and support. Healthy Start serves families who may be at a higher risk for child abuse based on a history of behavioral health and domestic violence. FIP works closely with St. Augustine Youth Services (SAYS) to connect families with the Community Action Team (CAT) and Mobile Response Team (MRT) to provide immediate support in times of crisis. ▪ The Non-Judicial (Prevention) unit at FIP are participating in Motivational Interviewing training. Three case managers have been fully trained, while the remaining case managers and the unit supervisor are in the process of training. Motivational Interviewing is listed as a Well-Supported practice on the Title IV-E Prevention Services Clearinghouse. This approach is based on the theory that empowering individuals to discover their own motivation for change leads to greater success.

	▪ The Kids First of Florida provides family support service for children who were at high or very high risk was by our case management organization case managers who are provisionally or fully certified as child welfare case managers through the Florida Certification Board. The case managers also provided safety management services when a present danger plan is implemented during investigations. ▪ To maintain children in their home, Kids First of Florida worked closely with new staff on building their skills in developing safety plans and on assessing their effectiveness. Extra coaching in specific areas was provided to staff who needed it. ▪ Integrated Practice Team (IPT) meetings were utilized to brainstorm ideas and create immediate and/or innovative solutions to assist the family to prevent removal. The meetings were particularly successfully in diverting teenagers from out of home care. ▪ The Life of the Case Review Tool provides the opportunity for items to be addressed in "real time" in efforts to improve performance. Kids First of Florida's Quality Assurance Department provided feedback and guidance on low performance areas that were identified during reviews. ▪ Partnership for Strong Families has a unique system to manage service array. Services can be quickly accessed. Services are continually being expanded to capture various cultures and preferences. Services are available to match the child/family needs based on accurate formal and informal assessment. Affordable and accessible services are available in all PSF counties; however, some services are limited to a single provider based on how rural the county is. To the extent possible, services are well integrated with other services the child/parent receives. One of the most significant elements of PSF's system of care is the focus on engaging and supporting families—whether they are birth, relative, non-relative, foster, or adoptive families. PSF maintains a comprehensive array of evidence-based and evidence-informed services and programs to meet varying individualized needs that is accessible to all families along the entire continuum of care through PSF utilization management. Referrals for appropriate services occur as a direct result of assessments, individual needs, family planning, or case plans developed in coordination with the family, and/or court order. PSF provides cost-effective prevention, family support/diversion, crisis, and supportive outpatient and in-home services while meeting child safety and well-being needs and representing the least restrictive service and level of care possible. Examples of those services include but are not limited to mental health, substance use, parenting, domestic violence, specialized services (e.g., reactive attachment, sexual behavior problems, behavior analysis, etc.), and in-home services. Service authorizations consider family preference and the unique characteristics of each individual and family, respectful of the family's culture along with provider availability, specialization, cost, and location. Flexible funding is available for financial assistance needs such as concrete needs, services, or items. All service requests will be processed within two (2) business days of receiving a completed request through utilization management. Waitlists are non-existent or minimized. ▪ The Family First Prevention Services Act (FFPSA) has been introduced as the state's approach to prevention and family preservation. Several training opportunities have been made available to PSF staff to participate in the FFPSA Road to Prevention. The FFPSA aims to prevent children from entering care. PSF has recently begun training in Motivational Interviewing for case managers emphasizing case managers working with families receiving in-home case management services. ▪ PSF participates in three separate Child Abuse Death Review (CADR) Committees. In Circuit 3, a PSF Quality Assurance Monitor chairs the committee in collaboration with the Florida Department of Health (DOH) Liaison. Meetings are scheduled quarterly and conducted when the committee receives cases from the Florida Department of Children and Families (DCF) Child Fatality Specialist once DCF has completed its review. The committee then reviews each case in conjunction with committee members from community agencies (domestic violence,

	substance abuse, law enforcement, health department, etc.) to complete the review for each case and determine whether the death could have been prevented. Any recommendations for intervention/prevention initiatives are forwarded to the state CADR committee for implementation. For Circuit 8 and Circuit 4, the PSF Quality Assurance Monitor is a participant for each committee, providing information relevant to any PSF involvement with the cases being reviewed. ▪ Partnership for Strong Families is a nationally recognized leader in the provision of quality prevention services. Our Family Resource Center (FRC) Network comprises four FRCs and a Community Resource Navigation (CRN) Program. Each of our sites are strategically located within communities that have historically experienced limited access to resources, along with increased risk factors including elevated rates of poverty and verified child maltreatment. ▪ Our newest location, NorthStar Family Resource Center located in Lake City opened in March of 2021, as part of a federal grant through the Children's Bureau. The CRN program was established in January 2023 to provide quality prevention services at remote locations within Alachua County not currently served by our FRCs. This program is funded through our local Children's Services Council. Based on the first year's success, the Children's Trust funded a new CRN position, and the program is being expanded to additional locations including Hawthorne and two additional Gainesville communities by April 2024. ▪ Over the past few years, PSF and other CBCs across the State have experienced unprecedented costs associated with caring for children's physical and mental health needs while in out-of-home care (more than tripled over the past four years). During 2023, this culminated in the need to reallocate budget to this area resulting in agency-wide budget cuts, including prevention services. One of our sites, Cone Park Library Resource Center, was closed in August 2023; however, we have been able to successfully maintain our other four sites and the CRN Program, with the support of grants and donations. ▪ The sustainability of our FRC Network, including increased community support and continued development of diverse funding streams, has been a priority over the past two years. In 2019, we secured a federal Community Collaborations to Strengthen Families grant (approximately $2.5 million over five years; ending in 2024) to evaluate, refine, and expand our FRC Model. Between 2020-2023, we were awarded more than $3 million in grant funding to support FRC operations and programs, growing this amount each year (see graph below). This also includes $750,000 in support from our local Children's Services Council, awarded in 2023. ▪ Using the evidence-informed Strengthening Families and Protectives Factors Framework, each service offered through the FRC Network is strengths-based, community-driven, and tied to one of five protective factors (concrete support in times of need; parental resilience; knowledge of parenting and child development; social connections; and social and emotional competence of youth), which research has shown reduce the risk of child abuse and neglect when present in families. All services are free of charge to the community thanks to a multi-system collaborative, including more than 100 community partners from across the five sectors. ▪ Partner relationships are an integral part of our FRC Model. The FRC team hosts regular partner meetings at their respective sites to allow time for partners to network and share information about current and up-coming programs, added resources, community needs, and other matters. Beginning in 2021, the FRC team began hosting annual FRC Partner Networking Fairs to further celebrate local collaborations and provide opportunities for our partners to learn more about existing community resources. FRC partners are also asked to participate in an annual FRC Partner Survey to help determine what is being done well and identify areas for potential improvement. Results of the 2023 survey were extremely positive with an average of a 96% partner satisfaction rate across categories that included staff professionalism,

	ability to resolve problems, communication, and program and service quality. The partner survey results are shared with our partners in a formal report and used to develop an action plan for the upcoming year. Examples of action plan items over the past few years have included increased efforts to promote inclusiveness at our sites including updated signage, new partnerships, and staff/volunteer trainings; expanded opportunities for father/male caregiver engagement, such as a father's group, Father's Day events, and male-focused programs and resources; improved efforts to reach special populations including Spanish-speaking patrons by providing materials and information in Spanish and accessing the language line through one of our partner agencies; and increasing community voice through establishment of Parent and Community Advisory Councils and as part of the Strengthening Families Self-Assessment process. ▪ Since opening the first site in 2009, PSF's FRC network has received more than 343,000 patron visits and provided over 384,000 services. We remained open throughout the COVID pandemic, focusing on meeting the concrete needs of community members, while also working with other partners to assess and meet the social emotional needs of those served, as able. Although we did see a temporary reduction in the number of patrons served by the FRCs, the needs tended to be higher and more urgent. ▪ Most of those served by the FRCs are walk-in patrons, who have heard about the program from friends or family, though patrons are also referred by community partners. In addition, the FRCs provide resources and support for CPIs, case management staff, and families involved with Parent in Need of Assistance (PNA) referrals. Information sessions and written materials are provided to DCF and case management staff to help increase awareness and accessibility of FRCs and the prevention and family support services FRCs provide. ▪ To further expand our FRC Model to additional Alachua County communities, the local Children's Services Council also provided funding for PSF to initiate a FRC Consulting Program. Through this program, we are providing consulting services to two non-profits who have opened their own Resource Centers in Alachua County. ▪ As part of the 5-year federal grant project, funded by the Children's Bureau, the grant team, FRC staff and PSF's IT department have worked to refine our data collection protocols. With the refinement of our data collection, we can report on new, more profound metrics, and better understand how our Resource Centers are serving children and families in North Central Florida. ▪ As part of our process evaluation, one of the largest refinement efforts to-date was the Strengthening Families Self-Assessment (SFSA) process. Each of the Resource Centers involved in the project completed the SFSA process which engages direct service staff, community collaborators, and community members in equitable evaluation methods to ensure community voice is continuously heard and incorporated. Based on the discussions from the SFSA process, action items were developed to help aid in the continuous quality improvement of our Network of Resource Centers. This process along with other evaluation activities, such as focus groups and outcome data analysis (collected via instruments completed by patrons enrolled in the study), will help us in our ongoing work of refinement and improvement. Click here for more information regarding this project and the published outcomes. ▪ In addition to FRCs, PSF has established a Youth Champion team that provides family support services. The Youth Champions serve clients who are at high risk of entering out-of-home care. They are doing vital work to support families in difficult situations and prevent crises. Youth Champion team referrals come from various sources including CPIs, the Department of Juvenile Justice (DJJ), community mental health hospital Crisis Stabilization Units (CSUs), and PNA referrals. The team is working with families to provide service referrals and on-going support to safely maintain youth in the community and prevent them from entering out-of-home care.

	▪ The successful diversion of 75% of potential lockout cases from July 2023 to December 2023 is a testament to the effectiveness of the approach being taken by PSF. The Youth Champion team works to remove barriers families are encountering, such as waitlists for community service providers and delays in accessing community beds in residential treatment facilities, which assist parents who are struggling with managing their children's mental health and behaviors. When possible, services are expedited, or other support is provided to assist families in maintaining their children at home. Youth champions are skilled in finding ways to expedite processes and provide interim support for families. The team is exploring partnerships with additional service providers and advocating for increased resources to further improve accessibility. ▪ One of the challenges the team faces is addressing difficulties parents have in identifying and accessing available resources in the community. PSF provides information about resources and assistance making connections to those resources to ensure accessibility for parents and to empower families with tools to address behavioral issues before they escalate. These efforts help to reduce the number of children coming into care due to parental lockouts. ▪ Collaboration with agencies like DCF, DJJ, Meridian Behavioral Healthcare, and Shands at Vista are crucial to ensuring a comprehensive approach in addressing the needs of at-risk children and their families. PSF is also working to further enhance the effectiveness of interventions. By working collaboratively with DCF and the Local Review Team (LRT) to proactively address situations and prevent lockouts, PSF takes a hands-on approach that makes a significant difference in providing timely support to families in need, thereby diverting crises. This involves a comprehensive assessment of each situation, identifying potential risk factors or triggers for lockouts, and intervening early to provide the necessary support, such as monitoring families at risk, expediting access to resources, and implementing personalized intervention plans. ▪ PSF engages directly with families to understand their specific challenges and tailor interventions accordingly. This involves providing immediate counseling referrals, effectively connecting families with community resources, offering meaningful parenting support, and arranging for temporary respite care to alleviate immediate stressors. ▪ Maintaining this proactive, hands-on approach not only prevents crises but also fosters a sense of trust and support within the community. Families in crisis situations often feel overwhelmed, and having a team approach that actively engages with them and provides tangible support can make a world of difference. PSF continues to work with community partners to identify and engage families at the earliest opportunity before they reach the point where interventions are no longer able to divert the crisis.
Central	▪ Circuit 10 and HFC are currently utilizing specific individuals and programs and have implemented projects that address needs within our System of Care. They have partnered with a DCF Family Navigator who assists in engaging families that are at the highest level of risk. HFC developed Safety and Trauma Consultant (STCs) positions and co-located them at each DCF service center. The STCs staff cases with CPI Supervisors to see what prevention efforts (such as housing, pest extermination, home cleaning, etc.) could be conducted that would mitigate the need for removal. Staffing Facilitators are assigned to each CMO to provide individualized support for permanency and lead group home step-down meetings to create capacity in our system of care. In these staffings, barriers to closing cases six-months post-reunification are also discussed with case management. Peer mentors are connected to parents with substance abuse treatment needs through our local treatment providers. They have well-supported FFPSA evidence-based programs available throughout our circuit including Brief Strategic Family Therapy (BSFT), Family Functional Therapy (FFT), Parent Child Interaction Therapy (PCIT), Motivational Interviewing

	(MI), Intercept®, Healthy Families, and Nurse Family Partnership. Our Circuit has developed family support services with Serving Children and Reaching Families (SCARF). We have also developed safety management and focused in-home non-judicial services with Neighbor to Family (NTF). Lastly, to support permanency, as well as prevent entry into foster care, we have shifted and expanded supports through other subcontracted services to meet family preservation needs, enhance post adoption supports, and drive conditions for return services to support and strengthen the reunification process. ▪ Kids Central continues to implement and monitor a diverse array of prevention services which meets the objectives of this goal. Kids Central has been awarded as one of the implementation sites in the state and has entered a contract with Bethany Christian services for Home Builders to be implemented into Circuit 5 which has been in place for the approximately the last 6 months. In addition, KCI has established a working relationship with additional intensive support CANEI (Constant and Never-Ending Improvement). This program provides intensive wrap around support to the families allowing for children and families with higher level needs to be addressed and work to prevent removal from the home. Kids Central has partnered with Find Help to establish an internet-based search engine for the community to assist with linkage of a large array of services. Kids Central and DCF have worked together to build a referral process via the KCI Find Help portal to assist with rapid linkage to prevention services offered within the circuit. In addition, Kids Central continues to provide community support via community Family Resources Centers. Ongoing yearly review and analysis of community needs is completed to continue to assess the locations and items needed at each FRC location. ▪ Kids Central manages all Safety Management and Family Preservation Services in Circuit 5 through the provision of intensive, family-centered, strength-based, and solution-focused services in the homes of families in crisis to prevent the placement of abused and neglected children into foster care. Family advocates are available around the clock to provide immediate responses when needed and ensure that families in crisis are stabilized and engaged at a frequency and intensity determined by input from the referral source and identified in the family's safety plan. Services provided are specific to the family's needs and families are connected to community resources and supports capable of reinforcing and supporting the likelihood of ongoing success and ameliorating existing risk to children. Prevention programs are Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), Parents as Teachers (PAT), Nurturing Parenting Program (NPP), and Parenting Journey Program (PJO) and Kinship Support Services. Kids Central also continues to serve up to 150 families in the Maternal and Infant Early Childhood Home Visiting (MIECHV) programs in Alachua and Marion County. Kids Central is contracted to provide Healthy Start Services in Alachua, Hernando, and Lake Counties. ▪ Our Council on Accreditation (COA) accredited Healthy Start sites serve an average of 2500 families a year. Kids Central is responsible for coordinating a continuum of prenatal care for woman to reduce infant mortality, reduce the number of low-birth-weight babies and improve health and developmental outcomes. Family centered assessments, child development screenings, and community resource referrals are completed regularly and are used to ensure the family's needs are being met. Healthy Start is seen as a safety net and therefore there are no caseload caps or wait lists. We have one or more dedicated Spanish speaking Family Care Coordinators in each county to assist our Spanish speaking families. Healthy Start services are provided free of charge to qualifying families. Kids Central is in process of implementing a new program the Functional Family Foster Care Model this fiscal year as well. This opportunity was established following receipt of a grant. ▪ BFP is continuing primary, secondary, and tertiary prevention efforts and maintains a robust continuum of front-end prevention and diversion services and supports. Recent activities for the upcoming year include the Family Stabilization Support Team (early intervention

	model to divert families in the investigation process), Parents as Teachers (Evidenced Based Home Visiting Model for children prenatal through kindergarten), and the expansion of Intensive Family Preservation Services provided through Henderson Behavioral Health. The Neighborhood Partnership Program provides assistance for at risk families in high need areas that receive care coordination and case management, and the Mobile Response Team was expanded to include another team including therapists and peer support specialists. Our partnership with the Melbourne Police Department and Mobile Response Team co response model continues to thrive and grow. They are in the process of adding two master's Level therapists to strengthen on call response. ▪ Brevard C.A.R.E.S. provides aggressive front-end diversion interventions for at risk children, youth, and families to prevent entry into the system by providing community based (less restrictive) alternatives using high fidelity wraparound intensive care coordination (an evidence-based practice). Family Support Services-Brevard C.A.R.E.S. enables at risk children and families to be served in their homes, schools, and in the community using Wraparound and Family Team Conferencing. Youth and family partners partner with the family to provide support, education, and linkages to the local community to support and sustain them long term. Services provided include: 24/7 mobile response, family stabilization; and access to a full continuum of community-based services that are authorized for the family and customized to meet the individual needs of each youth and family. The Safety Management Services Team at Brevard C.A.R.E.S. reduces entry into out of home care by providing rapid response to families in need of intensive support and safety planning when present danger has been identified by Child Protective Investigators. The Safety Management Services Team blends traditional safety management services with an immediate therapeutic response to assess family needs and strengths, provide family centered therapeutic intervention, parent education, stress management, conflict resolution and engagement of other services providers during the investigative process to minimize the need for Out of Home care.
Goal 2: Provide children with improved permanency, stability, and family connections through a redesigned placement services array.	
Region	**Summary of Activities**
Northwest	▪ The Northwest Region is committed to keeping children within their community. The use of a Family Finder position is utilized to coordinate the absolute best placement for every child who must be removed. Child welfare staff are given guidance at every removal point to utilize as many resources, contacts, and databases as possible to find relative/fictive kin providers for the children in need. Supervisors and managers are continuously looking for additional service providers and strengthening relationships with current providers to offer a robust comprehensive services array to children and families in the Northwest Region. ▪ The Northwest Region also utilizes the Assessment Response Team and multi-disciplinary team to conduct searches for relatives/fictive kin on all cases where the anticipated first placement is licensed care. This coupled with region wide training surrounding placement has helped our region focus on the goal for placement of children with relatives/fictive kin. These family finder positions act as a point of contact for all related duties in searching for immediate and extended family members of children placed in out-of-home licensed care in the dependency system in Circuit 1 and providing system navigation, as needed. They support the system of care by performing detailed searches of immediate family members and extended family members to complete family trees and identify possible relative placements. They explore all family connections and assess the willingness/availability of family members to participate in the dependency system to offer the best placements for children in care. They also connect extended family and informal supports to the family to work with improving safety concerns, permanency, and well-being of children.

	▪ NWFHN has developed an Enhance Services Tier Matrix when approving ancillary services to facilitate a child's placement in a foster home and/or when the child's level of need requires additional support provided by the licensed out-of-home caregiver. Additional supports provided by the licensed out-of-home caregiver may include but is not limited to additional foster parent support, heightened supervision of the foster home, and/or the provision of therapeutic or behavioral health services to the child and foster parent, or increased supervision of the foster home with the intent of sustaining and supporting the child's long-term placement. NWFHN has maintained a reduction in residential group care. Executive leadership facilitates group home staffing's to identify children who can step down to a less restrictive placement. During this staffing's when barriers are discovered that prohibit or delay a child's move leadership can problem solve immediately to help staff make decisions. NWF has maintained a reduction in the percentage of children in OHC in group care for the past 5 years (12.4% decreased to 9.7% in the East and 8.6% to 7.5% in the West). ▪ The NWFHN MDT team is responsible for coordinating, facilitating, and documenting all MDTs related to the transitioning of children placed in "out of home" care and any subsequent placement changes, for children served in Circuits 1,2 and 14, as required by Florida Statute. ▪ Types of MDTs facilitated: Emergency Placement Changes and Planned Placement Changes; Placement Following Recovery from a Missing Child Episode; Human Trafficking Placements; Reunifications; Sibling Separations; Placement Transitions; Reinstatements of Parental Rights; Education and Childcare/Early Childhood Changes; Children in a Placement for 9 months or more. ▪ The resounding effort of these MDT's is to ensure agency compliance with Florida Statutes. Minimize trauma to children and families through planning for transitions. Prevent and reduce unnecessary placement changes and sibling separations for children in care. Identify safety concerns or barriers to permanency. Assist families with placement stabilization and resource identification. Prevent and reduce interruptions in education, services, or family visitation time through more planful transitions. Contribute to ongoing assessments of children's needs. Educate system partners on the importance of SB 80 MDT and transitions for children. Establish and maintain collaborative relationships with system partners. ▪ We continue to exceed the adoption goal set by the department in all three Circuits and continue efforts to improve on achieving permanency through adoption within 90 days of the filed termination of parental rights order when the child is in an identified home and there are no barriers. ▪ All three-adoption providers are assigning an adoption case worker when the adoption petition is filed therefore providing the adoption case worker an opportunity to gather medical, dental, and birth records as the child with the goal of adoption, start the child study and meet with the current caregiver or potential adoption applicants. NWF Health has assumed to the role of chairing all requested Adoption Applicant Review Committee's to ensure consistency with the process and that time frames are met to continue to achieve permanency timely. Post adoption meetings are being held to ensure requests for services and support are available to families. We continue to meet month with the adoption providers to ensure that permanency is being achieved timely and discuss any barriers. ▪ The Agency will continue to use a supervisory tool to monitor the frequency of contacts with parents to ensure that parents are being seen monthly on all required cases. The parental contact report is pulled twice a month by the Data Support Team and sent to case management leaders with increased continual contact with the parents. ▪ FFN partnered with Embrace Families' Conditions for Return grant. The Strong Foundations team have trained the Legal and Practitioner Community, Frontline Team Members, GAL program, and foster parents to promote a common understanding of Conditions for Return. Even

	though the contract has ended FFN has continued the CFR Unit, with (the supervisor) and 3 staff. They ended the contract with 410 cases being tracked, over 4300 consultations being completed on cases. They are continuing to provide field support for new case management and provide supervision hours toward certification as well as field support for all of case management. ▪ Care Coordination supports foster parents and Case workers. The Care Coordination Team is available to assist with the coordination and integration of behavioral and physical health services and assisting with Medicaid coverage issues. Care coordination is available to all three circuits. Nurse care coordinators (NCC) monitor well-child checkups, immunizations, medical/dental appointments, and health risk assessments. For those children with serious medical conditions or those at risk, the NCC will provide additional assistance. NCC will also link to follow-up services as needed for Children with ER visits. Plan Service Coordinators initiate Medicaid plan changes, make Primary Care Provider changes, assist with questions about medical and dental providers, assist with Medicaid questions, as well as help resolve Medicaid billing issues. Once a referral is received from the DCM the Behavioral Health Care Coordinators (BHC) will assist them in making sure it's the correct provider based on the needs or answers any questions they have if they are unsure of what services are needed. They also monitor those in higher-level mental health & substance abuse services. BHC also facilitates the Child and Family Team Staffing (MDT) process and Suitability process. The BHCs also link those Baker Acted to aftercare services as well as review recommendations from the CBHA. ▪ In the past year, FFN's Parent Advisory Committee has assisted in updating the Parent Orientation paperwork (implemented) and developing a research-based Parent Satisfaction Survey that will be implemented April 5, 2024. The PAC has presented the Parent Satisfaction Survey to Executive and Senior Leadership Teams and will be presenting the updated survey, along with the explanation for why they feel each question is meaningful, to FFN's supervisors. Additionally, PAC team members were invited to and participated in the CFSR PIP workgroup meetings regarding Family Engagement.
Southeast	▪ The SER licensing department works closely with the community-based care lead agencies and their subcontracted provider agencies that offer case management, foster home management, group care, and adoptions. Department licensing staff work closely with the lead agencies contract managers regarding quality and compliance within the licensed child placing and child caring agencies. They meet regularly, share monitoring reports, and staff any concerns as they arise. Both the Department and our CBC's have high expectations regarding the quality of care, and this is evident in the quality of our residential programs in the SER. ▪ In order to ensure that youth's voices are heard regarding the quality and care of their placements in group care, regional licensing staff include client interviews with youth at all residential programs to solicit feedback for programmatic recommendations regarding areas providers can improve upon and to highlight the outstanding work that they do based upon the voice of the child. Additionally, youth are regularly engaged during corrective action monitoring visits to ensure that applicable corrective actions are having a positive impact on the children. The Department licensing staff provides additional training and support to group care providers on topics such as normalcy and prudent parenting to ensure that children in group care have experiences and meaningful relationships with individuals outside of the group care setting. ▪ The SER successfully converted 4 family style residential group care campus settings into traditionally licensed foster homes. This was completed in collaboration with the community-based care lead agencies, Place of Hope, SOS Children's Village, and Real Life Children's Ranch. Each of these neighborhood foster home settings provide the most family style setting, with an array of support and services for their foster parents and children placed. Most of these foster homes are focused on maintaining sibling groups. This is a major win for the Region.

	This ultimately increases our ability to maintain sibling groups, reduce group care placement, and increases IVE eligibility through foster home placements instead of non FFPSA setting type residential group care. This will be expanded in the coming year with an additional campus of homes that has been donated to Place of Hope in C19. ▪ To align with FFPSA setting types, providers in the Southeast Region have converted a total of 17 group homes into At Risk programs to serve the needs of youth that are at risk of human trafficking. ▪ The Southeast region has partnered with multiple community stake holders in development of local protocols for the Quality Parenting Initiative which includes input of former youth in care, former biological families, foster and adoptive parents, and representatives from the Florida Atlantic School of Social Work to develop processes to inform practice. The Southeast Region has also partnered with the Selfless Love Foundation project to include youth voice to inform practice. The Southeast Region has implemented use of comfort calls to increase partnerships in parenting. ▪ The Department of Children and Families Southeast Region currently has 5 employed multidisciplinary coordinators, and 1 MDT Manager. The DCF MDT coordinators conduct multidisciplinary team staffings with children, parents, caregivers, and other individuals important to the family following the initial shelter of youth and prior to any placement changes. This MDT staffing occurs within 72 hours of the children being removed from the home. The MDT staffing has improved the placement transition process, as well as increased the collaboration and partnerships between caregivers and parents. Through these staffings we are able to identify needs of the caregivers and children up front. Families are referred to local non-profits and CarePortal to get any needed items such as clothing and diapers, as well as larger items such as furniture and beds for the children. The faith- based community through the CarePortal system has embraced their role in providing necessary items to help improve the stability of placements. When children are placed in licensed care, children and families are able to share other potential placement options to explore to increase relative and non-relative placement utilization. The MDT staffing also allows for the parents to speak directly with the foster parents in a virtual setting to exchange vital information regarding the children to the licensed provider. ▪ The Family Finder program is dedicated to connecting children in out-of-home placement with potential caregivers. This includes finding relatives and close family friends (fictive kin) who can provide love, support, and potentially a permanent home for the child. Florida Statute 39.4015 states, “The department, in collaboration with the community-based care lead agencies, shall begin family-finding efforts as soon as a child is taken into the custody of the Department and throughout the case to engage with as many family members and fictive kin who may help to care for and support the child.” ▪ There are ten Family Finders, and one manager, across three circuits (3-C19, 3-C17, and 4-C15). The Child Protection Investigators (CPI) or other designated staff notify the Family Finders via referrals whenever a child is removed from their home. Additionally, Family Finders participate in meetings with child welfare teams (MDT/SST and FTM) to discuss and share their findings with CPIs, CPIS, and DCM. ▪ Children’s Legal Services (CLS) objective was to reduce the number of children with an adoption goal in an identified home. CLS created this list of children from the statewide data base system, FSFN. CLS shared this FSFN list of children with case management. CLS then worked with case management in identifying any barriers and overcoming those obstacles to achieving this goal. ▪ C19 Communities Connected for Kids. CCKids continues our enhanced tier program and has a steady trend of increased foster home placements as a result of this strategy. We have implemented Trust Based Relational Intervention training, through two trained

	professionals, and are offering the training to all contracted child placing agencies beginning in April 2023. CCKids is one of six CBC's participating in a no-eject, no-reject program with Twin Oaks, for high needs teen males. CCKids has expanded the partnership with the six CBC's and Twin Oaks into a similar program targeting high needs teen females. ▪ CCKids has developed several successful processes that have contributed to our success in achieving permanency for children. First is our monthly out-of-home care reviews with every case management unit, where we review each case (in-home and out-of-home) to determine our progress toward permanency, identify barriers, and determine actions and persons responsible for eliminating the barriers. Second is the monthly call with the CCKids' Chief Executive Officer, the Children's Legal Services Managing Supervisor, and the Guardian ad Litem Circuit 19 Director. Children's Legal Services pulls the list of children by county who have been in out-of-home care between five (5) and eight (8) months. The joint leadership team discusses each child to see, from each of our perspectives, where we are with permanency and how we can arrive at a consensus, if there is disagreement, about a permanency goal. ▪ Monthly Permanency Roundtable Staffings continue to occur with participation from Dependency Case Management, CCKids CEO and COO, the Guardian ad Litem, Children's Legal Services, clinical, Department of Juvenile Justice, and the child's therapist, brainstorming potential permanency solutions. Finally, we continue to meet 100% compliance with timely twelve-month permanency staffings as validated by the weekly report issued by the Department of Children and Families. ▪ Planning for reunification begins with our very first contact with the parents following a shelter. It emphasizes the encouragement of the parents and barrier removal to optimize their success in accomplishing case plan tasks. We provide routine refresher training to our staff as well as the Guardian ad Litem Program regarding assessing conditions for return and focus on behavior change rather than task compliance. ▪ We contract with a community provider for their Refocusing the Modern Family program. This program is designed to facilitate reunification by developing or enhancing safe parenting skills. The program is designed to allow a parent to start the parent education elements while their child is in out-of-home care. Once this portion is successfully completed, the program will report the successful completion to the Dependency Case Manager. In this manner, parents can demonstrate willingness and readiness for change and see early and tangible progress toward case plan completion. Once conditions for return are met, the Refocusing the Modern Family program resumes the curriculum with the parents in alignment with the reunification transition plan. The program serves a dual role of safety service provider, supporting safe and effective reunification through frequent in-home services presence for an average of six (6) weeks following reunification. ▪ CCKids operates a very successful Quality Parenting Initiative (QPI) program, further detailed in this response's Placement section. Through the Quality Parenting Initiative, our foster parents are trained and supported in co-parenting and mentoring the biological parents through frequent contact and supervised visitation. An example of this is a sibling group of seven that were in three different placements. The foster parents all worked together; if one child had a birthday, all the children came to celebrate. If there was a trip to the park, everyone was invited. The caregiver families also had multiple phone calls with the children's family, assuring them that the children were safe and staying in touch. The children in one of the placements were in a special academic program and bloomed in their education - so much so that when it was time to reunify, their mother agreed to let them finish out the school year at the foster parent's home. All the children are now home, stronger, and healthier than ever, largely because the family now has a support system of caregivers. The caregivers were nominated for statewide recognition and recently won as a team CCKids' Topaz Going the Extra Mile (GEM) award. They also were featured in a recent

	taping of Forever Family for television. This TV program leverages the power of local media to raise awareness for the local foster care system and to help find adoptive homes for children. This is just one example of how reunification is embraced within our system. ▪ In Fiscal year 2022-2023, 59% of our children achieving permanency were successfully closed to reunification. Our focus on reunification has contributed significantly to our performance in permanency-related contract outcome measures. As outlined below, CCKids currently enjoys a consistent multi-year ranking as the state's top performer in timely permanency within twelve months and consistently high performance within 12- 24 months. ▪ C15 & C17, ChildNet. In both circuits, the major work completed during this year has been the continued implementation of the Level 1 kinship licensing process and the Guardian Assistance Program. Both Circuits have achieved and maintained over 40% of kinship placements being licensed. (2.2.3) ▪ Circuit 17 has continued to contract for Peer Navigation Support with Children's Home Network. A component of this program is the peer support from a caregiver who has been through the system. Additionally, focus on Family Finders has been added to the services offered by Children's Home Network. Circuit 15 has expanded Family Finding and Kinship Services with Friends of Foster Children during the past year. (2.2.4) ▪ Work continued this year, with SOS Children's Villages and Place of Hope to transition their group home settings to neighborhood foster homes, large family foster homes. The first foster home for four difficult to place young men was opened by One Hope United. (2.3) ▪ Both circuits have grants from the Wendy's Wonderful Kids program to provide additional recruiters assigned to children available for adoption. (2.6) ▪ Oak Street, a pilot program for 4 male youth who are the most difficult to place in the county was continued in Circuit 15. The goal was to improve their life outcomes, such as increased school attendance, decrease in arrests and Baker Acts and increased placement stability. Circuit 17 opened three homes for the most difficult to place youth. One Hope United has opened two homes for boys, one a traditional foster home and one a foster home model. ACTS has opened the ABRYNTH group home for 4 girls as well. Outcomes have been similarly positive to those first seen at Oak Street in Circuit 15. (2.3)
Suncoast	▪ Among the initiatives SCC is working on is addressing our High Needs Youth, housing, staff turnover and a capital campaign for a new youth shelter which will serve double the youth than we are currently serving. ▪ There are 2 workgroups ongoing in C12 in collaboration with the FSA regarding the High Needs Youth and Lockouts– one surrounding prevention and one strategizing solutions for once the youth are in care. ▪ Children's Network looked at the youth who were in unstable placement from April 2023 thru October 2023 to find trends as to why their placements were unstable. Based on the trends, a risk tool was created to identify youth who are at greater risk for placement instability which allows for earlier interventions to be implemented. Additionally, Children's Network has an in-house Behavioral Health team who assists with upfront referrals for youth such as CBHA's. As part of the CBHA, a trauma CANS is also completed. ▪ Children's Network utilizes Family Finding. When a child is placed in licensed care, Family Finding attends the shelter hearing to gather information to initiate Family Finding. The Family Finding team are certified staff who can complete home studies. Family Finding can be requested throughout the life of the case.

	▪ The Quality Management Review team is reviewing cases to address sibling separation. The reviews are provided to the Case Management team and Children's Network Permanency teams to assist in addressing in permanency discussions. Placement discussions, disruptions and sibling separations also fall under the MDT process. Children's Network's Permanency team participates in the initial CTS, facilitates the 4 month staffing, 9 month CLS/CMO staffing and 10 month permanency staffings. The Permanency team is also collocated with the CMO's to provide real time technical assistance around permanency, safety and the well-being. ▪ Children's Network currently has 10 staff participating in the Train the Trainer Core Teen Curriculum. The Curriculum is evidence based and can be used with all youth but focuses primarily on stabilizing teens. The team of identified trainers includes staff from each CMO, licensing agencies and placement. ▪ The Behavioral Health team consists of master's level staff who facilitate Level of Care Staffings, assist with discharge planning, conduct Baker Act staffings for youth with Baker Acts and assist with linkage for services. ▪ The Children's Network has continued to develop and offer alternatives to families to minimize the trauma that children and their families suffer when there is abuse and neglect in the family. We work with the Child Protective Investigators after a call to the hotline has been received and the allegations are being investigated. As the case progresses then the child's safety is assessed. Early staffings determine the options available to keep the child safe. In-home services are evaluated first, then out of home care. Relatives and non-relatives are evaluated next since the children know them. Foster care or therapeutic placements are reviewed. In the past year we have focused on families eligible for Level 1 licensing. This procedure offers monetary support to the family caring for the children and promotes permanency. The Children's Network has pursued grants from the United Way, both in Charlotte County and in Lee and Hendry counties, which help with emergency needs when the children are first placed. This funding is designed to help the new caretakers with unexpected expenses encountered in the first few weeks of the placements. ▪ Fatherhood Engagement Program (FEP) FEP is a comprehensive initiative designed to support, empower, and engage fathers with an open DCF case within the last 6 months in creating strong, and lasting bonds with their children. Fathers are referred to the FEP by the CM. The Fatherhood Engagement Program is available to all fathers with an open dependency case whose children are in out-of-home care, fathers can be referred at any point during their case, however early referral and engagement is encouraged. ▪ Family Mentor Program The Children's Network of Southwest Florida, in partnership with the United Way Volunteer Center, created a Family Mentor Program. Volunteer Mentors connect with parents who are served in child welfare. Mentors provide encouragement to help the family be happy, healthy, and whole. By helping support families when they need it most, mentors help break generational cycles of abuse, neglect, and poverty meeting with families 1 hour per week via phone calls, virtual calls, or in person.. ▪ Strengthening Ties and Empowering Parents (STEPS) teams launched in Pasco and Pinellas counties on November 14, 2022. This program serves youth who are deemed safe by Child Protective Investigators and exhibit risk factors for future abuse or neglect. STEPS serves families for an average of three to nine months and uses a strength-based approach to engage with and empowering families. STEPS uses the Strengthening Families Protective Factors Framework as a foundation to the program, which is a research informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect.

	▪ FSSSC has been working with our contracted preservation partners to implement the Family Assessment Support Teams (FAST) model. This program provides full case management and wrap-around interventions to families that a Child Protective Investigator has deemed to be unsafe, but who have demonstrated a willingness to engage in positive behavior change to prevent their child's removal from the home. ▪ Should children need to enter care, Family Finding is an essential component of a successful system and helps children make lasting connections and find placement outside of licensed care. FSSSC continues to maintain Family Finding and Kinship Support programs. There is an internal team of Family Finders who focus on youth assigned to dependency case management and new entries to care. The internal team is housed alongside the Level I team. DCF has recently hired two family finders to support their CPIs. Licensing staff support caregivers through the process of becoming a level 1 licensed home if they choose to, which provides financial support, guidance, and resources. This arrangement is expected to improve both efficiency and communication. Additionally, Children's Home Network is contracted to provide a robust array of kinship navigation and support services. All teams work in partnership to promote placement stability, working proactively preserve placements by anticipating and managing barriers to continued care. ▪ Placement stability continues to be a challenge due to the shortage of foster home capacity and a high number of youths refusing placements or exhibiting behavior challenges which make long-term permanent placements difficult to find. These conditions result in a high number of short-term placements and replacements. In addition, FSSSC currently partners with ten Child Placing Agencies (CPA) and the faith community to collaboratively target recruitment efforts to ensure the best outcomes for the system. This collaboration prevents "competition" for the same resources and increases the agency's reach. FSSSC acknowledges the need for a wide array of homes to match the needs of our youth. FSSSC has contracted with 4 specialized CPAs to accomplish this. ▪ FSSSC Operations team hold the responsibility of the placement stability staffing's, to align with the requirements of Senate Bill 80 and create more efficiencies in service provision. The focus remains on preventing placement disruptions and diverting immediate disruptions to allow for forty-five days to plan for placement transition. ▪ FSSSC transitioned to P.R.I.D.E. model of practice for foster parent pre-service, in addition to other enhancements to the training cycle to include several placement presentations and a clinician on parenting strategies. In addition, foster caregivers attend Trust Based Relational Intervention (TBRI) training as part of their preservice. FSSSC has hired an in-house TBRI specialist to support caregivers in learning new techniques to respond to behaviors. The in-house TBRI specialist is trained in CORE Teen and provide these techniques to staff, caregivers, and group home partners. ▪ FSSSC began partnering with Family initiative, during Summer of 2022, to enhance stability for children in care. Family Initiative provides training and 1-1 coaching services to equip caregivers to meet the needs of youth with challenging behaviors and special needs. They utilize a blended approach of Trust Based Relational Intervention (TBRI) and Applied Behavior Analysis (ABA). ▪ Faith Youth Services (FYS) has partnered with FSSSC to provide mentorship to the higher need youth to encourage placement stability, increase engagement and services and provide an additional layer of adult support. FYS provides camp like experiences for youth in short term/unstable placements to allow normalcy to our youth. ▪ The number of youths served in group care remains static, but we are embarking on increased family-finding, reunification, and adoption efforts (when applicable) for those youth as well as conducting thorough reviews of those cases. While residential group care is a placement of last resort, we have bolstered support to these programs to improve stability for children in group care. These supports include a CORE

	Teen trainer, support from local Mobile Response Teams, and multi-disciplinary stabilization staffing's to resolve potential placement disruptions whenever possible. ▪ Intensive Permanence Services (IPS) launched in December 2023 and the team works to build strong foundational relationships with youth to help unpack their stories, heal some of their trauma and re-establish connections. Through the IPS model, increased placement stability for youth who participate has been noted, and the hope is to replicate those results, as well as identify long term connections and potential placement options for these youth. The thirty-two-youth identified are residing in residential care, have an extended length of time in care and higher amounts of placement changes. These youth mostly have a goal of APPLA or Adoption without an identified match, and don't have any strong connections outside of the foster care system. ▪ FSSSC is committed to identifying gaps in the placement array to ensure an adequate network for youth in care.
Southern	▪ To ensure permanency and wellbeing of our children and families, the Department and Citrus FSN have developed internal processes to make sure targets are being met. The Department has implemented several best practices for child protective investigators including: ▪ Daily distribution and reviews of management reports showing children that need to be seen. ▪ Reducing time for Child Protective Investigators to make the initial attempt to see the children. ▪ Supervisors review daily attempts to see children not yet located. ▪ Utilization of specialized diligent search reports to locate children and families. ▪ Review of cases in which children were not seen timely to identify barriers. ▪ Children safely maintained in their homes whenever possible and appropriate using prevention services and safety planning. ▪ Those investigations where children are not seen with in the 24 hours, are reviewed, staffed, escalated to ensure that all efforts are being utilized to locate the children and address safety. ▪ Investigations are being closed timely, with only fatality cases and those pending law enforcement investigations or medical examiners reports remaining open to gather the pertinent information. ▪ Citrus FCN is meeting the target on most of the performance expectations, with only two indicators falling short; Citrus is meeting ten of the twelve measures, leading the state in seven of them. Performance measures data and improvement steps are discussed and reviewed monthly during joint meetings, where opportunities for improvement are discussed and implemented. Below is the CBC Scorecard data for this review period. ▪ The two measures where target has not been met are Children Entering Care to a Permanent Home within 12 Months and Sibling Groups Where All Sibling Groups are Placed Together. ▪ For the two measures not meeting the target goals, Citrus FCN Quality Improvement (QI) Department has continued to collaborate with the Full Case Management Agencies and various stakeholders in identifying barriers and finding possible solutions. Specific barriers identified include housing issues, timely completion of home studies, and court delays. Specific methods were identified before. ▪ Citrus FCN will continue to apply QI practices to address the measures and implement the necessary monitoring processes to move towards achieving the target goals. ▪ Citrus FCN has implemented a Licensing unit dedicated to the engagement of prospective Level 1 families whose priority is to support and guide these caregivers through the licensure process and assisting in the retention of said families. The Level 1 licensing specialists also assist

	families with linkage to needed resources and guides them with understanding and navigating the Dependency System. Citrus FCN continues to work diligently to ensure that relative and non-relative families receive the benefits of being Level 1 licensed. Other efforts include: ▪ Weekly Placement Committee Staffing - The placement assessment and the weekly Placement Committee staffing's are processes to identify the best match based on child's strengths and needs and to create a plan of support to help stabilize placements as needed. ▪ Foster Parent Liaisons promote stability and support to our Citrus FCN licensed caregivers. ▪ Family Court Support team helps relatives and non-relatives navigate the dependency court system and in obtaining childcare and cash assistance as needed. ▪ Trust Based Relational Intervention (TBRI)- Citrus FCN has further integrated TBRI to the foster parent pre-service curriculum and TBRI in home support to assist foster families in providing quality parenting to children who have experienced trauma. The TBRI specialists are integral members of the Citrus FCN foster parent support team. ▪ Family Finders Team - Citrus FCN recognizes the importance of family connections and has added to the Family Finders' Team. As of 2022, two Family Finders are assigned one FCMA each, to assist and guide family finding efforts. The team members focused on family finding efforts and assistance now also includes two Permanency Specialists with family finding responsibilities. ▪ The Department also has Family Finders specialists that work to locate non-licensed placements at removal. The Department and Citrus FCN work jointly to compare search systems outcomes and align processes. ▪ Citrus FCN's Family Finders and Monroe Counties assigned permanency specialist host sibling separation staffing for initial separations and sibling visitation planning along with sibling separation via permanency achievement. The Department collaborates in discussing recommendations for connections through visitation at the shelter hearing. ▪ Citrus FCN's Permanency team completes placement stabilization conversations and activities with relative, non-relative, kinship caregivers. The MDT Facilitator or designee attends MDT staffing for youth without goal of adoption and leads discussion on sibling visitation plan compliance and opportunities for sibling reunification. ▪ Visitations with Relative and Fictive Kin for Children with Goal of APPLA- Because children need family connections to continue even when placement is not an option, the family finding team reviews weekly those children in group with the goal of APPLA. The review re-initiates family finding efforts to build supportive connections for youth preparing to transition into young adulthood. These efforts include consulting the youth's child welfare team including mental health providers and weekly meetings with the youth at their placement to discuss search outcomes and options for connections. ▪ The Department and Citrus FCN monitor updates on in home safety plans to comply with the candidacy process, numbers are shared with all to manage timely updates and compliance.
Northeast	▪ Community Partnership for Children implemented a Kinship Care Program to increase kinship caregivers' capacity to provide safe, stable, and nurturing homes for children by addressing the immediate needs of the children, working towards the most permanent legal status for the family, ensuring families receive appropriate and timely benefits, and increasing the quality of parenting kinship caregivers provide. This unit contains a Caregiver Support Supervisor who is responsible for conducting Placement Support Staffings for all relative and non-relative placements to provide necessary support and services to prevent a placement disruption. The Kinship Unit also contains Family Finders who assist with locating family members to increase a youth's family connections and possibly lead to placement and permanency.

	▪ CPC has a level 1 licensing unit to assist relatives and fictive kin through the licensing process. The Licensing Specialists work closely with families to provide supports and resolve any challenges to becoming licensed and receiving GAP benefits. ▪ CPC understands that having quality foster homes that can meet the specialized needs of children in care leads to stability and greater wellbeing measures for children. CPC strives to place children in close proximity to their family and with a caregiver who can meet their needs and aligns with the family's culture. CPC also prioritizes siblings placed together and contracts with Neighbor to Family to provide sibling foster homes. To ensure correct capacity, CPC reviews data to determine areas of need. This information is then shared with our Child Placing Agencies for recruitment and retention purposes. This year's focus has been for homes that can serve teens, children with increased mental health needs, children with developmental disabilities and sibling groups. ▪ While CPC strives to place children in family settings whenever possible, there are instances when placement in residential group care may be needed to help appropriately address significant behavioral or emotional conditions of the children we serve. To meet this need, CPC contracts with six child caring agencies for a total of ten residential group homes. Florida United Methodist Children Home is a large campus that serves at risk children. FUMCH also has some specialized programs on their campus that includes as a cottage for sexually reactive children, a specialized therapeutic group home cottage, and a family foster home. Other contracted agencies that serve at risk children are Choices Program, Unity House, Abundant Life Ministries, Vision Ministries Outreach and Save Haven Academy. ▪ CPC utilizes a Placement Stability Team through Devereux of Florida to assist parents and caregivers with crisis interventions to stabilize placements. The Placement Stability Team is a licensed clinician who provides intensive therapeutic services upon entry into out of home care or to prevent a placement disruption. The therapist provides in home services at a frequency determine by the service plan and is assigned while long term services are implemented. ▪ CPC's Adoption Department has implemented a detailed tracking mechanism that details all children who are freed for adoption in order to ensure that the steps required to reach permanency are completed in a timely manner. Goal changes, milestones toward termination of parental rights, and adoptive approvals are monitored to ensure adoption activities are completed made in an expeditious manner to support children and families and achieve adoption finalization. ▪ Family Support Services of North Florida (FSSNF) makes certain that all children placed in an out-of-home placement setting are appropriately assessed to ensure that their individualized needs are met, and the identified caregiver has the tools to adequately care for them long-term. Multi-disciplinary team staffings (MDTs) are conducted to complete the Comprehensive Placement Assessment to determine the appropriate level of care for each child entering licensed care. If a child has a mental health diagnosis, multiple placement disruptions, or exhibits high-risk behaviors (i.e. frequent elopement, human trafficking, DJJ involvement, etc.) then a Behavioral Health Care Coordinator is dually assigned to determine whether a higher level of care—including recommendation for a therapeutic foster home or suitability assessment—might better support the child's mental and behavioral health needs. With the introduction of Senate Bill 80, MDTs are now also occurring prior to every planned placement change and within 72 hours of an emergency placement change. ▪ Our placement team has implemented new processes to ensure these MDTs are requested and scheduled for every placement transition. Our Placement Specialists also notify the child's multi-disciplinary team when a transition may result in a change in school or early education for a child so the appropriate parties can discuss this change before the child transitions.

	▪ FSSNF utilizes Binti for our recruitment, licensing, and placement services for children in licensed care. Binti software can provide caregivers with access to complete and sign forms electronically, which will streamline our licensing process. The matching functionality of Binti ensures that we are placing children close to their school of origin when applicable and that their needs align with the caregiver's preference and licensed capacity. ▪ While recognizing the importance of maintaining family connections and increasing Kinship placements for the children in our care, FSSNF created a Family Finding Specialist position during the Fiscal Year 2020-2021. The Family Finding Specialist partners with the Department of Children and Families and the assigned Child Protective Investigator to search for relative and fictive kin caregivers that may be a placement option for all children and sibling groups that are being removed from their parents' custody. The Intake Specialist on our placement team now notifies the Family Finding Specialist of any new removals to ensure family finding efforts are made for every new case. ▪ FSSNF has also expanded our placement and behavioral health services by adding a fourth Behavioral Health Care Coordinator position and a fifth Placement Specialist position to those departments. These additions are intended to balance the workload of incoming placement and behavioral health requests, improve efficiency, and enhance the level of support offered to our high-risk children and their caregivers. ▪ FSSNF has developed an umbrella of specialized services to offer support to foster family caregivers of our highest-risk population of children and to stabilize these placements. These services include specialized recruitment of teen homes, the Acute Intervention Team, Teen Enrichment programs, The Family Resource Advocate position continues to provide support to all first-time foster parents in addition to longstanding foster parents in need of assistance or guidance. This position has expanded its focus to collecting resources for teen stability and development, including daytime enrichment programs, camps, career-building opportunities, etc. For several years, FSSNF has contracted with Children's Home Society to utilize the Acute Intervention Team for crisis stabilization in foster homes. This service is provided by licensed clinicians during peak times (3:00PM to 3:00AM) Monday through Friday and during the hours of 12:00PM to 3:00AM on Saturday and Sunday. These clinicians have a one-hour response time and can provide trauma counseling, psychiatric services, and targeted case management, as needed. This service has assisted with placement transitions for high-risk youth, has reduced the frequency of Baker Acts for many children in licensed care, and has improved placement stability for some children. ▪ Our teen enrichment programs run throughout the year for youth ages 13-17 to teach life skills, improve child well-being, and provide a positive outlet for youth in our system of care. These programs include different creative activities ranging from yoga, camping, a city-wide scavenger hunt, running a 5k, community volunteering, and an art camp where youth have the opportunity to express themselves artistically during a scheduled performance. ▪ CORE training has been implemented as an additional resource for teen foster parents. CORE is a trauma-informed parenting program based on the neuroscience and work of Dr. Bruce Perry. The training is a combination of classroom instruction and videos. The 21-hour training provides foster parents with the knowledge, skills and assets they need to effectively manage the behavioral challenges that foster youth exhibits. This increases the likelihood that families will welcome these children into their homes, encourages placement stability, and promotes permanency, thereby enhancing the youth's well-being. Multiple homes have been trained in CORE and many more are pre-registered for the upcoming training cycles. ▪ Trust Based Relational Intervention (TBRI) has also been implemented as a resource for both foster parents and FSSNF staff. TBRI is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. Twenty-three staff

	members from various Departments at FSSNF (Placement, Licensing, Training, Youth Well-being, Adoptions, and Behavioral Health Services) were identified to participate in TBRI Training and coaching to enhance the interactions with our caregivers and youth in our care. FSSNF has also expanded TBRI training to caregivers who are caring for traumatized children that are placed in their home through the dependency process. pre-registration process. FSSNF is working to expand training capacity to accommodate more families concurrently. ▪ Family Support Services of North Florida has been working on an initiative to create a kin-first culture and increase the number of children placed in relative/nonrelative care since 2019. A new initiative was created, Road to 75, to increase initial kinship placements to 75% and overall kinship placements to 65%. In addition, our Kinship Specialists work on providing initial support and services to all children initially placed in a Kinship home through the Level 1 licensing process and completion of the Caregiver Support Benefit Questionnaire. ▪ FSSNF completes an analysis at the end of the fiscal year evaluating the total number of foster homes available and the number by age preference, gender preference, and special consideration preference (CSEC, Special Needs, Medical, teens, etc.) as well as how many homes are in our high-removal zip codes. This data is then compared to our child population to assess needs for recruitment. ▪ The information is then used to create a recruitment plan for community events, social media outreach, TV/radio/media outreach, and specialized campaigns for high-risk populations. ▪ This information is also conveyed to our Recruiter so that we may alert prospective homes of the current needs. FSSNF has a Recruitment and Retention Specialist that attends monthly Foster and Adoptive Parent Association meetings and works to recruit quality homes for targeted populations such as human trafficking victims, large sibling groups, special needs children and medical homes. We are also gearing up for another Foster Parent Referral Program which tends to bring in quality applicants that have a realistic outlook on fostering. ▪ FSSNF partners with community agencies and external stakeholders to provide specialized services to both foster family caregivers and foster children in our system of care. FSSNF offers tri-annual foster parent trainings for licensed foster parents, kinship caregivers, and extended foster care providers to ensure they are receiving legislative updates, training, and the needed supports and services to improve child well-being. The training curriculum focuses on trauma informed care and quality parenting standards. FSSNF works in partnership with its Case Management Organizations (CMOs), Guardian ad Litem, Children's Legal Services and family foster parents to address any concerns related to the child or the foster home. If the foster home receives an abuse report, it is evaluated by a Foster Care Review Committee which includes DCF and the foster family in order to develop a support and services plan to address deficiencies. ▪ Licensing Counselors complete quarterly home visits to monitor and ensure quality parenting standards. In addition, FSSNF monitors new legislation and shares legislative updates with our partner agencies that conduct our investigations to see if they have any feedback and ensure they are informed on any process or statute changes. We also review all homes that are on personal holds or holds imposed by a foster care referral or abuse reports every other week to ensure we are monitoring the status of investigations and looking at timeframes to ensure they are being met. ▪ Family Integrity Program provides supervision and placement for children twenty-four hours a day, seven days a week, including holidays. The placement department has a licensing/placement worker on-call 24/7. In the event CPI staff are unable to reach the on-call placement staff person, CPI PA possesses the mobile phone numbers of both the FIP Program Manager and CEO for addressing any concerns or issues. Following a review of children entering care within the County in FY 22, staff identified that these children had significant needs beyond the scope of what our traditional foster parents were capable or trained to address. Consequently, FIP entered into a contract with the National

	Youth Advocate Program (NYAP) to recruit, train, and license foster homes specifically equipped to care for children with complex needs or those dually served. This enhanced foster home program aims to provide comprehensive supports and collaborate closely with FIP Licensing and Placement staff, as well as case management. Its primary goal is to maintain youth with challenging behaviors, large sibling groups, human trafficking experiences, or pregnant/maternal youth within the community. ▪ Kids First of Florida recruited and retained foster homes utilizing the QPI standards in recruitment. Permanency staffing's were held every 3 months until permanency was achieved. Multi-Disciplinary Team meetings were held for children who were newly placed, or changed placement, in out-of-home care. KFF ensured relative and non-relative caregivers were licensed as Level I foster homes, when appropriate. To assist relative and non-relative caregivers, the KFF Kinship Navigator Coordinator provided support and assisted caregivers by providing information and referrals services. Stabilization meetings were held for children who are beginning to exhibit behavioral issues. ▪ Aligned with the Adoption and Safe Families Act of 1997 goal of establishing permanency for children permanently committed to the Department, Partnership for Strong Families has provided adoption services since the transition to community-based care in 2004. When a child cannot be raised by birth parents, permanency is best promoted by an adoptive union with a nurturing permanent adoptive family. PSF adoption services operate with the goal of securing this union by facilitating the adoption of children with special needs and equipping families to serve as secure placements for children with such needs. Since inception, PSF has succeeded in this task and is positioned to continue this course of efficient transitions for children from termination of parental rights to adoption, both for children in identified placements that wish to adopt and those for whom additional attention is required in order to search for relatives, build connections, or recruit for prospective match families on their road to adoption. ▪ PSF's dedicated Post-Adoption Support Specialist supports adoptive families by providing essential services from pre- to post-finalization and addressing any post-adoption service needs that may arise. A significant aspect of post-adoption services is therapeutic support and aiding children and families dealing with issues related to grief, trauma, identity, and attachment. ▪ The Adoption Success Program is a valuable resource, offering education and support through certified adoption counselors to address the social, emotional, and cultural challenges involved in adoption. Other services include psychological evaluations, behavior analyst services, and assistance with medical or educational needs not covered by Medicaid. Adoption Case Managers introduce families to the Post-Adoption Support Specialist before finalization to ensure a seamless transition of needed services. ▪ The second key purpose of the Post-Adoption Support Specialist is to assist CPIs and decision-makers in understanding adoptive families when protective investigations arise. The specialist conducts research, connects with assigned investigators, and assesses risk factors to provide essential information for informed decision-making. Additionally, the specialist monitors post-adoption investigations and adoption dissolutions, contributing to the program's continual improvement by identifying trends and addressing potential areas of need. This comprehensive approach ensures on-going support for adoptive families, promotes informed decision-making in child protection investigations, and enhances the program's ability to adapt and improve over time. ▪ A full continuum of out-of-home licensed placements to include Level I-V licensed foster placements, and child caring agencies and associated successful recruitment and retention strategies and corresponding data. Vendors are to project how many homes are needed based on trends, and what the Vendor will do to adequately recruit for this need. This should include a cadence for re-evaluation

	▪ PSF is committed to developing and managing a placement array to serve children in out-of-home care. PSF's Licensing Department manages licensing for all levels of foster care and the required re-licensing activities to maintain foster homes. Foster parents play a vital role in improving outcomes for children who enter the child welfare system. PSF recognizes that, given the support of a strong family unit, children can maintain a sense of normalcy during their time in out-of-home care. ▪ PSF refers to its licensed caregivers as Partner Families, emphasizing their partnering role in the system of care. Partner Families are encouraged to work with birth parents to achieve reunification and by parenting children through to permanency when reunification is not possible. ▪ Kinship families are licensed as child-specific foster homes to serve the specific children placed in their care. PSF works with CPIs and case management partners to identify and assist kinship families in becoming licensed as Level I foster homes. PSF has consistently met the target of having 40% of kinship placements licensed during the last year. PSF has a unit designated to complete initial licensing for kinship families and a Caregiver Support unit that assists Level I homes with navigating the child welfare system and in meeting their needs. The Caregiver Support unit also completes all annual re-licensing activities for families to remain licensed when they continue to have open placements. ▪ The Licensing team implemented a revised foster/adoptive parent pre-service training schedule in 2023 to increase the availability and frequency of training. This has proven an effective strategy in that it has reduced the time candidates wait to begin pre-service training. This has increased the team's ability to license more new homes more quickly. PSF saw an increase of 45% in the number of families that attended foster parent pre-service training over the prior fiscal year. PSF is using the National Training and Development Curriculum (NTDC) pre-service training to prepare prospective foster and adoptive families as of January 2024. ▪ PSF licenses homes for Level II and Enhanced Level II, and licenses Level V homes in cooperation with Children's Medical Services, an organization that provides medical foster care locally. Level IV homes are licensed by Camelot Community Services. PSF also works with local licensing agencies including One More Child and Finally Home to access an increased array of local foster homes for placement. ▪ For PSF's Level II and Level V homes, the Licensing team receives interested families from the Recruitment team when they are enrolled in or have completed pre-service training. The homes are assigned to Licensing Specialists who work with the families to ensure they meet licensing requirements. Each specialist completes a home study, background screening, and required documentation for the licensing process. PSF uses the Attestation Model for licensing, which was adopted by the Department in 2011 and focuses on communication, side-by-side reviews, accuracy, and efficiency. ▪ Once a family is licensed, they are assigned to a Caregiver Support Specialist. PSF recognizes that retention of licensed caregivers is vital to having a sufficient placement array to meet children's needs. One of the most effective recruitment tools is word of mouth recruitment by existing caregivers. It is critical that PSF supports caregivers, so their experience is positive, and they share their excitement with others in the community. Improving caregiver support was the motivation to re-design the structure of the Licensing team. PSF added two units to the Licensing team to enhance caregiver support. These Caregiver Support Specialists work alongside licensed providers to ensure their needs are met. They assist with accessing records, providing support in staffings and court participation, as well as completing annual re-licensing requirements. Caregiver Support Specialist responsibilities include: ▪ Yearly re-licensure of homes, ▪ Ensuring all documentation and requirements are met pursuant to the Florida Administrative Code and Florida Statutes,

	▪ Quarterly home visits and monthly telephone contact, ▪ Immediate support to assigned Partner Families, ▪ Completed daycare referrals, mileage reimbursements, restitution forms, and community resource requests, and ▪ Assistance with identified needs through the Care Portal. ▪ Using the Foster Home Estimator Tool from Casey Family Programs, PSF has determined it needs to see an increase in the overall number of foster homes of 100 new homes. PSF examines its capacity at least monthly, tracking the number of licensed homes and beds as well as those homes that close. Licensing, Placement, and Recruitment teams meet quarterly to review capacity and the current placement-need population to inform recruitment activities. PSF has developed a Priority of Efforts (POE) that includes increasing placement array. The strategy around increasing placement array includes activities by the Recruitment and Licensing teams as described previously. PSF holds quarterly performance review meetings where data points from the POE are reviewed for progress and strategy can be modified when necessary to achieve the desired results. ▪ Foster parents play a vital role in improving outcomes for children who enter the child welfare system. PSF recognizes that, given the support of a strong family unit, children can maintain a sense of normalcy throughout their time in out-of-home care. At PSF, licensed caregivers are called Partner Families, emphasizing their partnering role in the system of care. PSF recognized several years ago that foster parenting sometimes had a negative connotation in the community. PSF began efforts to rebrand foster care in 2010 while simultaneously elevating the licensed caregiver role. ▪ Partner Families are an integral part of the system and should not be seen as acting in a silo or being the parents' adversary. Rather, they are the bridge for the child between the birth family and the system. They speak positively of the child's parents and embrace their role as system partners by working directly with birth families to help achieve reunification, if possible, and by parenting children through to permanency when it is not. They ensure the child does not need to pick sides, as they often take on a mentoring and encouraging role with the birth family, supervising visits, and informing them of what is going on in the child's daily life. ▪ PSF provides support and supervision for foster care through the Caregiver Support team. PSF recognizes the critical role foster families play in the system of care, and the Caregiver Support team is specifically designed to provide supervision and support to caregivers to help them navigate the complexities of the child welfare system. The team also conducts home visits and works with families to accomplish re-licensing. ▪ The Placement team comprises five Placement Specialists and a Placement Director. The Placement Specialists work with CPIs, case management, the PSF Clinical team, and community partners to ensure children are placed in the most appropriate setting. PSF prioritizes maintaining siblings together and keeping children in the least restrictive placement setting. The Placement team works collaboratively with the CMAs to ensure prospective relatives and non-relative placements are explored as the first placement options. The Placement Specialists assist with kinship searches when initial placement requests are made so that children can be in familiar and natural environments whenever possible and safe. Placement with kin allows children to maintain their cultural identities and connections to their heritage, which is often a major loss for children placed in out of home care. PFS's system of care recognizes that siblings often share strong bonds and places emphasis on ensuring that each child can be placed with their siblings when possible. When relative or non-relative placement options are not available, the Placement team utilizes partner family homes that are licensed Level II-Level V providers in accordance with Florida Statute 409.175 and Florida Administrative Code 65C-45.

	▪ PSF values the importance of the matching process when identifying placements for children in out-of-home care. The matching process aims to find the best possible fit between the child and the foster parents, considering the child's unique circumstances and the foster parent's abilities and resources. The goal is to provide a stable and nurturing environment for the child in foster care. PSF offers training to include trauma-informed care and TBRI training for foster parents who wish to be enhanced to take placement of children identified as having complex behavioral needs. PSF has scheduled CORE Teen training in 2024 to increase the opportunity for foster parents to become Enhanced Rate Licensed. Currently 33% of PSF's Level II homes have an enhanced rate licensed designation. ▪ Placement stability meetings are important components of the Placement team's responsibilities. The placement stability meetings bring together stakeholders involved in the child's care, including the child's foster parents, caseworker, therapist, educator, and other professionals. A placement stability staffing is held for each child identified at risk of disrupting his or her placement, with a focus on addressing presenting and potential issues that arise promptly to minimize disruptions and provide a consistent and nurturing environment. ▪ The Placement team also facilitates a weekly call with internal and external stakeholders to review children with placement needs and discuss their specific needs, potential placement options, and needed services. The call offers the opportunity to share information, to plan for the child's needs, and to collaborate for the best possible placement matches for the child. PSF recognizes when placements disrupt or change, it can be traumatic and unsettling for children.
Central	▪ C10 and HFC offer multiple services and resources to our families and children for improved permanency, stability, and family connections. They conduct SB80 MDT staffings. Circuit 10 has the highest percentage of Level 1 licensed homes in the region and one of the highest in the state. Also, families are identified at removal and assigned a peer kinship navigator through Heartland for Children upon case transfer. ▪ Right outside of the city of Bartow is the Heartland Youth Village. The Heartland Youth Village has one enhanced foster home, a Welcome and Respite Center, an at-risk girls group home, an administration building for service provider(s), and a building that is targeted to become a girl's Behavioral QRTP in the near future and another home that will become a small at-risk girl's group home providing an enhanced level of service. They have also expanded the Transition Age Youth Services (TAYS) program to include a TAYS Housing Specialist that works with case management to find homes for youth turning 18 in the next 30-60 days, and youth in Extended Foster Care or PESS. Additionally, the TAYS program has two (2) peer mentors who are young adults that have lived experience in the foster care system. ▪ HFC also has developed a Family Finder position that conducts family searches, mobility mapping and reaches out to the relatives/non-relatives to facilitate connections. The Family Finder position serves the system as a whole. The FFT Foster Care model (FFT-FC) has also been launched in Circuit 10 and is utilized as an enhanced step-down support for children exiting to lower levels of care. TBRI and FFT-FC have been initiated in foster parent pre-service training classes specifically to assist with step downs into traditional homes. They have also embedded TBRI in the local At-Risk Group Homes. In 2023, HFC rolled out a Hub Home program in which every foster home was geographically mapped and grouped with other foster homes in their vicinity to create "hubs" that include 3-5 families. ▪ The Hub model stresses communication and coordination to support each family. Each hub has a leader that is responsible for bringing their group of families together and supporting each other through their joined fostering experience. There are also three (3) Hub Home Coordinators that ensure the hub leaders are scheduling and holding these hub gatherings, and that the hub leaders feel supported in their role.

	▪ Lastly, HFC has developed an agreement with the local Specialized Therapeutic Foster care provider where HFC helps with the recruitment of potential Specialized Therapeutic foster homes and HFC completes all of the licensing process and supports these homes ongoing. The Specialized Therapeutic Foster Care Provider provides the clinical training and clinical overlay services to the homes. This relationship allows for added support to these families and provides an enhancement to the placement service array in Circuit 10. ▪ New FFPSA levels of placement array were added to the BFP continuum of service delivery, this includes At Risk Group homes (The Haven, Friends of Children and Del B Angel's) an Emergency Shelter and Community Respite Provider (Crosswinds) and a Qualified Residential Treatment Program (QRTP Devereux). Placement decisions and use of crisis intervention services by the Out of Home Care (OOHC) Specialists are tracked and monitored by the Senior Director of OOHC and Behavioral Health daily to ensure that appropriate services are in place. BFP expanded the Kinship Team to serve Level 1 families and Kinship Care Navigator Positions were added to support family stabilization of relative/non-relative placements. ▪ The Kinship Support Intervention Model was implemented Kinship Intervention Model data collection includes family outcome measures. Several specialized positions were embedded into BFP's dependency case management agency. This includes Kinship Care Navigators, Behavioral Health Specialists, Family Finders, Wraparound Teams, Independent Living Unit, an Interstate Compact for the Placement of Children (ICPC) and Out of County Supervision (OCS) unit in addition to Quality Assurance Specialists. ▪ In 2023, BFP began providing Out of Home Caregiver training utilizing the National Training and Development curriculum. o focus on sibling connections and co-parenting with birth parents. BFP also invested in Trust-Based Relational Intervention (TBRI) training and has two TBRI practitioners who are implementing TBRI practices with foster parents to better meet the needs of children in care. ▪ BFP added an Intensive Family Preservation model that provides pre and post reunification support services. Three new At-Risk Group homes have recently been licensed in Brevard County.
Goal 3: Families have enhanced capacity to provide for their children's needs and children receive adequate services to meet their physical and mental needs through new collaborative strategies and new financing. Please note this goal has two sets of Strategic Initiatives and both must be completed. *Summarize progress to implement Strategic Initiative 3, Objectives 3.1 through 3.5. Include activities currently underway or planned to be implemented during the current year.* *Summarize progress to implement Strategic Initiative 4, Objectives 4.1 through 4.5. Include activities currently underway or planned to be implemented during the current year.* *Summarize progress to implement Strategic Initiative 3, Objectives 3.1 through 3.5. Include activities currently underway or planned to be implemented during the current year.*	
Region	**Summary of Activities**
Northwest	▪ NWFHN Eligibility Staff have worked diligently to ensure all path forward initiatives have been implemented effectively. Revenue Maximization staff complete Title IV-E applications and Redeterminations in a timely manner to ensure proper claiming. The Rev Max Supervisor or designee approves all IV-E submissions for accurate eligibility determinations and supporting documentation. The Eligibility team diligently works to correct errors identified through weekly reports provided by the Office of Child Welfare. NWFHN Vouchering Team

	enters placements in FSFN to ensure placements and rates are accurately and timely documented. These efforts will reduce errors in eligibility determinations prior to IV-E completion and after. NWFHN Licensing staff are diligently tracking foster parent background screenings. The Eligibility Unit in conjunction with the Quality Assurance Team will complete the annual IV-E audit and will monitor results and implement strategies to address errors. On-going monitoring is completed using FSFN reports. All eligibility work is completed in FSFN and supporting documentation is uploaded. ▪ Implementation progress is monitored through reporting of participation in the programs and data received through OCW reports. These new programs are tracked by staff responsible for eligibility for the programs. The agency has assigned the processing of Guardianship Assistance Program eligibility to a Specialist. This is streamlining the process for reviewing eligibility and ensuring consistency. The Revenue Maximization team collaborates with system and agency partners to provide on-going training and technical assistance to staff responsible for administering Extended Maintenance Adoption Subsidy, and Extended Foster Care. ▪ Safety Management Services, Treatment and Child Well-Being: NWFHN is currently using several evidence-based services which assist in establishing a cost per family and help determine the level of success of these services for our population. NWFHN has responsibility for child protection and behavioral health services for our service area. Currently these programs use a blended or braided financial structure to provide assessments, prevention, and family support services which enables the child welfare budget to cover those not eligible for behavioral health funding. This practice will continue as evidence-based services are contracted to meet the service needs of child welfare families. During Fiscal Year 2020- 2021 NWFHN established a requirement for treatment service providers to bill Medicaid for Medicaid eligible services. Providers were provided technical assistance to become Medicaid providers. This practice will continue giving NWFHN the ability to serve more families with our limited resources. ▪ Kinship Navigator Services: NWFHN currently have Kinship Navigators within our Level 1 Licensing Units. The Navigators assess the family's strengths and needs to support the family in the early stages of placement. The Kinship Navigator Team partners with community agencies, such as CarePortal, to assist families with tangible needs early in the placement. These resources help to ensure families can meet the child's needs and maintain the placement of the child until financial resources are available. NWFHN also has a toll-free number where Kinship families can be provided information on community resources. The Kinship Program now has NWF Connects that families in the community can use to access services within their communities. The NWFHN website provides information on community agencies, resources, training, and support. ▪ NWFHN Projects and Attestation Team leads Agency Accreditation efforts. Manages Agency Strategic Plan & Initiatives. Compiles Agency Operational Plans. Manages Agency Operating Policies. Coordinates Agency Responses to State Initiatives. Manages Agency-Level Projects. Manages NWFHN's Six Sigma Initiative. Leads NWFHN Licensing Attestation Program. The team includes one [1] Supervisor & six [6] Licensing Attestation Specialists. The Team completes foster home licensing compliance reviews to assure safe homes for children in care and provides the Agency's attestation to the Department of Children & Families that NWFHN foster homes meet requirements for caring for children in out-of-home care. When Foster and Kinship Caregivers are recruited to provide homes for children in out-of-home care, they are eligible for licensing as NWFHN foster homes. This licensure provides Caregivers with significant support and benefits while caring for children. Foster Family Support Specialists and Kinship Specialists prepare a Licensing Packet of information for each home to demonstrate that the family can meet Florida's requirements for caring for children in care. Licensing Attestation is the process that assures that this documentation

	meets the requirements of Florida Statutes and Florida Administrative Code for licensure and re-licensure of the Foster or Kinship home. Licensing Attestation is a quality assurance and certification process that helps assure quality care for children in out-of-home care. They also Provides feedback and guidance to NWFHN's Foster Family Support and Kinship Program staff and subcontracted provider staffs to help them license homes for children in out-of-home care. ▪ The Agency participates in monthly financial viability plan meetings with DCF leadership. Financial Viability Plan is a partnership between DCF leadership (including Children's Legal Services and Protective Investigations) to monitor drivers that impact CBC costs. Costs are centered primarily around out of home care. To that end, prevention and in-home services are monitored as well as the different levels of licensed care and the amount of time children spend in out of home care. ▪ Early Childhood Court (ECC) programs are initiatives dedicated to safeguarding the well-being of children aged 0-3 years, a pivotal developmental stage in a child's life. These programs operate within each of the Region's circuits, adopting a multidisciplinary approach to address the complex needs of vulnerable children and families. Led by judicial oversight and facilitated by a diverse team of professionals representing the spectrum of agencies involved, ECCs prioritize early intervention and evidence-based practices to mitigate risks such as substance abuse and domestic violence. Regular and ongoing stakeholder engagements and monthly team meetings ensure coordinated efforts and adherence to established protocols. Recent legislative support underscores a commitment to enhancing ECC program quality, accountability, and sustainability, reflecting a collective dedication to promoting the welfare of our community's youngest members. As a result, funding has been allocated to support comprehensive evaluations and programmatic monitoring, including a court-funded Community Coordinator and a Statewide ECC Training Specialist.
Southeast	▪ All circuits have robust Substance Abuse/Mental Health/Child Welfare integration Efforts as well as recurring Joint Operational Meetings (DCF, CBC, CLS, Service Provider Leadership) to review effectiveness of circuit operations. In these forums, the teams regularly review local service array, monitor utilization, and identify service gaps throughout the system of care. These meetings enhance partnerships and foster collaboration between the system counterparts. Further, as noted previously, DCF has strong partnerships with local DV service providers and accommodate co-location of advocates in all circuits whose main job is to provide consultation to the CPI team and support clients in linkage to services. ▪ C19 Communities Connected for Kids. CCKids participates in monthly C19 Leadership meeting where CLS, GAL, DCF and CBC leadership meets to address any issues seen as barriers to permanency. ▪ The Early Childhood Court Program began operations in Okeechobee County only in 2022. Since its inception, the program has supported reunification for nineteen (19) families. The data tracking includes the number of days from removal to reunification. While the program is too new to confirm the impact on permanency outcomes, we expect a long-term outcome of reduced time to permanency and reduced recidivism for those families successfully completing the program. ▪ The SER partners with the OCW and community-based care lead agencies to ensure all Revenue Maximization (RevMax) staff were trained on the impact of Title IV-E requirements and claiming processes. Our CBCs are utilizing the FSFN placement and service categories to ensure appropriate maximum billing for Title IVE. Reports from headquarters are shared with the CBCs to ensure that they can rectify any errors to maximize IVE dollars.

	▪ Department staff and CBC representatives are participating in statewide FFPSA Family Foster Home Subcommittee, which is focusing on enhanced level foster homes. Input was gathered regarding training that will enhance foster parent's skills to increase success for more difficult to place children. Additionally, this workgroup is assessing the tiered foster home board payment structure to standardize enhanced payments. ▪ C19 Communities Connected for Kids. Communities Connected for Kids, Inc. partnered with DCF and OCW to ensure all Revenue Maximization (RevMax) staff were trained on the impact of Title IV-E requirements, claiming processes, etc. Title IV-E has been discussed with our direct partners (CLS, Licensing, PI's) to ensure the appropriate documentation is available in FSFN for accurate eligibility determination. Furthermore, the CCKids Director of Finance continues to develop ongoing trainings with community partners regarding IV-E requirements. The RevMax Supervisor monitors the Title IV-E penetration rate on a weekly basis and takes a proactive approach by using FSFN BOE Reports for notification of upcoming cases due for redetermination. Also, in efforts to maximize IV-E claiming, the RevMax supervisor reviews each ineligible Title IV-E case to ensure the ineligible determination is correct. ▪ FSFN placement and service categories were implemented late 2019 to ensure consistency across the state for EFC, EMAS and GAP programs. The streamlined categorization ensures Title IV-E eligible payments are reported in accordance with federal regulations, if eligible, according to the youth's FSFN eligibility module. The CCKids Finance team works closely with various departments to enter FSFN services for those clients deemed to be program eligible by the program specialist. Finance monitors payments for all clients to ensure they meet Federal and State guidelines for allowable expenses. ▪ CCKids accounting structure was updated in 2020 to reflect expenses mapped directly to individual OCA's. This new accounting structure ensures the appropriate audit trail is maintained and matches the electronic client file in FSFN. Furthermore, for one time funding streams such as Division X/Chafee funds, CCKids uses the Chart 8 and OCW Guidance documents to disburse funds to eligible populations. ▪ As a result of our historic successes in prevention and permanency, CCKids was unsuccessful in obtaining additional funding from the 2022 legislative appropriation that would allow additional capacity building. Chief among our current strategies is the partnering and leveraging of community and Medicaid -funded services to collaboratively fund programs designed to engage and support families at risk of or engaged in child welfare. ▪ C15 & C17, ChildNet. Interdepartmental work continues to ensure all needed documentation for eligibility for EFC, EMAS, EGAP and Candidacy continues. Additionally, during the last year, ChildNet launched DocBox, which uses artificial intelligence bots to improve the efficiency and ease with which staff may upload documents into FSFN to improve eligibility determination (3.2.2) ▪ Daily safety planning expiration email in place to notify staff of expired or expiring safety plans to ensure that over 95% of in-home children meet the candidacy definition. (3.2.2)
Suncoast	▪ SCC is the pilot for the state and has collaborated with DCF and Evidence Based Solutions and USF on the train the trainer and on-going training for the Motivational Interviewing (MI) model for Title IV-E claiming. ▪ SCC is also developing the Plan of Safe Care which is being added to the list for evidence-based provision of services. ▪ The project is Safe Children Coalition's (SCC) replacement of the only CINS/FINS (Children in Need of Services/Families In Need of Services) youth shelter facility in Sarasota to house troubled youth ages 10-17 from Sarasota and Desoto counties. SCC has operated the shelter since

	1991, with a primary goal of reuniting community teens with their families and preventing them from entering foster care or other deeper end services. The original facility where services were provided was built in 1959. SCC needed to vacate the facility in March 2023 and the current temporary facility is inadequate to meet the individual needs of children (reducing our capacity from 20 to 12 beds). We are the only community shelter serving teens in Sarasota and Desoto counties. ▪ CNHC utilizes a grant writer to explore additional funding opportunities and expand the service array for our youth and families. Grant opportunities CNHC is exploring include funding for tutoring services, expanding services to achieve permanency and upon achieving permanency, providing support to those families. CNHC partners with volunteer programs and churches as well to provide meals and help with laundry needs. and other tangible assistance to foster parents. Specialized events and activities are provided through the Lightning Hockey team and the Rays Baseball team. CNHC engages private agencies and donors on event sponsorships for youth in care and for individual children's needs. ▪ CNHC has also enlisted support to the faith-based community to support foster parents, relatives and non-relatives through meals and other tangible support. ▪ Events supported by the community include activities for youth at the group home during the summer, Christmas Angels and back to school supply drives. ▪ CNHC's first Annual Gala will raise funds to support prevention and diversion activities for the SOC. ▪ A. the Children's Network has relied on guidance from DCF on how to convert our practice. We are tracking the Federal list of approved programs and will be sensitive to them as we renew contracts for our providers. ▪ B. We are part of a collaborative with Healthy Start, Healthy Families and the local hospital to provide coordinated services to young children and expectant mothers. The memorandum of agreement is still under construction, but we expect it to be signed soon. ▪ C. We work with DCF and the workforce council to get services to clients. We have a local program with the United Way to recruit and train mentors to work with families as they complete case plans and get ready to leave the child welfare system. ▪ Locally we have been involved with domestic violence agencies and have facilitated their ability to work with clients affected by this issue. ▪ Circuit 6 continues to identify creative methods for taking some of the burden from case managers of ensuring children are seen at the frequency necessary to assess child safety and risk. In the last year, multiple positions were onboarded and implemented to include Court Liaison positions to support case managers during court hearings and ensure court documents are submitted timely and improve relationships with judiciary. During quarterly meetings, the judiciary has expressed positive feedback regarding these positions and the partnership they have brought. Efforts to combat high case management turnover have also been made by increasing the case manager's annual salary, continuing managing vacancy reports and tracking case manager turnover and reasoning for departure. Due to these efforts the turnover rate has dropped from 50.6% to 43.4% in the last twelve months. Case management capacity is also up from 90% to 95% of the total positions filled for our case management agencies. ▪ SCC collaborates with and provides funding for the Circuit ECC. Due to the lower number of removals in Circuit 12, ECC has not expanded over the past year. SCC also has been collaborating with Parents for Parents (NAMI) to provide peer parenting support to Circuit 12 (primarily Manatee and plan to grow into Sarasota County). SCC collaborates with the GAL to discuss and strategize issues with cases, trainings, involvement during court improvement meetings. They are also invited to participate in various workgroups including but not

	limited to the High Needs Youth, Reunification Day, Adoption Day. Dually served youth: SCC is collaborating with C12 community and led by FSA in forming 2 workgroups to discuss the cross-over youth and high-end kids – from both a prevention standpoint to keep out of care and what to do with them after they come into care. Sarasota started a cross over youth docket and Manatee may be doing the same. ▪ CNHC has an internal Utilization Management team who attends CTS and issues referrals for proposed services within 7 days directly to the parent and to the provider whenever possible. UM also work with the community to develop providers and ensure consistency among the partnership while being good stewards of the funds allocated. Contracts credentials providers. For clinical providers, the Behavioral Health team validates provider credentials and provides an approval to Contracts to include in the approved provider rotation. Providers are essentially "paneled" similarly to if they were being considered as providers for an insurance company. ▪ IFST has Behavior Health Services collocated with them at their service center and can provide immediate services and support. Peer Recovery services are also provided with IFST. Permanency specialists from the lead agency participate in the initial CTS staffing to support and provide technical assistance to front line staff with engagement and planning. Services are individualized and providers are engaged identifying if a service is the most appropriate for the family. For example, if a parent needs to complete a parenting class, that can be done in home 1:1 with the FRT program. The parenting class is intensive, specific to the family needs and dynamics. ▪ CNHC staff sit on the Board of the Tampa Housing Authority. They can directly advocate for services such as housing vouchers for parents and youth aging out of the system. New funding was recently allocated to Hillsborough County for homeless services. CNHC is working with the Dawning Center's Rapid Rehousing to access the Challenge Grant funding. ▪ CNHC's Permanency team also assists with collaboration and will assist with referrals and follow ups as necessary in addition to providing technical assistance and training. The team attends CTS, facilitates 4-month, 9-month internal CLS/CMO staffings and the 10 month staffings. Three of the Permanency team are cross trained on the MDT process and two of the MDT staff are cross trained on Permanency staffings. The teams work cohesively together to complete staffings, minimize duplication and streamline efforts with the parents. ▪ We are collaborating with the Collier County Circuit Court on this project and participate in regular monthly updates with the court, CMO, DCF, Children's Advocacy Center of Collier County and other involved people. ▪ We are actively involved in Truancy, ungovernable, runaway network (TURN) meetings. We participate in the Interagency Planning Team and coordinate/participate in staffings for dually served youth.
Southern	▪ Preferred Provider Network- Evidence Based - Citrus FCN completed a Request for Qualification intended to identify and prequalify providers that will offer a continuum of behavioral health services for children and families in Miami-Dade and Monroe Counties. All providers offering direct Behavioral Health services to children in the child welfare system will be required to join the Citrus FCN Provider Network. FCN clients will not be referred to receive behavioral health services outside of this Preferred Provider Network. The goal of the Preferred Provider Network is to promote the safety, security, and wellbeing of every child by offering a continuum of prevention, intervention, and treatment services that are timely, comprehensive and evidence based. ▪ Early Childhood Behavioral Health Unit - Citrus FCN continues to utilize with success the Early Childhood Behavioral Health Unit which provides integrated support to each case with a young child to address and prevent adverse outcomes due to exposure to trauma, unhealthy attachments, developmental delays, and other issues that can affect adjustment and overall wellbeing. This is done with a team approach,

	including the FCMAs, families, and service providers to ensure all needs are addressed, along with continued monitoring throughout the case to handle issues as they develop. ▪ The Early Childhood Behavioral Health Specialists work closely with the case management team to ensure proper linkage to services, all the while problem-solving issues as they arise. The behavioral health specialist conducts ongoing staffing's with case management and treatment teams to monitor responses to services and the families' progress toward permanency. The specialist is available to attend court hearings as well, ensuring that the judiciary perspective is included, as well as to address any concerns that the judge may have. Additionally, the specialist refers and ensure that the family is linked to all necessary services, ensure that the recommendations of treating clinicians are followed through, and make recommendations for any service or community supports that the family may benefit from, including behavioral health and developmental interventions. ▪ Citrus FCN has established a Medical Care Coordination Department to assist families and caregivers by connecting them to any medical and dental services needed in alignment with DCF guidelines. This is accomplished by Citrus FCN's Dental Team making sure that all children are seen for their routine dental exams and any special recommendations. Citrus FCN's Medical Team focuses on the medical needs starting with the initial medical evaluation and ongoing medical assessment, which include all Healthcare Effectiveness Data and Information Set ("HEDIS") measures such as well-child checkups and immunizations to ensure that all children are at optimum health. Children under the age five are seen by their pediatrician according to the time frames suggested by the American Pediatric Association. All children in OOH care receive an initial dental evaluation within 30 days of shelter, and then every six months, or as needed if dental concerns are identified. Additionally, Nurse Care Coordinators assist with any specialty referrals or recommendations. The Nurse Care Coordinators identify children with medical complex needs and coordinate with the MFC program, assist with engaging health services, and any other medical needs. The Nurse Care Coordinators attend monthly staffing with the medical program and Sunshine Health to discuss any additional services that may be needed for children that are in medical homes and skilled nursing facilities. ▪ Additionally, the Medical Care Coordination Department collaborates with the early intervention team to discuss referrals for the Young Parents Project ("YPP") as well as coordination of medical care and education throughout pregnancy. The Medical Care Coordination Department collaborates with all interdisciplinary teams and community stakeholders to ensure continuity of care for all children.
Northeast	▪ CPC has collaborated with other CBC Lead Agencies and the Florida Coalition for Children and staff have participated on a variety of Family First Prevention Services Act (FFPSA) and IV-E reimplementation committees, workgroups, and meetings in order to develop the map for a path forward to monitoring the financial health of the child welfare system post-waiver. CPC closely monitors our progress with meeting the goals for candidacy, level 1 licensing, and the IV-E eligibility penetration rate for our system of care. Maintaining compliance with determinations and redeterminations is a top priority for CPC and managing the IV-E penetration rate of 55%-60% continue to be the focus for the CPC Revenue Maximation Unit. ▪ CPC has established processes to monitor the quality of eligibility for Extended Foster Care, Extended Maintenance Adoption Subsidy and the Guardianship Assistance programs through our Adoption, Kinship Care, and Finance Departments. Each program has specific tracking that includes FSFN data capture and program review in order to ensure compliance with the requirements needed for eligibility. CPC cost pools and the cost allocation plan has been updated to reflect these changes and has been approved by the Department of Children and Families.

	▪ CPC has initiated the identification of the resources needed to enhance the capacity of our prevention services, safety services, kinship, and placement services array to ensure that there is sufficient capacity to meet the needs of the children and families that we are serving. Detailed cost analyses will be developed to ensure that the allocated funding is appropriately distributed to the programmatic areas that require enhancement and that the Medicaid billing is maximized to help support our system of care. ▪ FSSNF recognizes our fiduciary responsibility to provide child welfare services in the most fiscally responsible manner and to use taxpayers' dollars efficiently to serve children and families in Nassau and Duval counties. By conducting ongoing analysis of costs and benefits by senior staff, Contracts and Finance departments, monthly review of budgets by CBC departments, Finance and Executive Committees of the Board of Directors and Case Management Organizations FSSNF is able to meet or exceed the financial operating standards of DCF. ▪ FSSNF plans to continue monitoring the financial health of our system of care by regularly analyzing the major cost drivers and will take action to mitigate increasing costs as outlined in our Financial Viability Plan. The Financial Viability Plan is used to measure and track cost drivers for factors related to entries into care, cost of children while in care, and exits from care. This plan is updated quarterly and reported and reviewed in conjunction with DCF. ▪ FSSNF is highly successful in its management of financial resources as evidenced by no risk pool applications and no back of the bill funding received over the past seven years. ▪ This success is expected to continue in the post-waiver environment. With regard to Extended Foster Care (EFC), FSSNF has 4 Independent Living (IL) Case Managers, 1 Housing and Support Specialist, 1 Independent Living Support Coordinator, and 1 Independent Living Supervisor within the IL/EFC Unit. IL Case Manager is required to have monthly face-to-face home visit contact with each young adult in the EFC Program. Each IL Case Manager is required to follow up monthly with the young adult as to their compliance with the EFC Requirement to ensure eligibility is still in place. FSSNF reviews the eligibility monthly to ensure the young adult remains in the correct and current program. FSSNF collects all documentation, monthly, from the young adults and ensures young adults are compliant to continue receiving services in EFC. Internally, FSSNF conducts quarterly audits on the EFC Case Files to ensure all information is up to the standard of quality per FSSNF. Currently, there is not a process or tool in place for the state to complete audits or monitor quality on the EFC Cases. ▪ Internal Controls and audit documentation are utilized to maintain compliance with regards to funding sources and appropriate use of federal and state dollars for both contract and non-contract dollars. Our Board of Directors and Finance Committee maintain governance oversight over financial and audit risks. ▪ The active management of diverse funding sources is a key part of our financing strategy to ensure adequate capacity for prevention, safety management, kinship navigator, support services and placement array services. These services remain an integral part of our strategic priorities and are funded accordingly. ▪ FSSNF financial resources are managed through several sources, including our DCF-funded operational budget, grant funding, legislative funding requests, and donor funding. We are able to support identified strategic priorities by leveraging these resources effectively, by reviewing spending patterns and operational data trends, forecasting needs for upcoming quarters/fiscal years, evaluating vendors and major subcontractors for program improvements needed or gaps in service, and finally prioritizing resources accordingly. Our goal is to ensure our strategic priorities reflect our greatest areas of operational and financial risk to the agency, and we remain positioned to support these priorities financially.

	▪ Funding sources outside of our DCF contract have also allowed us some flexibility in our innovative approaches to establishing and maintaining system capacity. Grant Funding continues to be an enhanced focus area and will continue to be over the coming years. Finally, donations have been an area of enhanced focus, as we continue to build our local community partnerships with corporations and foundations. ▪ Family Integrity Program Level I/GAP Specialist collaborates with Case Management staff to ensure families are properly licensed and eligible for GAP benefits upon recommendation for closure to Permanent Guardianship. They complete presumptive eligibility and launch required pages in FSFN, assisting families with the GAP application and Guardianship Assistance Agreement, and submitting requests for increased payments when needed. Annual reviews are conducted by the Finance Department, and ongoing assistance is available through the Kinship Department. FIP has maintained over 40% for Level I licensure since DCF began IV-E claiming tracking. Post-case closure, redetermination forms are annually mailed to caregivers, offering opportunities for additional services, adjustments in payment rates, and tuition waivers. Completed forms are submitted to FIP's RevMax staff, who pass them to the Kinship department for follow-up with caregivers. St. Johns County possesses robust financial, accounting, and integrated database systems that efficiently serve internal needs for financial, operational, and management reporting. All administrative and financial activities are internally managed and not contracted out to third parties. The Family Integrity Program has demonstrated significant financial stability in recent years, having avoided borrowing any funds from Back of the Bill since FY 2017-2018. ▪ Kids First of Florida Business Operations Unit closely monitored expenditures for various eligibility requirements associated with different other cost accumulations and cost pools in order to maintain financial viability and ensure service delivery and permanency. Record reviews were completed to ensure proper eligibility determinations were made. ▪ Prioritizing meeting mental health and physical needs for families and their children and ensuring Partnership for Strong Families' financial health through effective management of purchased services for children and families and maximizing financial resources has been a focus with the sunset of the Title IV-E waiver and transition moving forward. Tracking and analysis of utilization management data and trends occurred regularly including reviews of substance abuse, mental health, and other services. Contracts for programs with unused capacity and underutilized were terminated when other more cost-effective services were available (e.g., MRT for crisis intervention services) or converted to fee for service. PSF consistently met Financial Viability Plan quarterly goals for the utilization of service authorizations with Medicaid and alternative funding as the payer. PSF was fortunate to have a representative participate and collaborate on the statewide workgroup focused on the Medicaid Temporary Absence Policy for parents with children in removal cases. PSF UM will continue to prioritize identifying alternate payers other than PSF for service referrals to maximize resources including Medicaid, managing entity, and other funded services while supporting activities such as use of Medicaid Temporary Absence Policy for parents, partnering with network services providers to ensure PSF is the payer of last resort, and meeting with the managing entities regarding funding gaps and needs identification for child welfare involved families. Two new Medicaid providers have been added to PSF provider network during the current fiscal year. PSF has increased service referrals that are Medicaid and other funded by 10.10% in the current fiscal year 2023-2024 through February 2024 as compared to the prior fiscal year through targeted utilization management activities and work with stakeholders aimed at services spending reductions while continuing to best meet child and family needs.

	▪ PSF prioritizes provision of Well Supported, Supported, or Promising Practices as designated in the Administration of Children and Families Clearinghouse. PSF maintains a comprehensive, flexible array of evidence-based and evidence-informed services to meet varying individualized needs for all families along the continuum of care. Services and programs rated as Well Supported, Supported, or Promising on the Title IV-E Prevention Services Clearinghouse established by the Administration for Children and Families are prioritized and include but are not limited to Functional Family Therapy (Well-Supported), Parent Child Interaction Therapy (Well-Supported), Healthy Families (Well-Supported), Motivational Interviewing (Well-Supported), Eye Movement Desensitization and Reprocessing–Standard Protocol (Supported), Trauma-Focused Cognitive Behavioral Therapy (Promising), and Trust-Based Relational Intervention Caregiver Training (Promising). ▪ PSF recognizes that one of the most significant elements of the system of care is focusing on engaging and supporting families through prevention. Increasing the ability of families to nurture their children, enhancing the social and emotional well-being of each child and family, providing families with the ability to use community resources and opportunities, and assisting families with developing and strengthening family support networks and connections to enhance and support parenting and caring for children and their needs are seen as the critical elements of prevention services and family support services. The goal of PSF is to reduce the number of children at imminent risk of entering foster care and the child welfare system, or penetrating further into the child welfare system, by providing prevention, family support, crisis, and supportive in-home services in the most cost effective and least restrictive way, thereby enhancing the lives of children and families while meeting child protection needs. ▪ PSF partners closely with managing entities serving PSF's 13-county catchment area to coordinate services to contracted evidence-based in-home prevention programs, including with LSF Health Systems for Functional Family Therapy (FFT) and with Northwest Florida Health Network for Parent Child Interaction Therapy (PCIT). Flexible funding is also available to families receiving prevention and family support for financial assistance for other needs such as concrete and emergency needs or items that support maintaining children in their home and preventing removal. ▪ From fiscal year 2019-2020 through fiscal year 2022-2023, PSF UM facilitated 20,810 family support and prevention services referral authorizations for children and families. Approximately 46% of all referrals for services were made for family support and prevention services. In addition, 23,464 case management service referrals were facilitated by UM. Approximately 52% of all referrals for services were made for case management services. PSF facilitated 657 post-adoption service referral authorizations for children and families. Approximately 2% of all referrals for services were made for post-adoption services. ▪ PSF maintains a comprehensive, flexible array of evidence-based and evidence-informed behavioral health services to meet varying individualized needs for all families along the continuum of care. The entire PSF service array is available so that services can be individualized to meet needs and can be offered as individual, family, or group counseling based on need and best practice. PSF continually works to build and maintain an array of available evidence-based and/or specialized services ▪ PSF Utilization Management coordinates all behavioral health service referrals for prevention, diversion, non-judicial, and judicial cases based on the child and family's unique strengths and needs, specialization, location, capacity, and family preference. PSF's UM system employs the efficient authorization, processing, and tracking of service requests for CPIs and case managers so that children and families can receive services in a timely, efficient manner. PSF requires all service requests to be processed within two business days and crisis referrals to be processed immediately, ensuring speed in the access and delivery of services for children and families. In some instances, crisis services can

	be engaged with a family within hours. CPIs and case managers are notified of provider information, and referral information is documented. Routine reviews of requests for additional, on-going services to determine if additional services remain at an appropriate level of care and remain relevant to the child and family's progress, goals, and objectives are imperative functions carried out by FSFs. FSFs provide consistency in decision-making related to services, thus maximizing resources for the entire system of care. Managing financial resources and state funds wisely through a unit-based methodology has contributed to the ability of PSF to serve a high number of children and families and to re-direct resources into filling gaps in the service array, ensuring a full continuum of individualized and evidence-based and evidence-informed services and directing additional resources to prevention services to help strengthen families. ▪ PSF has developed strong relationships with service providers to ensure quality, effective services are available to meet the needs of children and families. PSF partners with providers to ensure behavioral health services are affordable and meet the needs of children and families involved in the system. PSF and providers share relevant information, discuss topics of mutual interest, gain feedback, and communicate changes in procedures. PSF also works closely with providers to support and assist their work by reducing logistical concerns involving referrals, communicating information and invoicing, and engaging in general problem solving on any issue as needed. Administrative requirements for providers have decreased with PSF's system as it now has sophisticated methods for tracking and managing data. This method allows for resources and costs to be reinvested back into direct services for children and families. Meetings with providers are held to promote an open environment with providers and the agency. ▪ CPC continues to use Escalated Permanency Reviews to increase teaming to identify systemic issues that would allow children to reach permanency or be reunified if resolved. Cases are staffed with the leadership of CPC, Guardian Ad Litem and CLS. Target populations include high needs children with placement difficulties, children placed in higher levels of care who are stepping down and children with the goal of reunification where there are concerns with conditions for return. ▪ Since 2015, CPC had a local Early Childhood Court (ECC) however in 2023 the Circuit Court indicated the need to dissolve the program. CPC remains committed to participating in the future should the court reinstate the ECC. ▪ CPC works closely with the Guardian Ad Litem program. GAL staff are invited to various meetings and staffings to share information and make recommendations for youth and families. System barriers are discussed monthly between the leadership of both agencies. ▪ CPC developed a domestic violence workgroup with our three domestic violence shelters and DCF with the goal of increasing collaboration and communication. A strategic action step included developing a training curriculum for CPI, CPC and GAL staff that is focused on batterer accountability for child welfare cases. This workgroup continues to meet on a monthly basis. ▪ CPC actively collaborates with the Department of Juvenile Justice for crossover youth. Upon an arrest or citation, CPC holds a Crossover Staffing with DJJ and CPI staff if appropriate to discuss the youth and share information. CPC leadership also conducts a monthly meeting with DJJ leadership to discuss system barriers and discuss high need youth that are dually served. ▪ FSSNF stays committed to serving children and families in the least restrictive way possible. FSSNF is committed to providing a diverse array of prevention services to the community. This approach makes FSSNF unique as FSSNF serves a state-leading number of families in-home through prevention. Additionally, FSSNF partners with community service providers to ensure there is a coordinated effort when addressing the community's needs.

	▪ The Fourth Judicial Circuit Court in Duval County launched Safe Baby Court also known as Early Childhood Court (ECC) in October 2015. The Community Court Coordinator position leads this program. Early Childhood Court is a specialized court program for open dependency children from the zero to three population. The goal of ECC is to expedite permanency and educate the community about the maltreatment amongst our most vulnerable population. Families that participate in the voluntary program have monthly court hearings, monthly family team meetings, enrichment activities and an extra layer of support and guidance. Each case is examined to find and correct any deficiencies. It is also examined to ensure that the children in the case are receiving all services in order to encourage their healthy growth and development. ECC clients participate in specialized therapeutic programs such as Child Parent Psychotherapy (CPP) and Circle of Security. CPP is a treatment for trauma-exposed children ages 0-5. CPP focuses on how the trauma and the caregiver's relational history affects the caregiver-child relationship and the child's developmental trajectory. Circle of Security is a relationship based early intervention program designed to enhance the attachment security between parents and children. Since October of 2015 ECC has served over one hundred and fifty-three (153) children, reunified fifty (50) families, sixty-eight (68) adoptions, and one (1) closed out to permanent guardianship. ECC is continuing to see growth and success. ▪ ECC has state and national support through the Zero to Three Institute and The Office of the State Courts Administration. Zero to Three provides weekly national calls to support all the community coordinators. These calls provide networking opportunities as well as training. The Office of State Courts Administration provides monthly calls for the community coordinators. These calls provide the coordinators with time to gather information from each other and learn what is going on in other sites around the state. Court Administration also provides monthly one on one data calls to ensure accurate data collection. Zero to Three has weekly calls for the Community Coordinators. These calls provide technical assistance as well as training on topics surrounding data, Early Childhood Court and various other topics to help in our field. ▪ FSSNF's ECC program has partnered with one of our Case Management Organizations and we have a dedicated ECC unit at Jewish Family and Community Services. This unit works in collaboration with FSSNF's Community Court Coordinator to create a family centered, trauma informed ECC Team. The team provides quality case management to each ECC case. ▪ FSSNF and the Guardian Ad Litem Program (GALP) have a long-standing partnership in Duval and Nassau Counties. GALP attends our monthly Barrier Breaker meetings during which problems within the system of care are discussed and resolutions developed. FSSNF has also routinely participated in the GALO's training of new volunteers. GALO has modified their training over the past year and a half and FSSNF will be working with the GALO to reintegrate into the training classes. GALO is also an active participant in the FSSNF hosted permanency staffings that occur monthly, and they are invited to all system of care trainings hosted by FSSNF. ▪ FSSNF collaborated with the Department of Juvenile Justice (DJJ) in 2012 to implement the Crossover Youth Practice Model (CYPM). CYPM was developed by Georgetown University to address the needs of children who are in both the Child Welfare and DJJ systems. This model provides alternatives to secure detention and commitment by appropriately utilizing community-based interventions and treatment services. This model provides for a reduction in direct files and recidivism. The CYPM increased communication and inter-agency information sharing amongst DJJ and Child Welfare systems. CYPM provides a trauma informed multidisciplinary staffing (MDT) designed to better understand what is driving the youth's behaviors and looks at their mental health, and/or substance abuse needs. Each crossover youth is required to have an MDT staffing within two weeks of arrest. The MDT provides a safe environment to gather information on the youth, provides an opportunity for the youth to have a voice and for all parties to examine the case in more detail. The MDT brings the youth, Family Service

	Counselor, Juvenile Probation Officer, State Attorney, Public Defender, School Board Representative and other important parties to discuss the youth. The MDT is youth focused so the youth participate in the discussion and decisions being made. The team along with the youth then creates recommendations that are presented to the courts at the youth's next delinquency hearing FSSNF is also a member of the DJJ Advisory Council and DJJ JAC council. ▪ Violence (DV) Advocates from this agency. FSSNF attends the quarterly meeting with Hubbard House, Department of Children and Families and other community partners to discuss any successful programmatic accomplishments, as well as any barriers and resolutions. A contracted Domestic Violence Advocate from Hubbard House attends Integrated Practice Team meetings in which the family has a documented history of family violence to provide expert guidance and direction. The DV Advocate is also available to assist with safety plan development and services to any victims involved in the dependency process. ▪ Family Integrity Program utilizes many services in the community for candidates that are at "imminent risk of entering foster care". When possible, eligible families are referred to Healthy Start for additional in-home services and support. Healthy Start serves families who may be at a higher risk for child abuse based on a history of behavioral health and domestic violence. The Family Integrity Program also works closely with St. Augustine Youth Services (SAYS) to connect families with the Community Action Team (CAT) as well as the Mobile Response Team (MRT) who are able to provide immediate support in times of crisis. ▪ Kids First of Florida continually collaborated with the Guardian ad Litem program, DJJ and local domestic violence shelters to identify any barriers to services. ▪ PSF hosts several joint meetings at weekly, monthly, bi-monthly, and quarterly intervals. SB 80 MDTs, which have specific requirements for who attends, are utilized, as well as general MDT staffings, which have internal staff (Quality Operations and Clinical team members), external staff, and family participation, however, are not the types that require consensus and escalation. MDT staffings take place for cases in post In Home to Shelter/initial removal status, during planned and emergency placement changes, during educational changes, as well as for reunification, and transition planning. HLOC (Higher Level of Care) Staffings are required for every child placed in a therapeutic level of care and provide medical necessity for Medicaid funding. These are led by the Clinical team and attendees include among others, case management, a representative from the higher level of care, GAL, AAL, and a representative from the child's insurance provider. Safety review staffings occur as needed on In-home cases. New Abuse Report staffings and New Baby staffings for babies born into open cases occur as needed at the regularly scheduled Case Progression Staffings. Each site has virtual/conference line staffings weekly, as well as monthly permanency staffings. Crossover staffings occur monthly for all counties, except for Alachua. Crossover staffings occur quarterly for Alachua (a very recent change to our system). The Department of Juvenile Justice and PSF/case management are the primary participants; however, Children's Medical Services is also invited for cases involving children with complex medical issues. ▪ For any cases that are enrolled into the Early Childhood Court (ECC), the Dependency Community Coordinator for the ECC attends all staffings.
Central	▪ HFC has completed quarterly forecasts and sent them to the Office of Finance and Accountability and has also completed weekly eligibility cleanup efforts. They have added new OCA's to cost allocation plans annually and are utilizing new funding to implement evidence-based practices in the community such as Brief Strategic Family Therapy (BSFT), Motivational Interviewing (MI), and Parent Child Interaction

	Therapy (PCIT). Through a contract with the Managing Entity, HFC was also able to implement Family Functioning Therapy (FFT) in Circuit 10. Additionally, HFC has partnered with DCF to add the FFT Foster Care model (FFT-FC) in Circuit 10 based upon additional legislative funding that was approved. Trust Based Relational Intervention (TBRI), a promising practice continues to be integrated in the System of Care. ▪ Kids Central continues to provide annual reporting to DCF utilizing the standard cost allocation plan template. In addition, Kids Central provides a monthly Financial Viability Plan to the DCF. Kids Central implemented Parents as Teachers, which rolled out in the 4th quarter of fiscal year 2021-2022. Multiple staff members were trained in Motivational Interviewing. Kids Central utilized the Motivational Interviewing training as a tool to strengthen its Safety Management Services program. All staff members within Safety Management have been trained in Motivational Interviewing and apply its principles and constructs when serving the community. Kids Central continues to complete Rapid Permanency Reviews (RPR) for cases in which a length of stay exceeds 24 months. RPR's were initiated on July 15, 2019. These reviews are completed to identify any barriers to permanency and assist with action plans to assist with moving the case through the system of care and to permanency. ▪ BFP participated in path forward activities to assure the financial health of the child welfare system after the waiver ended. BFP monitors safety plan completion on in home cases to meet eligibility requirements for Candidacy. Since daily review and monitoring began in 2019 BFP has averaged 96% exceeding the target of 95%. BFP added a Level 1 unit to support kinship placements becoming Level 1 foster parents and to maximize federal funding opportunities in 2019. BFP initiated local Guardianship Assistance training in 2019 and has been working with Permanent Guardians since then to provide caregiver benefits that support child stability in these placements. BFP Annual Services Analysis identified areas where capacity building was indicated. The following new service providers were added to expand the provider network with the respective service: Positive Behavioral Solutions-Mental Health Assessment/Treatment, Counseling, Psychosocial Rehabilitation, The Rase Project-Substance Abuse Outreach, Peer Specialist Recovery Support, Recovery Support Groups, New Way Counseling Services-Individual Therapy, McCallister Family Counseling-Individual and Group Therapy, Family Therapy, Batterers Intervention, Paraprofessional Support, Behavior Analysis and Positive Impact Mentoring-Mentoring. Parent Mentors and Safety Monitors were added assist in specific actions outlined in a Safety Plan developed by the DCF Child Protective Investigator or Case Manager to provide safety management services and transport children and families as needed. Providers that conduct Autism assessments were added. ▪ Circuit 10 implemented an Early Childhood Court (ECC) in February 2022. Child Parent Psychotherapy was added in December of 2022. Other services available in ECC include Circle of Security, Parent Child Interactive Therapy, Trauma-Focused Cognitive Behavioral Therapy, and other mental health and substance use treatment services. They also have a dedicated ECC case manager whose caseload is only ECC cases. They have implemented SB 80 Transition Staffings. The GAL is invited to all SB 80 MDT staffings, including Transition Age Youth staffings. HFC also facilitates adoption staffings, which include the GAL, DCF and CLS. They have monthly local family preservation meetings, which are attended by DCF, the CBC, and local service providers to discuss how to better meet the needs of our families. Also, HFC, DCF, DJJ, service providers and caregivers attend family support meetings to prevent crossover youth from entering the dependency system if possible and/or to provide those youths supports/services to be maintained at home and in the community. There are also youth-at-risk staffings where HFC, DCF, providers, schools, and caregivers identify supports/services for the child and family to maintain child(ren) at home and in the community. Statewide licensing and FCC calls are utilized to share and learn common strategies to be used in recruitment and licensing of foster homes. Lastly, HFC has developed specialty positions and services to support children and families/caregivers. This includes a

	partnership with the local Federally Qualified Health Center to expand access to medical and dental services to families served. Additionally, HFC developed two (2) designated inter-agency liaisons to serve as the primary contacts for Department of Juvenile Justice (DJJ) and the Agency for Persons with Disabilities (APD) who provide navigation and support services and leverage the relationships and partnerships HFC has with these agencies. HFC also has developed two (2) designated clinical specialist and two (2) designated nurse care coordinators to help case managers, families and children navigate medical and behavioral health care coordination needs. ▪ Kids Central and Circuit 5 community partners collaborate and meet regularly to resolve challenges and address issues as they arise. To support these efforts, they have established several standing meetings including: 1) Kids Central and DCF Leadership Meeting, 2) Kids Central/DCF/CLS Monthly Meeting, 3) Kids Central/DCF/GAL Monthly Meeting, 4) System of Care Meeting, 5) SA/MH Integration Meeting, 6) Joint Meetings with the School System, 7) KCI, CPI, CMA Leadership Collaborative. These meetings provide the framework for the development of working partnerships which allows for the establishment of clear lines of communication and overall enhancement of the local system of care. To reduce occurrences of recidivism, families meeting associated risk factors are duly served by KCI Marion Case management and Brief Strategic Family Therapy or Functional Family Therapy Programs. BSFT and FFT are well-supported evidenced-based programs; that provide therapeutic interventions and will assist in establishing attainable goals with the family. ▪ Continued partnerships remain in place with the Birth to Five service team. Human Trafficking taskforce, Domestic Violence Centers, Department of Corrections (Lowell Inmate Maternity Program), DCF Investigations, CBCIH, Community Based Care Alliance, Georgetown Crossover Youth Project, LSF Health Systems (ME), and Housing Authority. Kids Central has implemented targeted performance quality improvement (PQI) activities based on AART reviews. These reviews are completed on 100% of the cases open to services across Circuit 5. In addition, the creation of the Permanency driven indicators tool (PAART) was created and implemented for all reviews in which a case is at the 6-month mark for children in out of home care. ▪ BFP has a robust Utilization Management System for coordinating, authorizing, and monitoring services for families and placement for children on a continuum of care from entry to exit. The UM system is a seamless service delivery system that maximizes resources, mitigates fragmentation and duplication, building upon natural supports within the community to support and sustain families' long term. BFP's Behavioral Health Coordinators and MDT Facilitators are an integral part of the utilization review process that involves ongoing communication and teamwork among all participants that includes the internal Clinical Service Coordinators, Case Managers, Family Team Conference (FTC) and Standing Team Conference (STC) members, network, and third-party providers. The type of service being delivered determines the frequency of internal reviews. The utilization management process links children and families with the appropriate service within the following service guidelines. All services are customized to meet identified needs, delivered in the least restrictive placement possible, family-centered, youth driven, consumer focused, community-based, and as close to home as possible and culturally sensitive and competent. ▪ In partnership with Embrace Strong Foundations, almost 200 Circuit 18 Guardian Ad Litems have been trained since 2021 in Conditions for Return strategies to facilitate safe and timely reunifications on Out of Home Care cases. The implementation of Brevard's Early Childhood Court (ECC) began in December 2021 under the judicial leadership of the ECC Presiding Judge, Kelly J. McKibben and the Program/Community Coordinator Dina Mezza. Brevard's first ECC docket was held on April 1, 2022. To date, Brevard's ECC program has served 21 children and 19 parents in 17 cases. Of those 17 cases, 5 cases closed after reunification, 1 case closed to permanent guardianship, 1 case closed after

	adoption, 2 cases parents were reunified and are pending closure, 2 cases are pending adoption, 1 case is pending trial disposition, and 5 cases involve parents working towards reunification. ▪ The goal of the ECC program is to break the intergenerational cycle of child maltreatment by focusing on healing trauma, strengthening attachment/bonding, and addressing the mental health and social/emotional needs of infants and toddlers up to age 3. One key intervention is Circle of Security Parenting (COSP), a form of psychoeducation focused on increasing parents' protective capacities as to very young children. COSP is an evidence-based intervention led by certified facilitators. It involves educating and training parents to meet the physical and emotional needs of young children to strengthen secure attachments with reflection on how parents themselves were parented and to implement safe and nurturing practices to meet children's physical and emotional needs. COSP provides parenting education that is the foundation for another key intervention- Child Parent Psychotherapy (CPP). CPP is dyadic/relational therapy between a child and parent guided by a psychotherapist with specialized training and certification. CPP focuses on trauma work, healing, and strengthening bonding and attachment between the child and parent, often continuing through reunification and case closure. CPP is based on attachment science. Implementation of these key evidence-based therapeutic models required building provider capacity to deliver these services to families.
Goal 4: Provide the working conditions that the child welfare workforce needs to fully engage children, families, and caregivers in teamwork to achieve child safety, permanency, and well-being.	
Region	**Summary of Activities**
Northwest	▪ Early Childhood Court (ECC) programs cater specifically to children aged 0-3 years, acknowledging the critical developmental phase of early childhood. Notably, Circuit 14 adopts a centralized approach, employing a single Magistrate for all ECC sites to uphold fidelity to the model and adhere to Florida Statewide Standards. Regular stakeholder engagements bolster collaboration and alignment of efforts, with Circuit partners convening for ongoing discussions facilitated by the Magistrate. Additionally, ECC team meetings are convened monthly, culminating in follow-up court hearings to ensure the efficacy of interventions and adherence to established protocols. ▪ The multidisciplinary ECC Teams comprise a spectrum of professionals, including Dependency Judges, Child Legal Services (CLS) representatives, Parent Attorneys, Guardian ad Litems (GALs), Child Protective Investigators, Child Welfare Case Managers, Community Mental Health, Substance Abuse, and Domestic Violence treatment providers, among others. Stakeholder meetings convene quarterly, fostering collaborative endeavors to address the complex needs of vulnerable children and families. ▪ Moreover, NWFHN plays a pivotal role in prevention services, extending support to families deemed to be at moderate to very high risk. Leveraging the Wraparound model endorsed by the National Center for Innovation and Excellence, rated as Promising on the Clearinghouse on Evidence-Based Practice (CEBC), NWFHN delivers targeted interventions to mitigate risk factors and promote family stability. ▪ Legislative actions in 2020 reflect a commitment to bolstering ECC programs statewide, with funding allocated to support comprehensive evaluations aimed at ensuring program quality, accountability, and fidelity to evidence-based practices. The establishment of a court-funded Community Coordinator, alongside the appointment of a Statewide ECC Training Specialist, underscores a concerted effort to enhance program effectiveness and sustainability. Notably, Circuit 2 and Circuit 14 courts have assumed responsibility for ECC oversight, signaling a collective commitment to advancing the welfare of vulnerable children and families within the region.

	▪ In 2022, Governor Ron DeSantis joined by the Legislature, national, and community leaders signed HB 7065 which created the Responsible Fatherhood Initiative and highlights the important and critical role that fathers have in their children's lives. A program aimed at equipping dads with parenting resources and helping foster youth. The initiative will be geared toward providing information to support fathers as well as a Mentoring Program. NWFHN is also taking strides in implementing a Fatherhood Peer Specialist program within our child welfare model. The Fatherhood Peer Program is designed to enhance the engagement of fathers with children involved in the dependency process. This is to be accomplished through engaging and encouraging the father, advocating for the father, developing a recovery capitol plan of support with the father, introducing the father to appropriate Interactive Journaling, and acting as a liaison with the Dependency Case Manager as needed. ▪ NWFHN Training Team provides support and training around the Child Welfare Practice Model to include booster trainings with case application as well case consultations. NWFHN also co-trains with Department of Children and Families trainers to provide practice model training and support to staff around safety planning and case practice. ▪ NWFHN Training Specialists are responsible for providing pre-service Core, pre-service Specialty Track, and in-service training to NWFHN staff and Dependency Case Management. Teams lead by a Training Specialist and comprise of child welfare partners have been established to enhance pre-service and in-service training and to develop supervisor development training. The in-service training needs are identified through surveys, input from Dependency Case Management, NWFHN Quality Assurance Specialist, placement staff, Quality Parenting Specialist, and quality assurance results. Required in-service training focuses on enhancing Florida's child welfare practice model and includes engagement, assessment, safety plans and quality home visits. Other in-service training opportunities have included human trafficking, child maltreatment, normalcy, bullying, impact of family violence, active shooter, CFSR refresher and decision making. NWFHN Training Specialist provides Adoption Competency training for Dependency Case Managers and community behavioral health therapist. ▪ NWFHN's Managing Entity personnel has provided behavioral health focused training for Dependency Case Management to include sessions on childhood sexual behavior, culture competency, compassion, substance abuse (Fetal Alcohol Syndrome, opioid use) and Mental Health First Aid.
Southeast	▪ DCF Regional leadership recognizes that a strong workforce provides the foundation for solid child welfare practice and continually explores opportunities to support and strengthen the workforce. All circuits have recurring monthly leadership meetings which offer training, policy guidance, strategic vision, and performance data review to the CPI Supervisor Team. The SER has developed a "Supervisory Individual Development Plan" to aid CPI's in navigating the various supports and opportunities that the state has carved out for them such as the Empowering Supervisor Training Series, the Career Ladder, and the imminent FCB Credentialing Process. Additionally, the SER has implemented the Ideal Team Player strategic focus in the hiring process to ensure that we are setting clear expectations at all levels of the organization to build a strong, supportive structure for those we serve both internally and in the community. ▪ The Department has created a Wellness Advocate Team who consists of a group of individuals dedicated to promoting wellness in the workplace and helping our colleagues lead healthier and happier lives. Our mission is to spread the message of the Workforce Wellness Unit and encourage everyone in the department to take care of themselves both physically and mentally. As Wellness Advocates, we believe that a healthy workforce is a productive workforce. We understand that work can be stressful and demanding, but by taking care of ourselves, we

	can better manage our workload and achieve our goals. We are committed to providing information, resources, and support to help our colleagues prioritize their wellbeing and make positive changes in their lives. ▪ Childnet, Circuit 15. Early Childhood Court continues to serve families with young children. Families involved in the court receive Child Parent Psychotherapy services focused on providing an evidence-based service to support the bonding between the child and parent. The Early Childhood Court Liaison meets with families at shelter hearings when possible and has begun attending family team meetings to present the court and the benefits of the court to the families. (4.2) ▪ The Courts have led an ongoing workgroup focused on updating and implementing updates to the Crossover Court initiative. Support staffings for youth having identified challenges have been held with the goal of promoting intervention and service provision prior to the youth continuing to have additional delinquency charges and these have improved the communication of all parties involved with cross over youth. (4.4) ▪ ChildNet, Circuit 17. Early Childhood Court continues to serve families with young children. Families involved in the court receive Child Parent Psychotherapy services focused on providing an evidence-based service to support the bonding between the child and parent. The court has addressed challenges during the last year to remove barriers to families selecting to be a part of court. This included removal of concurrent case planning from the process and working collaboratively to approach parents at the beginning of cases which has demonstrated small increases in participation. (4.2) ▪ Women in Distress has continued to partner with ChildNet and has been able to adjust to not being in the office together with staff due to the pandemic. The collaborative effort has received positive reports from case managers who indicate that they are able to get support from the DV staff to provide services to their families in need. The local community has worked collaboratively to ensure that information can be shared without violating the rights of the involved clients. (4.5) ▪ Our local Domestic Violence (DV) partners are fully engaged and actively participate in our monthly Circuit 19 Operations meetings where outcomes, strategies and system wide information is discussed. Also, domestic violence partners participate in our Safety Support Teams (SST). These are staffings between the CPI's, case management and service providers to prevent removals. These staffings are held as needed and are led by the CPI's. Circuit 19's number of consults with DV specialist are among the highest in the region. (4.5)
Suncoast	▪ SCC has focused on all aspects of staff including wellness, growth opportunities and other events and training. In the past two years since SCC was adequately funded, we revised salaries and were able to provide a cost-of-living adjustment to compete with neighboring circuits who paid staff more thus we would lose people to neighboring areas. SCC started a robust leadership development program for existing leaders and supervisors consisting of 6 ½ days. Approximately 40 people have been trained in 2 cohorts. In addition, SCC is also training the Supervisor Certification course and have trained virtually all supervisors who are eligible. SCC also brought in a consultant for coaching circles over a 6-month time frame to further develop leadership. We collaborate with Bridge of Life (part of faith community) for case management appreciation in the form of acknowledgement for what they do, snacks and other goodies on a monthly basis. SCC added the wellness director responsibilities to the VP of Case Management who spearheads ongoing wellness initiatives for all staff including but not limited to the water challenge, paying for 5Ks and physical events, nutritional education, nutritional luncheon, tips for being healthy, outside seating for enjoying the outdoors during lunch, healthy snacks, physical movement and weight loss challenges; all of which is funded through

	our medical insurance program. SCC celebrates staff on an ongoing basis including but not limited to Kudos boards, fun competitive events (decorating offices, food cook offs, etc.), recognition from executive leadership, staff appreciation events, a week-long staff appreciation event with different celebrations each day and rewards. ▪ Circuit 13 has been working to decrease caseloads and stabilize the workforce. Efforts to stabilize have included transitioning services to new CMO's. As a SOC, additional training opportunities have been added to support the preservice training curriculum to include specialized training on psychotropic medications, human trafficking, Opioid and Child Placing Agreements and Independent Living. ▪ CNHC contracts with the University of South Florida for Preservice Training Curriculum as well as to provide 1:1 coaching to all new staff. Strong Foundations training is being provided to all certified supervisory to give them additional tools and techniques to mentor and teach front line case managers. The curriculum also trains supervisors on "closing the loop" on engagement and communication to internal and external stakeholders such as parents, substitute caregivers, youth and the judiciary. ▪ For non-certified supervisors who are involved in the movement of the cases, Supervisory training is also being provided with the same concept of building skills and confidence on navigating the child welfare system and better supporting families. CNHC is in the initial stages of creating a "Leadership Academy" to continue to grow staff who are not in leadership roles but also who may be seen as future leaders within the agency. ▪ A strategic initiative for CNHC is to create a world class workforce. CNHC has an in-house Training Specialist funded through IV-E dollars. ▪ In the past year the Children's Network has been meeting goals and producing excellent work. As a result, the Executive Management Team is reviewing the possibility of a merit raise. ▪ Caseloads were increasing, so the Children's Network did some restructuring to get the average caseload to 20 by adding case managers, employing Peer Recovery specialists, creating specialized units and providing case management in-house for them. ▪ By continually managing vacancy reports and strategizing with new case managers caseloads have been redistributed. ▪ Quality Management unit has been available to brainstorm with case management organizations to resolve problems with individual cases. Permanency staffings have been instituted for out of home cases. Family mentors have been trained and assigned to families who have completed case plans and are preparing to leave the child welfare system. ▪ Counselors with a MCAP (masters in certified addictions professional) are working with the Children's Network. An additional IFST unit has been added in Lee County and the unit in Hendry County has been expanded. ▪ Further efforts to re-enforce partnership across agencies, the FSSSC Training Department has initiated a circuit-wide trainer partnership meeting with the intent to have this grow statewide. The purpose is to create a safe training forum where agencies can come together to coordinate, collaborate, and communicate upcoming trainings, future trainings, discuss trends across agencies to identify what trainings need to be developed as well as share best practices, training platforms being used and working well. This meeting has training departments from across both C6 counties to include USF Training, Pasco and Pinellas Sheriff's Offices, the State Attorney's Office, DCF Training, Case Management Leadership and Training teams, and Guardian Ad Litem and is reoccurring monthly. A major topic of discussion in these partnership meetings has been the new Pre-Service curriculum, the Learning Management System, FFPSA, and Motivational Interviewing. The USF Trainers have been instrumental in developing the redesign of the new curriculum for Florida. Members have joined various workgroups and attended meetings to specifically address Case Management and Licensing competencies, the certification process, field

	observations and requirements, incorporating and leveraging technology, and updating assessment tools for all field staff. We are excited about this initiative and strengthening our local system of care.
Southern	▪ Pre-service training for Child Protective Investigators has been ramped up to meet demand, holding up to eight classes per Fiscal Year to keep up with needs from the front lines. Working with the Hiring and Recruitment Team the Region joined the efforts of identifying and hiring candidates through job fairs. The on boarding of new staff has been designed to present a professional image from day one, sharing the mission and vision of the Department from the start. The Region's training team stepped up and completed certification of two of the pre-service Trainers and of one Master trainer. ▪ As stated earlier, the Region has been very involved in the re-design and review of the new pre-service curriculum and "The Academy, with the Region participating and providing feedback on modules, and virtual scenarios. The Region is conducting the pilot of The Academy, and of the Virtual Reality training process that will eventually be used through the State. The same trainers are participating and vetting the certification process being implemented by the Florida Certification Board for Supervisors, Case Managers, which will be used to certify and maintain the standard set for the State. ▪ In-service trainings schedule has been implemented for the year, with trainings by Safe and Together, providing a view of domestic violence and safety planning from the victim's perspective and how to engage perpetrators, Phoenix Consultant working on Supervisory styles and engagement practices for staff, certification of trainers on several specialty tracks, FSFN refreshers being provided to hone the skills of investigators and supervisors. The Region also has "super users" participating, testing, and training on the new documentation system, the Comprehensive Child Welfare System. ▪ Various activities are planned for the year to boost morale and encourage team building at quarterly meetings where presentations include highlights of good work, best practices, good work is acknowledged and awarded. Also planned done are two staff training Summits, where Supervisor and Program Administrators can network and share best practices through the State, these can include fun activities based on work knowledge that build capacity, and recognition of holidays through the year.
Northeast	▪ CPC strives to create a working condition for our child welfare workforce that encourages collective decision making, allows for supportive supervision, and is focused on teambuilding. ▪ All staff who provide child welfare services complete the Department approved preservice training. During preservice classes, staff are provided with field days where they can shadow other case managers to help reinforce concepts learned during training. After successfully passing the pre-service exam, case managers receive additional training related to operations and procedures of support departments. Case managers are also paired with a field trainer who works closely with them and their supervisor to achieve child welfare credential. ▪ Throughout the year, all CPC staff participate in a variety of trainings related to child welfare and staff development. Trainings are offered in many different platforms such as webinars, guest speakers, and conferences.

	▪ CPC has partnered with The Embrace Families Strong Foundation regarding their project centered on developing a model of supervision and certification to promote supervisory learning and capacity. The idea is to provide more supportive learning for case managers and reduce turnover. CPC conducts monthly Senior Management Team Meetings to reinforce collaboration and advance the skill development needed to engage children, families, and caregivers to ensure achievement of safety, permanency, and well-being. ▪ FSSNF continues to prioritize workforce support and development in order to better recruit and retain quality case managers that will be stable in our workforce. Recognizing the importance of the supervisor's role in successful outcomes for our families, as well as case manager support, FSSNF transitioned to a 1 to 4 supervisor to case manager ratio. This allows for the supervisor to provide more mentoring and guidance to our front-line staff. In addition, FSSNF implemented Reflective Supervision/Consultation training for all new and current case management supervisors. We've partnered with Dr. Wilke with the Florida Institute for Child Welfare to measure the impact of these changes. FSSNF provided reflective supervision training and ongoing consultation to the CMO supervisors in order to provide them with the tools and skills to support their staff. ▪ With current low caseloads, FIP maintains the luxury of being selective in hiring the most qualified candidates. The budget from fiscal year to fiscal year incorporates flexibility to accommodate potential increases in caseloads, and FIP stands prepared to staff up if the need arises. The supportive environment provided by working for a County Government has made hiring staff a smooth process for FIP, given that staff are County employees. Retention has not been an issue for FIP as it has for other partners in the child welfare system in Florida. As a county government, staff have excellent health benefits and receive raises to assist in maintaining a stabilized work force able to reside where they work. The County offers generous vacation and sick leave time as well as all federal holidays. Health and Human Services Leadership encourages use of leave and at times, when appropriate, will recommend administrative leave for staff on a case-by-case basis. Post pandemic, and in consultation with front line staff, Supervisors, and the Program Manager, FIP instituted a hybrid remote/office work model. This was a result of direct feedback from staff. The County utilized a Federal Funding stream from COVID-19 funds to renovate office space within the Health and Human Services building so that each case manager has their own office, should another health crisis arise. Staff transitioned into those new offices in March of 2024, however, to ensure limited turnover, FIP Leadership will continue to allow the hybrid model to aid in retention efforts. Staff receive one remote workday per week and have the option to earn a second day if they meet specified contract performance measures identified by FIP leadership. Currently those measures are tied to face-to-face contacts with parents and psychotropic medication procedures and documentation. ▪ Kids First of Florida case management staff participated in morale/team building workplace activities to improve retention rates. Employee recognition activities included employee of the month and recognizing employees who go above and beyond and case managers for exceptional work in the field. An employee recognition committee was implemented. Training opportunities were provided. Competitive salaries and employee incentives were also provided. ▪ PSF meets quarterly with the case management agency Program Directors, Quality Assurance staff, and Supervisors. This meeting provides an opportunity to share information, discuss trends in data, and focus on the empowerment of supervisors. They are provided with the information needed to increase their knowledge and skills, enhance their supervision, and support of their case managers. During these quarterly meetings, PSF provides training, information regarding forms and policy updates, data analysis around quality assurance activities, and addresses changes in practice. Additionally, PSF works together with the sub-contracted CMAs to gather the information and

	understanding needed to affect changes to processes, policies, services, and practices when needed. The meeting is collaborative where information is shared about areas needing improvement and best practice initiatives. Each agency is encouraged to share ideas they use to drive quality measures within their own practice as these ideas can prove beneficial to the other agencies. Many of these ideas have become standard practice and are shared with new incoming staff during other agency trainings. It is also a vehicle through which staff can share challenges, initiatives, and evidence informed practices. PSF has continued to be responsive to our case management agencies' needs by offering pre-service, in-service, and post-service training opportunities to meet the need for provisional certification and certification renewals. ▪ PSF's process for recruiting and selecting highly skilled and quality staff is a mission-critical function for PSF. Organizational success is dependent on having the right people available at the right time, in the right positions at the right cost, equipped with the right skills. With its recruitment, selection, and retention processes, PSF is well-positioned to set and achieve its goals. ▪ PSF is an Equal Opportunity Employer with policies and practices that evidence commitment to the principle that recruitment, selection, and all other activities will be in full compliance with local, state, and federal law and will be based on qualifications. PSF uses various recruitment sources including formal in-house job postings, employee and non-employee referrals, industry recognized on-line job boards, educational institutions, and private employment agencies, and PSF's website. This ensures PSF reaches a diverse pool of applicants. ▪ PSF utilizes an on-line application process, which shortens candidate application times while allowing the HR department, along with the Hiring Manager, to efficiently screen applications to determine skills and credentials essential to success. This system also allows for inclusion of job-specific screening questions, again streamlining the processing and response time. ▪ Personal interview panels are conducted by a panel from the respective function and other partners areas, covering pre-determined behaviorally based questions that are asked to all candidates and ensuring that decisions to hire are based on valid, job-related criteria predictive of future success on the job. ▪ To attract and retain qualified people, PSF offers a competitive compensation program consistent with operating budget and market data. PSF also provides a full array of benefit programs: medical, dental, vision, life, and accidental death insurance coverage; short- and long-term disability; optional contributory life insurance; Employee Assistance Program; and a company-matched 401(k) saving retirement plan. ▪ Development and Training of Staff and Direct Service Personnel. At the core of the Staff Development function is the drive to provide a practical, responsive, and supportive environment for the professional development of child protection staff at PSF and its subcontracted case management agencies. PSF continues to produce instructional delivery with an emphasis on meeting federal outcomes, engaging in Family Centered Practice, operating within state and federal requirements, producing quality documentation, and effectively implementing Florida Safety Decision Making Methodology. The Staff Development team is a significant resource to the child welfare professionals within PSF's Circuits. The Staff Development Specialists remain available to case managers, supervisors, and Program Directors throughout pre-service training, initial certification, and renewals. This accessibility serves to increase effective communication and trust. Staff Development Specialists are available for field observations, technical assistance, and individual or group feedback on case activities. PSF recognizes value in ensuring that the instructors engage in their own professional development and opportunities to increase their repertoire. ▪ PSF recognizes the need to retain experienced and skilled trainers to deliver Florida's Child Welfare Pre-service training and to coordinate learning and development within the organization. To this end, PSF's Staff Development team maintains credentials through the Florida

	Certification Board as a training entity and requires each staff developer to maintain credentials as either a Child Welfare Case Manager, Child Welfare Protective Investigator, Child Welfare Supervisor–case management or protective investigations, Child Welfare Case Management Specialist, or Child Welfare Trainer. ▪ In addition to having a Staff Developer deemed competent as a Family Safety Decision Making Methodology (FSDMM) Safety Practice Expert on Florida's Child Welfare Practice Model, PSF Staff Developers are certified to train Trauma Based Relational Intervention, Motivational Interviewing, and the new Pre-service model which includes simulation, and virtual reality. PSF's Staff Developers provide on-going contributions toward child welfare curricula development and participate on the Florida Certification Board's (FCB) Child Welfare Advisory Council, FCB Sub-Committees, and Office of Child and Family Well-being (OCFW) Trainer network. PSF's Staff Development team is expected to broker and cultivate relationships within the child welfare community. Such relationships have produced opportunities to facilitate presentations at the Dependency Summit, and to participate in guest lectures and hold community training and education events, some of which have been in partnership with the UF Rehab Center, Episcopal Children, Alachua County School System, etc. ▪ Key functions of the Staff Development Specialists include ensuring that all new incumbents hired with the classification of Child Protection Professional are trained using Florida's standardized Pre-service Curriculum; administering specific assessments for the purpose of evaluating the competency level of the new Child Protection Professionals; assisting in the development of Individual Learning Plans; assisting in supervision of field observations and provision of written feedback; delivering training on components of FSFN use; gathering evaluative data to help gauge the impact of training on case management and utilizing that data to identify areas where additional trainings can be focused to facilitate improvement. Staff Development also provides individual and group coaching as requested by Case Management Agencies and remains flexible to respond to new or specific training needs as they arise. ▪ PSF recognizes that Pre-service Training and Certification are the initial foundation of the larger construct that is the child welfare professional's ability to perform competently, and therefore provides and facilitates the provision of on-going in-service trainings. ▪ Training for New Hires and In-Service Training. PSF has developed a comprehensive training and certification program. PSF requires all Child Welfare Case Managers, Licensing Specialists, Adoption Specialists, Independent Living Counselors, and Diversion Counselors complete Florida's Pre-service Training and demonstrate competency by achieving a score of 78% or higher on the competency exam. Currently, all our child welfare professionals are registered and certified with the Florida Certification Board and receive their credentials through the Florida Certification Board (FCB). The PSF Staff Development team facilitates training, supervision, and field experience and requires participation in post-service training during the final week of pre-service. All child welfare professionals providing or supervising direct service are required to maintain active certification with the FCB, as specified in their respective position descriptions. ▪ PSF's Staff Development team is responsible for the training and certification of child welfare professionals in Circuits 3 and 8 as needed. Once the supervisor credential is fully reinstated, PSF's Staff Development team will be responsible for facilitating certification for supervisors as well. ▪ Child Welfare Integrated Pre-service Training and Certification PSF's Staff Development department initiates the professional development process with the use of Florida's Child Welfare Integrated Pre-service Training. The team responsible for delivering the pre-service curriculum is comprised of trainers with child welfare certification and substantial experience in Investigations, Case Management, Licensing or Adoption, including supervision of these and other programs.

	▪ The pre-service instruction primarily consists of a combination of classroom instruction and structured field activities. Staff Development is utilizing a hybrid setting where in-person days are discussed during planning meetings and the schedule adjusted to add or reduce them as appropriate. The pre-service schedule allows new candidates to effectively transfer the knowledge acquired in the classroom into the field. While training candidates are not permitted official primary case assignment in FSFN, each candidate observes and participates in case management activities from orientation to testing. After candidates pass the competency exam, they are officially assigned to a restricted caseload of no more than five cases, totaling no more than 10 children for their first 45 days. ▪ Pre-service curriculum enhancements have been made to integrate local practice and policy and to bring providers into the classroom to enhance the learning experience. Throughout pre-service, guest lectures and presentations are scheduled, which include representatives from Children's Legal Services, the Child Protection Team, Guardian Ad Litem, the local Domestic Violence Shelter, and the Child Advocacy Center. ▪ Candidates are required to attend and participate in class. Should there be an emergent need resulting in the candidate missing a class, they are to get clearance from their supervisor and notify their Trainer in advance of missing class. Staff Development provides individual and group make-up sessions to ensure candidates receive module curriculum and provides opportunities prior to competency exams for candidates, individually or as a group, to ask questions and get more clarification on curriculum concepts and ideas and ways to manage testing anxiety prior to their competency exam. ▪ Any behavioral or attendance issues that may surface are brought to the attention of respective supervisors and program directors to be addressed during the pre-service period. ▪ To ensure additional quality professional staff development, PSF is committed to making available a variety of training opportunities to frontline staff. Training is recorded whenever possible and provided on the PSF intranet for on-going opportunities and refreshers for staff as their schedules permit. For staff that complete training independently via video recording, external training forms are required to attest to their completion to receive training credits. ▪ Courses made available by or through PSF include: ▪ PSF Lunch and Learn Series. Hour-long interactive training on topics such as Leadership, Community Resources and Resource Centers, Psychotropic Medications, Missing Children, Incident Reporting, Placement: Preparation and Stabilization, Quality Home Visits, and the like. ▪ Child Welfare Professional Ethics, Mandatory course for all child welfare professionals in Circuits 3 and 8, provided by PSF's Chief Legal Officer. Certified workers are expected to complete two hours of ethics every calendar year. ▪ Annual Legislative/Legal Update. Provides basic information about the court process and dependency hearings and ensures that frontline workers are aware of legislative changes. Certified workers must complete two hours of legal training every calendar year. ▪ Safety Planning for Children Exposed to Sexual Abuse. This training targets Partner Families to ensure quality placement. Participants learn to develop effective safety plans and collaborative skills to identify behaviors of sexual abuse victims. ▪ Core for Support Workers and Transporters. This course is designed for child welfare support workers. Components of this training include Worker Safety, Recognizing and Reporting Abuse, Incident Reporting, and Documentation. ▪ Locating Missing Children. Participants learn relevant definitions regarding missing children, understand their role in reporting a missing child, and understand the designated actions required in recovery of the missing child.

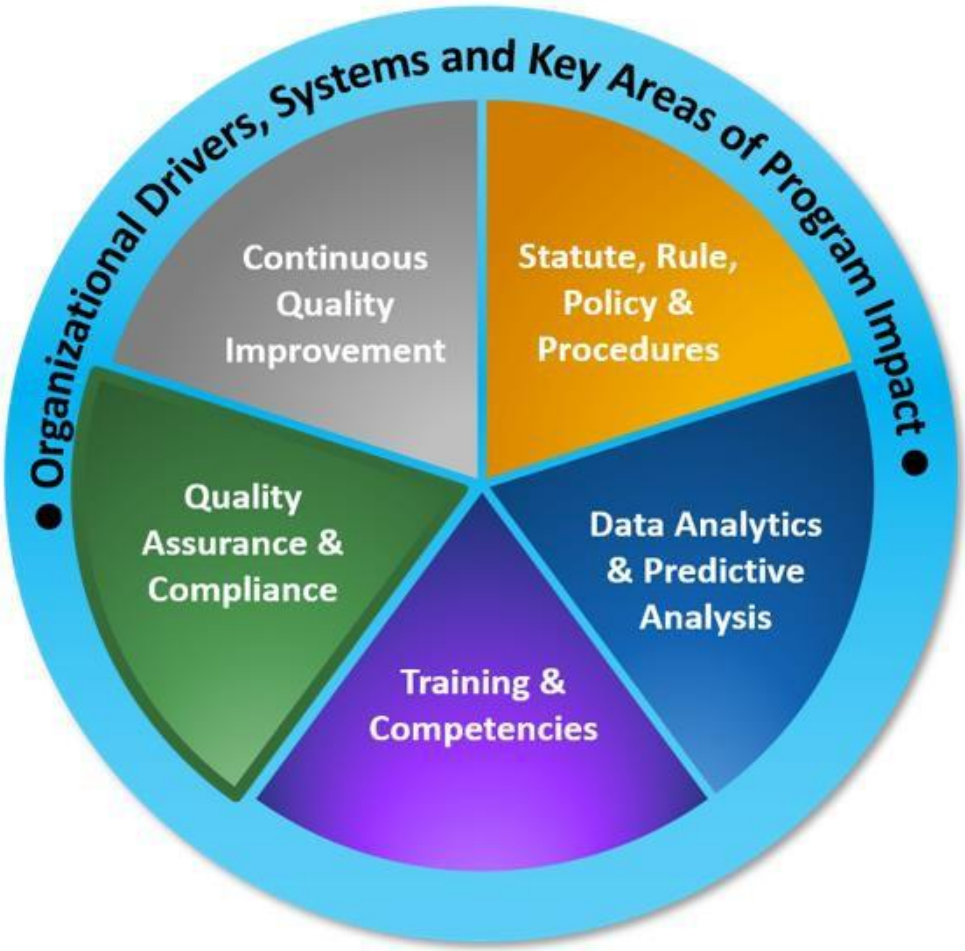
	▪ Human Trafficking. Human Trafficking introduces the professional to the state and federal definitions of human trafficking and establishes indicators for identifying the child victim. ▪ Florida Safety Decision Making Methodology ▪ Ensures that all staff providing child welfare services earn and maintain certification through the Florida Certification Board and are trained in the FSDMM model and can receive refresher training as needed. ▪ Psychotropic Medication Training Teaches workers the information needed to follow the psychotropic medication protocols for children in out-of-home care. ▪ Motivational Interviewing Skills to engage, encourage, assess, and motivate parents towards positive change management and increased caregiver protective capacities to meet the needs of their children and provide safety, permanency, and well-being. ▪ Sibling Placement and Assessment. To reinforce family connections and minimize the level of trauma and harm to children in out-of-home care by addressing the significant need for sibling relationships and communication. ▪ Adoption Competency Training. To provide skills and better capabilities in understanding developmental issues and survival behaviors of children and youth, trauma-based parenting, the impact of time in care, substance exposure, etc. ▪ Retention. To attract and retain qualified people, PSF offers a competitive compensation program consistent with operating budget and market data. PSF also provides a full array of benefit programs: medical, dental, vision, life, and accidental death insurance coverage; short- and long-term disability; optional contributory life insurance; an Employee Assistance Program; and a company-matched 401(k) retirement plan. Retention and turnover are examined on a monthly, quarterly, and annual basis. To better understand the success of PSF workforce retention efforts, HR facilitates the use of exit and stay interviews, monitors engagement using surveys, and annually reviews benefit offerings. PSF has also created a pay structure to ensure salaries are aligned with the competitive market. ▪ PSF prioritizes employee well-being and has implemented an employee wellness program by partnering with the Alliance for Workforce Enhancement (AWE). This is an effort to enhance the child welfare workforce through specialized leadership development and adaptive technical assistance. Informed by implementation science, PSF is participating in a three-year initiative, which includes a comprehensive assessment to determine organizational strengths and challenges, co-creation of a plan to address challenges, guided implementation activities, and sustainability planning. These tailored growth opportunities are supported by well-being and resiliency activities and leadership development training. ▪ Through this collaborative work, PSF has established goals for the lead agency team and the case management team focused on improving the workforce. ▪ Additional programs that contribute to the effective retention of staff include the following: ▪ Quarterly site meetings with staff and executive leadership to encourage open dialogue and to allow staff a forum to address concerns and ask questions ▪ The Employee Representation Committee (ERC) is an advisory council of employees who bring questions and concerns to management and function as a sounding board for company initiatives. The ERC also facilitates recognition and wellness programs for PSF staff.

Central	▪ During the past 5 years, Circuit 10 has felt the strain of staff turnover at all levels. In response, prior to receiving any additional funding, HFC met with CMO leadership and increased salaries for case management across the board. During this time, HFC also offered increased opportunities for pre-service training by operating concurrent classes internally and contracting with the University of South Florida to initiate a pre-service course in the middle of our normal pre-service course rotation. This allowed HFC to get staff into the field and working cases more quickly, alleviating the strain on existing workers. HFC and the CMOs each provided support to sustain the new CM workforce. HFC field trainers attended in-person court hearings and home visits with the new CM workforce and debriefed the experience. HFC has also expanded the field trainer positions and each CMO has a dedicated field trainer co-located at the CMO office location. HFC also created and distributed a Lead Agency Guidebook with agency department descriptions and POC information. Monthly Lunch & Learn trainings regarding important system of care topics were offered to support the CMOs. Additionally, each CMO provided unique morale building opportunities to their workforce including pizza days, music days, and one CMO created a relaxation room. The HFC Safety and Trauma Consultants also facilitated a Creating Connections meeting which provided speakers/trainings for supervisors with DJJ, DCF, and Heartland for Children. Lastly, HFC has developed technology support utilizing the Mindshare system to streamline judicial filing and service referrals. ▪ Kids central continues to participate in the case management and CPI work groups when presented by the department. The focus of these work groups or to improve efficiency across the state and interagency collaboration. KCI Chief Legal Officer hosts quarterly "Legal Chats" with CLS Supervising Attorneys, CMA Supervisors, CMA Directors, and CMA Court Liaisons. In addition, there are circuit wide "Legal Chats" with case management, KCI staff, the parents counsel, CLS attorneys, GAL Office, AALs and the judiciary. The "Legal Chats" provide education while promoting collaboration and partnership with our partners and stakeholders. KCI CLO also attends quarterly roundtable meetings with law enforcement in each county hosted by DCF. ▪ Kids Central has also utilized the Family Preservation Staffing Services Supervisor to review In Home Non-Judicial cases, monitor Conditions for Return and participate in Permanency Staffings. This Supervisor reviews these cases and provides an additional tiered reviewed of the work completed to the point in time of review and submits a report to case management and Kids Central Leadership. The Supervisor completing the reviews then meets with Case Management Leadership to discuss action steps to move the cases towards closure, reunification and/or permanency. Kids Central Case Management has dedicated two Permanency Specialists to focus on staffing all cases for permanency at all required time frames and critical junctures requiring a staffing. These Permanency Specialists will also be staffing MDTs for children who transition from one caregiver to another. These experienced staff have the skills necessary to manage the meetings, make recommendations, and document all case specifics and follow-up needed to minimize permanency barriers. ▪ Kids Central Case Management has created Home Study Specialists to immediately act on home studies to allow children to obtain a safe and nurturing home with an identified relative or non-relative. These specialists are highly experienced in family and safety assessment. Additionally, this professional has excellent engagement skills to gain cooperation and commitment from the potential caregivers to meet the child's developmental needs and address developmental delays. Kids Central has incorporated the Department of Juvenile Justice (DJJ) to attend any staffings in which children are being dually served in an effort to better support and stabilize youth under supervision who have entered the juvenile criminal system. Kids Central Case Management has increased the organizational chart to add an additional unit to lower caseloads, Adoption Support, provided additional Family Support Workers, and added Case Management Specialist administrative support to the units. All these efforts are to provide support to the Family Care Manager to focus on doing safety assessments, family

	assessments, and move the family to permanency. Kids Central has added a Mentor position for new Family Care Managers. Kids Central recognizes that the Family Care Manager position historically has been a high turnover profession and has dedicated a seasoned and committed professional to coach new staff from the date of hire to the time of certification. Kids Central Case Management remains on a tier progression schedule for Family Care Managers and Supervisors. With time and demonstrated competencies staff are rewarded financially with increased salaries. As staff meet these milestones, increased responsibility for cases, complex child and family issues, and leadership is expected. ▪ BFP implemented the Employee Climate Pulse and Satisfaction Survey, distributed annually to all staff to evaluate the following areas: expectations, materials and tools, work environment, recognition, personal value, development, encouragement, agency mission, commitment to excellence, individual progress, individual growth, and overall satisfaction. BFP continues to complete and analyze survey results annually. BFP conducted "Stay Interviews" with select staff and leadership to solicit feedback on the working environment. Health and wellness initiatives are ongoing that include small group sessions with all management and leadership staff, and a licensed psychologist that addresses the importance of self-care and how to recognize indicators of stress, burn-out, and vicarious traumatization. The importance of self-care is also emphasized-all employees are encouraged to create and maintain a self-care plan updated annually in the domains of physical, emotional/psychological, cognitive, spiritual, relationships, and workplace. BFP initiated wellness days in January 2020, each employee is provided one wellness day per quarter that is a paid day off and an annual cultural day in addition to the regular Paid Time Off days accrued. UHC instituted new insurance rewards in 2024 that provides financial incentives up to $300 annually for participating in wellness activities. In 2022 Case managers received salary increases. ▪ BFP partnered with Embrace Strong Foundations in 2020 to implement strategies to strengthen the Supervisory Workforce including assisting in identifying supervisory competencies, creating, and implementing a curriculum and working through a Supervisory Certification and professionalization process with the Florida Certification Board. BFP has further partnered with Strong Foundations on projects around case load size and complexity to inform assignment strategies that retain the workforce. Leadership development opportunities include Strength-Based Supervision curriculum, Strong Foundations Supervisor Certification, and a leadership mentoring program for emerging leaders. Supervisors within the agency are now participating in a 360-peer review process to receive feedback from a diverse perspective providing the opportunity for Supervisors to focus on strengths and growth areas. Since March 2022, BFP has been providing subject matter expertise to develop new Pre-service training curriculum for investigations and case managers including reviewing and revising competencies. BFP provided input on important new training revisions to produce more capable team members such as adding a virtual reality component, updating activities completed during field days, inserting simulation activities utilizing live actors and implementing new critical reasoning tools

Life-of-Case Review Tool

Reviewer Guide



FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

QUALITY OFFICE

MYFLFAMILIES.COM

Putting quality at the center of serving families.

Version 11: October 3, 2023

Contents

Life-of-Case Review: Child Protective Investigations

Background:

Section 402.715 of Florida Senate Bill 1326 establishes a department-wide Office of Quality to ensure that the Florida Department of Children and Families and its contracted service providers achieve high levels of performance. Under the newly developed Office of Quality and Innovation, the Department will assess the overall health of the child welfare system, by circuit, using grading criteria established by the department. An element of this with include data from quality case reviews.

Purpose:

The single most critical function of the child welfare quality case reviews is the complex process of assessing decision making at every stage of the case. The reviewer's assessment is crucial to addressing a child's immediate safety and concerted efforts to achieve permanency and well-being through a thorough understanding of the safety analysis, safety plan, and overall documentation. The role of the reviewer is to critically evaluate the assessment, planning, and monitoring strategies used to ensure the Department is taking appropriate steps to achieve its goal of safety, permanency, and well-being for children in the state of Florida. These reviews are completed throughout the life of the case – meaning from the initial stages of an investigation throughout any ongoing services provided to the family, the reviewer continues conducting reviews at regular intervals.

Process:

Sample Selection

The Office of Quality and Innovation selects a statistically significant sample of investigations using a report of children from the Florida Safe Families Network (FSFN), the state's child welfare information system. The sample is selected using the following process:

- A report is generated weekly from FSFN of new child intakes, screened in, and accepted by the supervisor.
- The Office of Quality and Innovation selects a statistically significant sample of cases, including any stratifications necessary, and sends to the quality review manager.
- Supervisor assigns quality reviewers to each investigation.
- Review sample will consist of the following: 30% ages 0-2, 20% ages 3-5, 15% ages 6-8, 15% ages 9-11, 10% ages 12-14, 10% ages 15-17, regardless of maltreatment type at intake.

The following case types will be staffed with a supervisor to determine if a Life-of-Case review is appropriate:

1. Cases with children who are being adopted privately and concerns involve the biological parents.

Cases will be assigned to a reviewer from the sample based on workload and availability. Reviewers will complete a minimum of 2 unique reviews per week.

Review Instrument:

The enterprise Office of Quality and Innovation of the Department of Children and Families created one unified quality review instrument for Child Protective Investigations (CPI). This tool incorporated review items from the Children and Families Services Review (CFSR) tool, Rapid Safety Feedback (RSF) reviews, fidelity reviews from Action for Child Protection and Risk Assessment, and special reviews associated with opioid related maltreatment.

Reviews begin at day 10 from the date of the intake report.

Feedback:

While conducting case reviews, the Quality Reviewer may find that a case requires immediate action. Prior to notifying the region of case, a consultation must occur immediately between the Quality Reviewer and the Quality Reviewer's Supervisor and Manager to affirm the need for immediate action by the region. During investigative reviews, when safety concerns are identified the review tool is sent to the regional Family Safety and Community Director and the Operations Manager. If the reviewer identifies an immediate action is not required, the Quality Review Supervisor notifies the Child Protective Investigator, Supervisor, and the Program Administrator. The Quality Reviewer will review the action that were taken at the next review.

Case Review Documentation:

Case Review Documentation

Each review is documented in FSFN. The reviewer uses the Case Consultation function and documents the review. The quality reviewers document the *initial* review in FSFN.

The reviewer uses the Chronological Note function and documents the initial review. The reviewer will select the following options:

- Enter Contact Begin Date
- Category: Case reviews
  1. Type: QA-Other
  2. Request for Action: Not being used at this time so select: "No Request for Action."
- Document the following in the narrative section:
  "This case has been selected for review by the Office of Quality and Innovation."

➢ If Reviewer Note is added at LOC CPI the reviewer will not need to add another note if case moves to Case Management

➢ For investigations completed by the department, the supervisor or designee emails the completed tool to the CPI, CPIS, and PA. Reviews must be emailed within 2 business days.

➢ Naming Convention for Saved Tool: LOC CPI, Interval Review, _____County, Intake

➢ Upon completion on the review tool in Qualtrics, the following email will be sent to the regional point of contact:

- *Subject Line: Life-of-Case Review, Interval Review, _____County, Intake Number*
  A case assigned to you has been selected for review by the Office of Quality and Innovation. Attached is the tool for your review. The tool can be useful as you move forward through the investigation. The case will be reviewed again on or about <date>. Each time a case is reviewed, the tool will be provided to operations staff.
- If there were areas of concern that did not rise to the level of immediate safety concerns, include the following statement as well:
  - *While reviewing the case, there were some notable areas that you should review. Please pay close attention to questions number <include question numbers and/or summarize areas>.*
  - *If a SME consultation is needed at the 10-day review, include in the email and document in **Bold.***
- If during the review, there are notable areas of great practice include the following statement as well:
  - *While reviewing the case, there were some areas of strength that we would like to highlight. <Summarize areas>*
  - *For cases with notable areas of great practice – copy the CPD and OM on the email, in addition to the CPI, CPIS, PA, QO Managers, and QO Director.*

ICSAR Process:

Purpose:

Section 402.175 of Florida Senate Bill 1326 emphasizes accountability and program performance improvement and codifies a results-oriented accountability system with the Office of Quality and Innovation.

The notification of an Immediate Child Safety Action Required (ICSAR) seeks to correct deficiencies and promotes quality improvement and skill building. When a child safety issue is occurring, the assigned child welfare professional (or designee) must respond with swift action that creates resolution and increased child safety within two business days. The ICSAR, in conjunction with the Life-of-Case Review Tool, improves accountability and program performance in an action-focused and collaborative manner contributing to learning and development of child welfare staff.

Process:

The ICSAR process shall be adhered to when the Quality Review Specialist identifies an immediate child safety concern during a Life-of-Case review.

During a Life-of-Case (LOC) Review, the Quality Review Specialist may identify that a child safety issue is occurring. An immediate child safety concern will be identified based on case circumstances and is at the professional discretion of the Quality Review Specialist (QR). The Quality Review Specialist (QR) will contact the Quality Review Quality Review Supervisor (QRS) as soon as the child safety concern is identified to discuss the concern(s). The QR will email the ICSAR summary (found on the last page of the LOC tool) and completed Life-of-Case tool to the QRS, for review. Once approved, the QRS will email the ICSAR summary and completed tool to the Quality Review Manager (QRM). Once the ICSAR summary and tool has been finalized, the QRM will email the ICSAR summary and Life-of-Case tool to the identified Regional Points-of-Contact notifying them of need for immediate action to be taken.

The email must include the completed tool and a summary of the immediate child safety concerns in the body of the email. The format for the email is as follows:

> *Subject Line: Immediate Child Safety Action Required, Interval, County, Intake Number*
>
> *"A XX-day review was completed on 20xx-xxxxxxx. A need for immediate action was identified based on the review. The summary of the area needing attention can be found on the last page of the attachment and is included below:*
>
> ***Summary of Concerns:*** *Include summary from the tool.*
>
> *In two business days from the date of this email, the Quality Review Specialist will review the case to determine if actions were taken to ensure child safety. If you have questions or would like to schedule a consultation, please reach out to me at the number below."*

• If an ICSAR is identified on a case management case while completing a CPI LOC, the Quality Review Specialist will complete the ICSAR survey identifying the case management ICSAR.

• If an ICSAR is identified on an investigation while completing a CM LOC tool the Quality Review Specialist will only complete the ICSAR survey
• If an ICSAR is identified on both CPI and Case Management at the same time, you will complete two separate ICSAR surveys to address each concern.

ICSAR Follow-Up:
At the 2-business day follow-up review by the Quality Review Specialist, a determination will be made as to whether the ICSAR can be resolved based on actions taken by staff. If child safety concern(s) remain, the Quality Review Specialist will notify the Quality Review Quality Review Supervisor to discuss the case. If the ICSAR cannot be resolved, a consultation will be requested by the Quality Review Supervisor via email to the Regional Points-of-Contact and will include the Quality Review Specialist and Quality Review Manager. This email format is as follows:

Subject Line: UNRESOLVED – Immediate Child Safety Action Required, Interval, County, Intake Number

> *"The above referenced case was sent with notification of an ICSAR on XX/XX/XXXX and to date there has not been sufficient information documented in the case file to alleviate and resolve the concern for the immediate safety of the child(ren). At this time, the ICSAR remains unresolved for the following reasons.*
>
> ***Summary of Unresolved Concerns:*** *Indicate what steps were taken and what actions remain outstanding.*
>
> *We would like to offer a consultation to provide additional information into the unresolved safety concerns and to gain information that may be helpful in resolving the concerns. Please provide your best availability and we will send out a calendar invite for that meeting.*
>
> *Thank you for your collaboration with us on this case."*

If the safety concern(s) cannot be resolved the following timeline will be adhered to:

- Within one business day of request for consultation or completion of consultation, Quality Review Specialist will send follow-up email to Operations POC requesting additional information.
- One business day later - Quality Review Specialist and Quality Review Supervisor will discuss the concern(s) with the Quality Review Manager who will determine whether to contact Operations or ask Quality Review Supervisor to make further attempts to resolve.
- One business day later – Quality Review Manager will decide whether to escalate concern(s) to Quality Review Director
- One business day later – Quality Review Specialist, Quality Review Supervisor and Quality Review Manager will discuss ICSAR remaining unresolved despite efforts made by either the Office of Quality and Innovation or Operations and ICSAR Survey will be finalized.

After the initial child safety concerns are identified, new information may become known from the work completed as follow-up after the issuance of the ICSAR. Should further child safety issue(s) become evident, the ICSAR shall then encompass that information and may require additional follow-up.

Completion of ICSAR Survey:
The ICSAR Survey will be completed by the Quality Review Specialist in Qualtrics when the ICSAR has been emailed to Operations by the Quality Review Manager.

• Quality Review Specialist will complete the ICSAR Survey using the link sent by Qualtrics when Q20.1 in the Life-of-Case Tool is answered 'Yes'.

• Quality Review Specialist will mark whether the safety concern is resolved in the ICSAR Survey (****the QR will always mark 'No' in the ICSAR Survey for resolution when the Survey is initially completed.*)

- o When not resolved, Quality Review Specialist receives retake link to update once ICSAR is resolved
- o When resolved, Quality Review Specialist and Quality Review Supervisor receive email with completed survey to send to field
  - Naming convention for finalized ICSAR tools will be as follows: ICSAR, Interval, Intake Number, Region- Resolved
- o When ICSAR remains unresolved, Quality Review Specialist and Quality Review Supervisor receive email with completed survey to send to the field.
  - Naming convention for finalized ICSAR tools will be as follows: ICSAR, Interval, Intake, Region- Unresolved

The final ICSAR Survey is sent to the Regional Points-of-Contact by the Quality Review Supervisor.

Consultations:

Consultations may be requested of the Office of Quality and Innovation at any point to discuss concerns regarding ratings, clarification regarding ICSAR concerns, assessment and scoring, guidance in the reviewer guide and/or tool, etc. To request a consultation regarding a case being actively reviewed, please reach out to the assigned reviewer and supervisor to schedule.

The Office of Quality and Innovation encourages the opportunity to consult regarding any open case at any time, regardless if it is being reviewed or not, through the Life of Case reviews or any other review instrument. To request a consultation regarding a case not currently being reviewed by the Office of Quality and Innovation, please reach out to the designated Office of Quality and Innovation manager for that region.

Completion of Alternative Closure Survey:

- If the alternate closure type is found at the 10-day review- the Alternative Closure review will replace the 10-day LoC review and no further LoC review will be done on the investigation

- If at any point the case is closed with an alternate closure type, all LOC reviews will remain in the LOC Survey and will not be deleted.

New Baby Born:

- If a new baby is born into an open CPI Investigation and the Office of Quality and Innovation has not been conducting LOC- CPI reviews, the Office of Quality and Innovation reviewer will complete the LOC- CPI review from the 10-day interval through closure.
- If a new baby is born into an open CPI investigation and the Office of Quality and Innovation has been conducting LOC- CPI reviews, the new baby will be included in the current review at the current interval through closure.
- If a new baby is born into an open case but the Office of Quality and Innovation has not been conducting the Ongoing Services tool for the open case, the QO reviewer will complete the LOC CPI review through closure. Upon the LOC- CPI Closure interval being completed, the QO reviewer will then complete the LOC Ongoing Services on all children for the progress update interval.
    - In completing a progress update interval on a case that has been open but not yet reviewed by the Office of Quality and Innovation, the Office of Quality and Innovation recognizes that the OQI reviewer will need to review historical information and answer questions from the past. The Office of Quality and Innovation believes this feedback can still be valuable to rectify any identified areas and/or for learning opportunity for future casework.
- If a new baby is born into an open case and the Office of Quality and Innovation has been conducting the Ongoing Services tool, the OQI reviewer does not complete the LOC- CPI tool and will only complete the progress update LOC- Ongoing Services.

General Information: (Block 1)

The first few questions in the CPI review instrument gather basic case and review information:

- Date of Review
- Date of Initial Intake
- Review Type
    - Life of Case Review
        - This selection is used when it is received as part of the sample pull
    - Life of Case Review – OTI
        - Once OTI review has been selected during an interval, it must be selected at every subsequent interval.
    - Life of Case Review- New Intake received due to previous ICSAR
    - Life of Case Review- Career Ladder
    - Special Review – Child Fatality
    - Special Review – Region Request
        - Selected when the Region Requests a Review by the Office of Quality and Innovation
    - Inter-Rater Reliability Review
    - Other
- Reviewer Name
- Reviewer Supervisor
- Reviewer Unit
- Reviewer Email (will display as you type your email)

- FSFN Report Number (20xx-xxxxxx)
- Number of Intakes on Current Investigation
- CPI: Enter the name of the primary CPI. **Copy and paste from FSFN**
- CPI Email (Use worker search function to identify CPI email)
- CPIS: Enter the name of the primary CPI Supervisor. **Copy and paste from FSFN**
    - Use worker search function to identify supervisor assigned to the unit list as the CPI's unit.
- CPIS Email ((Use worker search function to identify CPIS email)
- Region of Investigation – ***Reference if needed***: http://eww.dcf.state.fl.us/districts.shtml
- Judicial Circuit
- County: The county of the primary CPI
- CPI Unit Number:
- Is this a closure review?
- Closure Type *(Select the closure type the CPI selected)*
    - Was this the correct closure type?
        - *(Use the guidance in CFOP 170-5, Chapter 25 to determine if the closure type selected was correct)*
- Has the primary investigator changed during the investigation on the closure review?
    - Yes
    - No
- Is this case going to ongoing case management?
    - Yes
    - No
    - Already Open to Case Management

- Review Interval
    - 10 Day
    - 30 day- only completed on reviews with an ICSAR or present danger identified at the 10-day review
    - Closure
- Were any additional/supplemental intakes received since the last review **OR** is this a closure review?
    - For this question, select yes if either a closure review **OR** there has been a new, additional/supplemental intake since the last review.
- Did the Reviewer Change?
- How many children are in the household of focus for the investigation?
    - For each child, reviewer will answer from oldest to youngest:
        - Name
        - Age
        - Gender
        - Race
        - Ethnicity

Response Priority: (Block 2)

Response Priority of Report:

- Immediate
- 24 Hour
- Supplemental

If Immediate, was the report downgraded?

- Yes
- No

General Information 2: (Block 3)

The next set of questions provide information related to the investigation:

Case Type:

- In-home
- Other

Is this the correct case type?

- Yes
- No

Was the family open to ongoing services at the time of intake?

- Yes
- No

If yes, please select all that apply:

- New Child
- New Maltreatment

Maltreatment Type (check all that are included on intake):

- Abandonment
- Asphyxiation/Suffocation/Drowning
- Bizarre Punishment
- Bone Fractures
- Burns
- Death
- Environmental Hazards
- Failure to Protect
- Failure to Thrive/Malnutrition/Dehydration
- Household Violence Threatens Child
- Human Trafficking - Commercial Sexual Exploitation of a Child (CSEC)
- Human Trafficking – Labor
- Inadequate Supervision
- Internal Injuries
- Intimate Partner Violence Threatens Child
- Medical Neglect
- Mental Injury
- Physical Injury
- Sexual Abuse: Sexual Battery
- Sexual Abuse: Sexual Exploitation
- Sexual Abuse: Sexual Molestation
- Substance-Exposed Newborn

- Substance Misuse
- Substance Misuse – Alcohol
- Substance Misuse – Illicit Drugs
- Substance Misuse – Prescription Drugs
- Threatened Harm

If a substance abuse related maltreatment is selected, select all substances used by the parent/caregiver:

- Alcohol
- Amphetamine (Adderall, Dextroamphetamine, Benzedrine
- Methamphetamine (Desoxyn, Methedrine, Desoxyephedrine)
- Barbiturates (Amytal, Nembutal, Secondly)
- Benzodiazepines (Diazepam, Estazolam, Quazepam, Alprazolam)
- Cannabis (Marijuana)
- Cocaine/Crack
- LSD
- Medication Assisted Treatment (Methadone, Vivitrol, Buprenorphine)
- Methadone, Vivitrol, Buprenorphine NOT prescribed and/or obtained legally
- Opioid/Narcotics (Heroin, Demerol, Morphine, Vicodin, Oxycontin)
- PCP
- MDMA (Molly)
- Synthetic Marijuana
- Other: enter drug in text box

Do the maltreatment and/or general family dynamics include mental health concerns?

Factors to Consider:

This question is only assessed on the parents

*For example: This **may** include a history of or is currently exhibiting signs of unmanaged mental health, delusional behavior, immaturity, developmental delays, or other limitation which could include reports or observations of:*

- *Delusions – false beliefs that are not part of the person's culture and do not change (neighbors can control his or her behavior; people on television are directing special messages to him or her)*
- *Hallucinations – things a person sees, hears, smells or feels that no one else can see, hear, smell or feel. (He or she may hear voices that tell him/her to do things, or the voices may talk to each other.)*
- *Disorganized thinking – when a person has trouble organizing his or her thoughts or connecting them logically (the person may talk in a jumbled way that is hard to understand)*
- *Disorganized speech – when a person's thought process is disorganized and, therefore, it can be difficult for the individual to express his/her thoughts clearly (e.g., rambling responses unrelated to the question asked)*
- *Paranoia – preoccupation with one or more delusions (a person may think someone is following him, or she might think her phone has been bugged, etc.)*
- *Manic Episodes – excessive energy, euphoria, over-activity (talking very fast, being easily distracted, increasing activities, sleeping little or not being tired, behaving impulsively)*

Response Options:

- Yes
- No

If yes, use comment box to describe how the mental health concerns impact the family dynamic.

Most serious findings for maltreatment as identified on investigation finding tab: (If Closure Review)

- Verified
- Not Substantiated
- No Indicator

Safety Determination: (If Closure Review)

- Safe
- Unsafe

Was there a removal?

- Yes
- Yes, one parent shelter
- No

Was Present Danger Found?

- Yes
- No
- CPI has not yet completed Present Danger Assessment.

Impending Danger Found? (If Closure Review)

- Yes
- No

Risk Level identified by the CPI:

Asked during a closure review when the family was not open to ongoing services at the time of intake and safety determination is safe.

Or If no impending danger was found and the children are determined to be safe.

Or the case is not going to ongoing case management, or safety determination is safe.

- Low
- Moderate
- High
- Very High
- No Risk Assessment Completed

Multidisciplinary Team Staffings: Chapter 39.4022

(a) A multidisciplinary team staffing must be held when an important decision is required to be made about a child's life, including all of the following:

1. Initial placement decisions for a child who is placed in out-of-home care. A multidisciplinary team staffing required under this subparagraph may occur before the initial placement or, if a staffing is not possible before the initial placement, must occur as soon as possible after initial removal and placement to evaluate the appropriateness of the initial placement and to ensure that any adjustments to the placement, if necessary, are promptly handled.
2. Changes in physical custody after the child is placed in out-of-home care by a court and, if necessary, determination of an appropriate mandatory transition plan in accordance with s. 39.4023.

3. Changes in a child's educational placement and, if necessary, determination of an appropriate mandatory transition plan in accordance with s. 39.4023.
4. Placement decisions for a child as required by subparagraph 1., subparagraph 2., or subparagraph 3. which involve sibling groups that require placement in accordance with s. 39.4024.
5. Any other important decisions in the child's life which are so complex that the department or appropriate community-based care lead agency determines convening a multidisciplinary team staffing is necessary to ensure the best interest of the child is maintained.

OR A reinstatement of parental rights Chapter 39.8155
(g) A multidisciplinary team was convened under s. 39.4022 and recommends the reinstatement of parental rights and has developed a plan to transition the child to the former parent's care pursuant to s. 39.4023.

Was a multidisciplinary team staffing needed for any of the reasons listed above?

- Yes
- No

If Yes:

Select the reason the multidisciplinary team staffing was needed?

- Initial placement decisions for a child who is placed in out-of-home care. A multidisciplinary team staffing required under this subparagraph may occur before the initial placement or, if a staffing is not possible before the initial placement, must occur as soon as possible after initial removal and placement to evaluate the appropriateness of the initial placement and to ensure that any adjustments to the placement, if necessary, are promptly handled.
- Changes in physical custody after the child is placed in out-of-home care by a court and, if necessary, determination of an appropriate mandatory transition plan in accordance with s. 39.4023.
- Changes in a child's educational placement and, if necessary, determination of an appropriate mandatory transition plan in accordance with s. 39.4023.
- Placement decisions for a child as required by subparagraph 1., subparagraph 2., or subparagraph 3. which involve sibling groups that require placement in accordance with s. 39.4024.
- Any other important decisions in the child's life which are so complex that the department or appropriate community-based care lead agency determines convening a multidisciplinary team staffing is necessary to ensure the best interest of the child is maintained.
- A reinstatement of parental rights Chapter 39.8155

Was a multidisciplinary team staffing held when it met the requirement as listed in Chapter 39.4022?

- Yes
    - Date of MDT
- No

Is a family navigator assigned to the investigation?

- **The assignment of a family navigator will be confirmed through the Secondary Assignment in FSFN**

- Yes
- No

OTI: (Block 4)

Source:
CFOP 170-5, Ch 1
65C-29.011

Concurrent intake assignments are made by the Hotline when county of household of focus is different than where victim child is located.

- Primary CPI- county where household of focus is located
- Secondary CPI/OTI CPI- county where child is located

Responsibilities on concurrent (Dual) intakes:

	Primary CPI	Secondary CPI
Review of records	Both the primary and Out of County investigator are mutually responsible for a thorough review of all criminal and child welfare histories prior to commencing their respective aspects of the investigation.	
Contact Reporter	CFOP 170-5 chapter 1 states that this is "generally" the responsibility of the primary worker, however the primary and secondary worker must discuss and reach a consensus as to who will contact the reporter based on the circumstances in the case.	
LE notification	Whomever is in county where LE has jurisdiction over incident. Where did incident occur?	
Commencement		X-county where child is
PDA	X-with input from secondary	
PD safety planning	X	
Judicial	Staff with CLS in both counties to determine	

OTI for additional information or when an emergent need is identified:

When concurrent intake assignments have not been previously completed by Hotline, but the Primary CPI needs assistance with interviews, home studies, criminal checks, etc. from another county, an OTI can be requested.

- OTI requests for home studies within Florida for relative/non-relative emergency placements must be initiated as soon as possible but no later than 4 hours after request is made.
- Out-of-state placement requests are required to follow the regulations of the Interstate Compact on the Placement of Children (ICPC) and are not eligible for the OTI process.
- OTI requests for initial child victim interviews will be commenced within four (4) hours from the time of the OTI request.
- Requests for follow-up (i.e., not initial contacts) victim interviews, sibling, adult family members and all other collateral contact requests must be commenced within 24 hours of the request, unless the circumstances warrant an immediate response. Requests must be completed within five business days from the time of the OTI request.

- Requests for local criminal history background checks must be submitted to law enforcement within 72 hours from the time of the OTI request.
- Problems or issues in coordinating the investigation, particularly involving delays in obtaining requested information within the timeframes established should immediately be referred to each respective circuit, county, or agency 'OTI Point of Contact' for resolution.

CPT Consultations:

- If the child victim is hospitalized or at a hospital emergency room, the Out of County investigator will contact CPT to determine the need for an immediate on-site medical evaluation. The primary investigator will have responsibility for scheduling any follow-up CPT medical evaluations or CPT services which are not arranged by the Out-of-County investigator during the initial contact with the child.

Supervisor Oversight:

- The CPI Supervisor must ensure CPIs have robust and timely communication and collaboration. Robust communication is based on individual case circumstances and is evidenced by documentation that provides a full and clear picture of the investigation. Evidence of robust communication can be found in email, telephone, or other consultation.

Tool Distribution to Field:

- After each review, the tool should be provided to the Region who have both primary and secondary case responsibility at the time of the review.

OTI Question Block within Life of Case:

Question 4.1 Is there an OTI on this investigation?

- Yes
- No (if selected, OTI block is skipped)

Q4.2 How many OTIs completed?

Q4.3 OTI Demographics of Receiving County

- CPI
- CPIS
- Region
- County
- Type of OTI
    - Field Assigned OTI
    - Concurrent OTI (Assigned by Hotline)
    - Investigative Transfer
    - Emergency OTI
- Q4.4 Reasons for Emergency OTI
    - Requests for child victim to be seen

- Emergency Home study for placement
- Other
  - Q4.5 Comment box to explain Other selection

Q4.6 Was designation of Emergency OTI appropriate?

- Yes
- No
  - Q4.7 Reason Emergency OTI was not appropriate (Comment Box)

Q4.8 OTI Transfer Demographics

- New Primary CPI
- New Primary Supervisor
- Region
- County
- If case transferred, is there documentation that the initial CPI assigned to the investigation had telephonic coordination by the next business day to discuss and coordinate activities?
  - Q4.9 If No, comment box for explanation
- Date of Transfer

Q4.10 OTI for Field Assigned or Concurrent Assignment

- Did Secondary CPI complete a thorough review of criminal/abuse histories prior to commencing their assigned OTI tasks?
  - Yes
  - No
  - N/A
- Were follow-up interviews completed with family members or collateral sources?
  - Yes
  - No
- Was LE notification required?
  - Yes
  - No
- Did CPI in jurisdictional county complete notification to LE?
  - Yes
  - No
  - N/A

Q4.11 Comment box for Concurrent or Additional OTI Information

Q4.12 Reason for OTI request-Matrix table:

- Transferred to other county
- Interview child victim
- Interview parent/caregiver
- Interview other children
- Interview collateral

- Interview other family member
- Safety planning
- Home study
- Background checks
- Obtain records
- Other
    - Q4.13 Comment Box

Q 4.14 For all reasons identified in Q4.12:

- Were the noted requests completed or determined to be no longer needed?

Q4.16 Was a timely OTI completed?

- Yes
- No

Q4.17 If No, matrix table will allow reviewer to document where the timeliness issue was identified. The time requirement is noted within each option:

- Primary CPI did not request OTI timely.
- Initial child victim interview not attempted within 4 hours from the time of request.
- Emergency home study placement not initiated within 4 hours from the time of request.
- Home study placements (non-emergency) not initiated no later than 24 hours from the time of request.
- Follow up interviews not commenced within 24 hours of request or completed within 5 days of request.
- Other follow up as needed based on circumstances within 24 hours of request.
- Criminal/LEO requests not completed within 72 hours.
- Critical information not exchanged timely (ASAP but no later than 1 hour after interview/observations completed.

Q4.19 Was a quality OTI completed

- Yes
- No

Q4.18 If not quality, select all that apply

- Insufficient child victim interviews.
- Home study requests not completed or insufficient.
- Follow up interviews not completed or insufficient.
- Lack of follow up as needed based on circumstances.
- Insufficient assessment of criminal history.
- Insufficient collateral interviews
    - Q4.19 Comment box for explanation
- Safety concerns based on OTI information not addressed

- Lack of collaboration that impacted the quality of the investigation.
- Other
    - Q4.20 Comment box to explain any "other" answer

Q4.23 Primary Supervisor ensured investigators have demonstrated timely and robust communication and collaboration to achieve well-coordinated investigative activities

- Yes
- No
    - Q4.24 If No, provide details in comment box and identify which supervisor responsible: Primary or OTI Supervisor.

Q4.25 Supervisor ensured Investigators have successfully resolved challenges impeding a coordinated investigation or appropriately followed local protocol to involve management in addressing unresolved issues:*)*

- Yes
- No
    - Q4.26 If No, provide details in comment box and identify if comments are related to either Primary or OTI Supervisor.
- There were no challenges identified

Q4.26 If safety concerns were identified:

- Did Secondary CPI ensure primary CPI was aware of safety concerns?
    - Yes
    - No
    - No Safety Concerns Identified
- Did Primary CPI appropriately handle the safety concern information provided?
    - Yes
    - No
        - Q4.28 – Comment Box to provide details
    - No Safety Concerns Identified

Q4.29 Summary of OTI

Provide summary of OTI details.

Case Summary: (Block 5)

Q5.1 Case Summary:

Provide a brief overview of the investigation. Reviewer should highlight pertinent areas of the case such as allegations, household members, ages of the children and a brief summary of the CPI's safety determination and whether this is supported within the totality of the case. The summary can also encompass any immediate safety concerns within the investigation that warranted immediate action.

Example: The investigation involves a single mother of three children, ages 3, 4, and newborn baby. The Department received allegations coded Substance Misuse-Illicit drugs as the newborn was positive for THC at birth. Based on the investigation, the mother has no history of drug use with little DCF involvements and no criminal history. Multiple positive collaterals were obtained throughout the case supported no concerns for the mother's ability to parent or her use of marijuana in the home. The baby suffered no adverse effects and was discharged timely from the hospital. CPI saw the home and observed basic needs are met. The children were identified as safe and the information documented within the case chronological notes and the FFA supports this assessment.

Reporter: (Block 6)

Question 6.1

CPI contacted or attempted to contact the Reporter?

Source:
FS 39.301(9)(1)
FS 39.308
FAC 65C-29.003 (2)a
CFOP 170-5, Chapter 6-4

FSFN Locations:

- Notification Tab
- Chrono Notes

Factors to Consider:

Question is evaluated at all review intervals.

The investigator must attempt to contact the reporter prior to commencing the investigation in order to verify information contained in the allegation narrative and to explore additional information the reporter might regarding the alleged maltreatment incident or on the child/family in general. Attempts to contact the reporter must be made with each additional intake received throughout the life of the investigation. There are a few exceptions to making attempts to contact the reporter prior to commencement such as when a concern for child safety and the need for expediency warrants a post-commencement contact as in the following circumstances:

- An immediate response is required because of present danger (e.g., a 3-year-old is alleged to be home alone, etc.).
- Special condition reports in which there is no parent, legal custodian, or responsible adult relative immediately available to provide care and supervision for the child (e.g., parent incarcerated, parent hospitalized, etc.).
- Attempting contact with the reporter may increase the risk of harm to the child or adult household member (e.g., reporter is a subject of the report or resides in the same home as the family and attempted contact may inadvertently alert the alleged perpetrator of the investigation, etc.). If the situation precludes, contact with reporter prior to commencement, then efforts must be made as soon as practical after commencement.

If a CPI commences an investigation and the reporter is located in an institutional like setting such as a school, hospital, or similar location where commencement will occur, and the CPI contacts or attempts to contact the reporter as a part of their commencement activities, this question should be answered "Yes."

When circumstances preclude contacting a reporter prior to commencement or an attempted contact was unsuccessful, the investigator is required to contact the reporter as soon as practical after the initial on-site response is completed.

Note: Investigators must attempt to contact the reporter of initial and each additional report of maltreatment received during the investigation.

Response Options:

Yes - The CPI contacted or attempted to contact the reporter to verify the information contained in the allegation narrative according to statute.

No - The CPI did not make attempts to contact the reporter and did not demonstrate continued efforts to contact the reporter if circumstances precluded contact prior to commencement.

> *Note: If more than one intake was received, indicate if the reporter was contacted for some of the reports in the comment box.*
>
> *Q6.2: Comment Box to describe No response.*

N/A - No contact information for reporter or reporter is anonymous.

Pre-commencement: (Block 7)

Q7.1 Was the pre-commencement assessment of prior services, child protection history, and criminal history completed by an assessment team member (e.g. ART or Brain)?

Question is evaluated at all review intervals.

- Yes
- No

Question 7.2 CPI assessed prior reports and service history

Source:

FS 39.301(6)(4)
FS 39.301 (9)(a)1
FAC 65C-29.003 (2)g
FAC 65C-29.009 (a)
CFOP 170-5, Chapter 6-3

FSFN Locations:

- Intake/ Participant Tab
- Prior Intakes and Investigation Referrals Tab (review)
- Chrono Notes
- File Cabinet

Factors to Consider:

Question is evaluated at all review intervals.

The CPI must assess all prior abuse reports and investigative decision summaries prior to commencement. This includes prior reports on the adult participants when they were children.

Note: Criminal histories are assessed in a subsequent question.

Assessment includes review and evaluation of the potential impact of the maltreatments, alleged victims, alleged maltreating caregivers, and outcomes.

- Identify patterns of escalating maltreatment (i.e., increase in frequency of reports or severity of maltreatment) over time.
- Identify patterns of same maltreatment type (e.g., all priors allege sexual abuse, all priors allege inadequate supervision, etc.) or a 'cross-type' recurrence pattern (e.g., all priors involve acts of omission by caregivers, all priors involve inflicted injuries, etc.).
- Identify patterns of pervasive, "embedded" individual or family conditions that have been out-of-control in the past (e.g., domestic violence, parental substance abuse, unmanaged medical or mental health condition in a household member, etc.).

- Review prior interventions and outcomes in order to assess why past referral or treatment efforts were, or were not, successful. Out-of-state child welfare agency records if the family is known to have lived in another state within the past five years. As states vary in release of information protocols and jurisdictional responsibilities (i.e., county run vs. state-wide operations) initial contact by the investigator should be telephonic, followed up by a written request for information once the family's prior residential locations have been obtained during on-site interviews with family members.

Note: The Pre-commencement note assessing the priors may be completed by the Field Support Analyst (FSA), BRAIN, or ART. The question is scored regardless of if the priors were assessed by the primary CPI or another child welfare professional. Some areas use specialized positions to assist investigators with compiling prior history reports. The investigator must review information provided to assist in making safety determinations. Reviewers may find this analysis of this information in the Present Danger Assessment or chronological notes.

Response Options:

Yes – Prior to commencement an assessment of priors was completed for all adults and children listed on the intake prior to commencement. This includes prior reports when the adult participant was a child. The reviewer judgement; an accurate assessment of the prior reports and service history on all intake participants (adults and children) for current and/or future patterns of behavior, potential danger threats, substance abuse, domestic violence, and the impact on child safety is documented in the case record either by the primary CPI or other Child Welfare Professional as long as this occurred prior to commencement.

No - If prior reports and service history were not accurately assessed, not all intake participants were assessed, or no assessment was completed (only listing of prior history), or if this was not completed prior to commencing the case.

Q7.3- If No, select all that apply

- CPI did not assess all prior reports
- CPI did not assess all service history
- CPI did not assess all prior reports once updated demographics received
- Not all intake participants were assessed
- No assessment was completed (only listing of prior history)
- Not completed prior to commencing the case
- Not assessed within 24 hours on newly identified household members
- Not assessed within 24 hours on household members with updated demographics

Q7.4 – Comment Box to provide details for no response.

N/A - No prior history for any participants at the time of intake. If all the participant information is unknown or no demographics were provided to review priors. Reviewer should note this and score for an assessment being completed under Question 4.

Question 7.5

CPI assessed available criminal history.

Source:

FS 39.0138
FS 39.301 (9)(a)1
FAC 65C-29.003 (2)(e)
CFOP 170-5, Chapter 6

FSFN Locations:

- Intake/ Participants
- Participant Tab
- Chrono Notes
- File Cabinet

Factors to Consider:

Question is evaluated at all review intervals.

Review of criminal history should include: FCIC, NCIC, CCIS, DOC, DJJ any past or current domestic violence injunctions, and any involuntary assessment orders such as hospitalizations under the Baker Act or Marchman Act. Prior history of child maltreatment is assessed in the previous question.

Note: The reviewer can utilize CCIS to validate criminal history.

History of involuntary assessment should prompt investigator to have parent sign release for treatment records.

In assessment, substance related criminal histories can include, but are not limited to:

- Drug/paraphernalia possession
- Dealing/Distribution
- Prostitution
- Passing worthless checks
- Theft/larceny
- Forging prescriptions

Note that FDLE and NCIC may not be available prior to commencement. It should be documented in a chrono note that these results were pending at that time and there must be documentation to support what other sources were used to assess criminal history (CCIS, DOC, Locals, Clerk of Courts etc.).

The Pre-commencement note assessing the criminal history may be completed by the Field Support Analyst (FSA), BRAIN, or ART. The assessment is scored regardless of if the criminal history was assessed by the primary CPI or another child welfare professional. The reviewer may find that the Investigator considered the assessment in the Present Danger Assessment or chronological notes.

Response Options:

Yes – Prior to commencement, an accurate assessment of the available criminal history on all intake participants (adults and children 12 or more years of age) for current and/or future patterns of behavior,

potential danger threats, substance abuse, domestic violence, and the impact on child safety is documented in the case record.

No – Criminal histories not accurately assessed, not all required intake participants were assessed, no assessment was completed (criminal charges only listed with no assessment) or assessment was not completed prior to commencement.

Q.7.6 If no, select all that apply

- CPI did not assess all criminal history
- CPI did not assess all criminal once updated demographics were received
- Not all intake participants were assessed
- No assessment was completed (only listing of criminal history)
- Not completed prior to commencing the case
- Not assessed within 24 hours on newly identified household members
- Not assessed within 24 hours on household members with updated demographics

Q7.7 Comment Box to provide details.

N/A – If all the participant information is unknown or no demographics were provided in order to review priors. Reviewer should note this and score for an assessment being completed under Question 9.3.

Commencement and Beyond: (Block 8)

Question 8.1

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.

Source:

FS 39.301(9)(2)
65C-29.013
CFOP 170-5, Chapter 15

FSFN Locations:

- Participant Tab (Date and Time marked when seen)
- Chrono Notes
- File Cabinet
- Birth Certificate Search (were all children identified)

Factors to Consider:

Question is evaluated at all review intervals. Answer is subject to change. Consider ALL intakes.

The investigator must attempt an initial face to face contact with the alleged child victim(s) within the assigned investigation response timeframe. The investigator should also attempt to contact all other children in the home within assigned response time, or as soon as they are identified.

If it is not possible during the initial attempt for the investigator to make face-to-face contact, the investigator must continue to make a minimum of daily attempts during different times of the day and night, including weekends. The investigator must also document why contact was not made and the diligent efforts performed to complete face-to face contact.

If the family has not been located within 72 hours, the child protective investigator shall re-contact the reporter, if known, to determine if the family has recently moved or has fled to avoid the abuse investigation. If the reporter is anonymous and the child protective investigator has made diligent efforts to locate the child, the child protective investigator shall use the caller ID number in the abuse report to contact the reporter for the purpose of locating the child.

Reviewers may see these attempts in chronological notes indicating the date and location of attempts to see the children.

Response Options:

Yes – All victim children and other household children were seen based on response priority or, if unable to locate, diligent daily efforts were made until seen. These efforts must be documented in FSFN.

No –All victim and all other household children were not seen according to response priority, or diligent daily efforts were not made. Or all children were not accounted for in the investigation (birth certificate search or priors etc. shows other children that were not identified)

Q8.2 Comment box to provide detail.

N/A – The victim is "unknown" and unable to be identified despite best efforts.

Question 8.3

CPI conducted quality interviews with the child(ren).

Source:

Children's Bureau, CFSR item 14 (b), Children's Bureau, Child Protective Services: A Guide for Caseworkers 2018, section 6.1.3
F.S. 39.301(11)
CFOP 170-5, Chapter 15

FSFN Locations:

- Chrono Notes
- File Cabinet

Factors to Consider:

Question is evaluated at all review intervals.

When assessing whether a quality interview occurred consider the following:

- Did the CPI discuss what techniques they used to engage the child (rapport building)?
- The location of the visit/interview. (For example, was it in place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a courthouse, school, or restaurant?)
- Whether the CPI saw the child alone or whether the parent or caregiver was present during the interviews with the child. Children should be interviewed alone during at least a portion of each visit. Younger children can be within sightlines of the parent/caregiver based on their stage of development.
- Is there some evidence that the CPI and child discussed the reported allegations and information related to family functioning?
- Did the CPI assess the child's physical and verbal responses to the interview process, specifically looking for signs the child is upset or worried about talking about what happened and/or expresses fear of reprisal for talking with the investigator.
- The length of the visit/interview if documented (for example, was it of sufficient duration to address key issues with the child, or was it just a brief visit)
- With younger children the CPI needs to document the attempt to interview the child as children begin speaking at different ages/stages.

- The CPI should note their observations of the child, interactions, and other relevant characteristics and/or developmental stages for the child if unable to interview.

Note: The interviews with the children may be handwritten and uploaded to the file cabinet. These notes still need to encompass the above considerations.

Response Options:

Yes –The CPI conducted quality interviews with all the children.

No –The CPI did not conduct quality interviews with all the children

Q8.4 If No, check all that apply:

- Children were not interviewed alone.
- Child interview was not sufficient to cover all relevant topics.
- Location not conducive to open, honest conversation.
- CPI did not gather relevant information.
- Interviews were not conducted when required

Q8.5 Comment box to provide details

N/A – Infant, or nonverbal children were observed within line of sight of caregiver but not interviewed separately, if the parents refused access to the children for an interview. Law Enforcement requested no interviews.

Q8.6 If N/A, check all that apply:

- Infant
- Non-Verbal
- Caregiver Refused Access

Question 8.7

CPI saw or made ongoing diligent efforts to interview all parents and adult household members within the assigned response priority of the intake or of learning they were in the home.

Source:

FS 39.301(9)(2)
65C-29.013
CFOP 170-5, Chapter 16
CFOP 170-5, Chapter 17

FSFN Locations:

- Participant Tab (Date and Time marked when seen)
- Chrono Notes
- File Cabinet

- Birth Certificate Search (were all children identified)

Factors to Consider:

Question is evaluated at all review intervals. Answer is subject to change. Consider ALL intakes.

The non-maltreating parent who resides in a separate household will not be assessed in this question.

The investigator must attempt an initial face to face contact with the parent identified in the report as well as any adult household members and non-offending parents if applicable. If child's parents have separate households, the non-maltreating parent must be interviewed as a collateral contact. The investigator is required to contact parents in a local jail setting and attempt an interview.

If it is not possible during the initial attempt for the investigator to make face-to-face contact, the investigator must continue to make a minimum of daily attempts during different times of the day and night, including weekends. The investigator must also document why contact was not made and the diligent efforts performed to complete face-to face contact. Daily attempts to interview other adult household members are not required when:

- Sufficient information has been obtained to determine that no present danger threat exists in the home
- Sufficient demographic information has been obtained on all adult household members to complete child welfare and criminal history checks and the checks do not result in child safety concerns.

If the invesitgator is unable to locate the family on the first attempt, mutiple on-site attempts are required. Attempting contact at places of employment may be necessary. If the family has not been located within 72 hours, the child protective investigator shall re-contact the reporter, if known, to determine if the family has recently moved or has fled to avoid the abuse investigation. If the reporter is anonymous and the child protective investigator has made diligent efforts to locate the parent(s), the child protective investigator shall use the caller ID number in the abuse report to contact the reporter for the purpose of locating the child.

Reviewers may see these attempts in chronological notes indicating the date and location of attempts.

Response Options:

Yes – All parents, including non-maltreating, and adult household members were interviewed based on response priority or, if unable to locate, diligent daily efforts were made. These efforts must be documented in FSFN.

No – All parents, including non-maltreating, and adult household members were not interviewed based on response priority or, if unable to locate, diligent daily efforts were not made.

Q8.8 If no, check all that apply:

Maltreating caregiver
Non-maltreating parent in the home

Adult household members

Q 8.9 Comment box for No response

Question 8.10

The CPI conducted quality interviews with the parents/caregivers/household members.

Source:

Chapter 15 Children's Bureau Child Protective Services: A Guide for Caseworkers 2018
FS 39.301(9)a(2)
F.S. 39.301(11)
CFOP 170-5, Chapter 14
CFOP 170-5, Chapter 15
CFOP 170-5, Chapter 16
CFOP 170-5, Chapter 17

FSFN Locations:

- Chrono Notes
- File Cabinet

Factors to Consider:

Question is evaluated at all review intervals.
The information gathered in the quality interview should support the decision making.
This question focuses on the quality of the completed interviews with participants at the time of the review.

When assessing whether a quality interview occurred consider the following:

- Consider both the length of the visit (for example, was it of sufficient duration to address key issues with the parents/caregivers/household members or was it just a brief visit).
- Consider the location of the visit. For example, was it in place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a courthouse or restaurant?
- Were parents/caregivers/household members interviewed individually?
- Consider the topics that were discussed during the visits. Is there some evidence that the CPI discussed the reported allegations and information related to family functioning?
- Did the CPI document the parent/caregiver/household member's interactions and non-verbal responses to interview questions.

If face-to-face interviews are not possible, the CPI made other forms of contact to gather information and engage the parent. Instances for which face-to-face contact may not be possible include pandemic situations, parent incarcerated, and the facility is not allowing visitors, parent incarcerated out of state, etc.

Response Options:

Yes - The CPI conducted quality interviews with the parents/caregivers/household members.

No - The CPI did not conduct quality interviews with the parents/caregivers/household members.

Q8.11 If No, check boxes that apply:

- Parents/caregivers/household members not interviewed individually.
- Insufficient duration to cover all relevant topics
- Location not conducive to open, honest conversation
- CPI did not gather relevant information

Q8.12 Comment box to provide details. Displays for Both Yes and No response from 9.10

N/A - The parents refused to be interviewed.

N/A – No interviews occurred

Safe Sleep for children under age 1.

A child is the most vulnerable during the first 12 months of life. Studies have shown that if a child reaches age one, their chance of reaching adulthood dramatically increases. The A, B, and C's of safe sleep are **Alone, on their Back, in a Crib.** For all families we should assess and document where each child sleeps. For children under the age of one, we should assess if the A, B, Cs of safe sleep are being followed. If not, a frank conversation between the parents and department personnel could help save a young child's life.

Safe Sleep - Florida Department of Children and Families (myflfamilies.com)

Question 8.13

For any child, under age one, is there information in FSFN that the CPI discussed safe sleep with the caregivers?

Yes

No

Question 8.14

Did the CPI observe/document the sleep situation for the child (under age 1)?

Yes (if yes is selected a comment box for details will populate Q8.14)

No

Present Danger: (Block 9)

This block will only display if there has been a Present Danger determination made.

Question 9.1How many Present Danger Assessments have been completed?

Reviewer enters the Number: 1, 2, 3 etc.

Question 9.2

The present danger assessment is correct.

Source:

FS 39.301 (9)(4)
FS 39.301 (9)a(5)
CFOP 170-1, Chapter 2
CFOP 170-5, Chapter 13

FSFN Locations:

- Present Danger Assessment

Factors to Consider:

Question is evaluated at all review intervals. ***This is an accountability metric.***

Present Danger exists as an immediate, significant, and clearly observable family condition, child condition, individual behavior, action, or family circumstances which are in the process of occurring and which obviously endanger or threaten to endanger a child and require immediate action to protect a child. Present danger threats are usually identified at initial contact by an investigator **but may also occur during an investigation or while the family is receiving case management services.**

A Present Danger Assessment is required at the onset of the investigation, whenever an additional report is received on an open investigation, and anytime present danger is identified after the initial PDA was completed.

When evaluating the present danger assessment, the review should consider the following:

- The CPI has identified the correct focus household, as identified in CFOP 170-1, Chapter 2c.
- The CPI provided an assessment of all the maltreatments, reported concerns, and negative family conditions even if they were not included in the initial intake.
- All children were assessed in the PDA, including their vulnerability.
- Were patterns of behavior (priors, criminal history) utilized in making the present danger determination?
- Was any immediate action needed to plan for child safety?
- If the present danger criteria were documented in the PDA, was it applied correctly to support the presence or absence of present danger.
- The timeliness of completing the assessment at initial contact, within 24 hours or both.

Response Options:

Yes – Present danger assessment is correct and supported by documentation within the Present Danger Assessment.

> *Assessment is based on the information known at the time and the accompanying documentation reasonably shows how the present danger decision was made and describes the family condition(s). The information addresses all concerns noted in the allegations (all maltreatments and statements of concern for example, mental health concerns with no accompanying maltreatment) and shows application of the threshold (immediate, clearly observable, significant) in support of the decision made and includes all and any applicable danger threats.*

Yes - Present danger assessment is correct and not supported by documentation within the Present Danger Assessment.

> Q9.3 Comment box to provide details

No – Present danger existed and is not identified.

> Q9.3 Comment box to provide details

Unable to Determine - There is insufficient information to determine present danger assessment is accurate.

If the reviewer determines that the investigator did not identify present danger when present danger exists or the reviewer is unable to determine whether the present danger assessment is accurate based on lack of information, the reviewer must discuss the case with their supervisor to determine if an immediate child safety action is warranted.

Question 9.4

The present danger safety plan is sufficient to control identified threats.

Source:

FS 39.301(9)a
FAC 65C-29.003(2)(f)
CFOP 170-7, Chapter 2 - 8

FSFN Locations:

- Assessment and Planning Tab
- Investigation Drop Down
- File Cabinet

Factors to Consider:

Question is evaluated at all review intervals when present danger has been identified (Q3.12). ***This is an accountability metric.***

The safety plan is the least intrusive needed to effectively control the danger threats.

If an in-home safety plan is appropriate, the investigator developed a safety plan that can manage the identified danger threats and ensure child safety within the home in cooperation with the family, prior to leaving the home/child's location. All participants and safety plan providers must sign the safety plan.

If an in-home safety plan is appropriate, the investigator developed a safety plan that can manage the identified danger threats and ensure child safety within the home in cooperation with the family, prior to leaving the home/child's location. All participants and safety plan providers must sign the safety plan.

The safety actions are immediate and control for the identified danger threat. Safety actions are not promissory in nature nor is anyone within the household of focus and part of the FFA responsible for their own safety action. If a family made arrangement is a safety action on the safety plan, the reviewer must evaluate the appropriateness of that action and consider whether the parent's access to their children has been restricted and whether the family made arrangement is the appropriate safety service.

The CPI must create two safety plans for either of the following situations:

- There is intimate partner violence and certain information must be kept confidential from the perpetrator.
- As a result of a timesharing custody agreement, the child is residing in two households where safety actions are necessary.

The investigator is responsible for developing, in cooperation with the family, and managing the in-home safety plan through contacts with the family, safety service providers (informal or formal). The safety providers are immediately available, understand the need for a safety plan, aligned with the child(ren) and are willing and able to participate in the safety plan to perform behaviorally specific and measurable actions to manage the identified danger threats to the child(ren).

The investigator is responsible for developing, in cooperation with the family, and managing the in-home safety plan through contacts with the family, safety service providers (informal or formal). The safety providers are immediately available, understand the need for a safety plan, aligned with the child(ren) and are willing and able to participate in the safety plan to perform behaviorally specific and measurable actions to manage the identified danger threats to the child(ren).

> *Note: In situations when safety service providers do not sign the plan, there should be clear documentation of discussion and understanding of the safety plan needs with the safety service providers.*

Response Options:

Yes – The Present Danger Plan was sufficient to control the identified danger threats.

No – The Present Danger Plan was **not** sufficient to control the identified danger threats.

Q9.5 Comment box to provide detail.

If the reviewer determines that the present danger plan is insufficient to manage the danger threats, the reviewer must discuss the case with their supervisor to determine if an immediate action is needed.

Question 9.6

The present danger safety plan is actively managed by the CPI.

Source:

FS 39.301(9)a
FAC 65C-30.002
CFOP 170-7 Chapter 11

FSFN Locations:

- Chrono Notes
- File Cabinet

Factors to Consider:

Question is evaluated at all review intervals when present danger has been identified. (Q3.12)

The primary CPI continuously assesses the family's condition and dynamics to determine that the safety plan is dependable, sufficient and reflects the least intrusive actions necessary to protect the child.

The investigator with primary responsibility must contact all safety service providers every 7 days. The investigator also gathers information from other persons who see the child on a consistent basis to discuss how the child appears to be doing and whether there are any safety concerns.

The safety plan must be monitored by the CPI based on the following minimum contact requirements unless the safety plan for the family requires more frequent contact.

- All child contacts should include observations and private discussion with the child as to the child's safety in their home or placement and the child's well-being.
- When a child is with a parent/legal guardian in a certified domestic violence shelter or a residential treatment program, the child welfare professional coordinates any required contacts with program staff and contacts may occur outside of the facility.
- If a child is on runaway status or his or her whereabouts are unknown, the child welfare professional shall meet the requirements of Rule 65C-30.019, F.A.C.
- Face-to-face contacts with the child and caregiver must occur at least once every seven (7) days as follows:
    - For all in-home safety plans, face-to-face contacts every seven days with the child and caregiver must be conducted for the first 30 days from the time the initial safety plan was established.
    - For all out-of-home plans, face-to-face contacts with the child and caregiver must be conducted as long as the child in an out-of-home plan remains in shelter status.

The child welfare professional's monitoring activities regarding a safety plan include the following activities:

- Verify that all safety service providers know the name and contact information for child welfare professional responsible for managing the plan.
- Confirm with safety service providers what actions they are providing.
- Assess whether there have been any changes in parent/legal guardian conditions, attitude, ability, or willingness to support the current in-home plan.
- Determine whether the home environment continues to be, or has become, stable enough for safety service providers to be in the home and be safe.
- Determine whether the condition of the child is satisfactory and that the plan is working dependably to protect the child.
- Confirm that all safety plan providers know what actions to take and who to notify immediately if problems arise.
- Assess whether any critical junctures are anticipated that may destabilize conditions in the home, such as the birth of a new child or other significant change in household composition.

Partial monitoring of the plan should be considered a "no" rating with explanation provided in the comment section. For example, contact with children was completed but safety service providers were not contacted; or safety plan providers and children were seen but there was no documented discussion of the safety plan or sufficiency and status of safety plan actions.

Response Options:

Yes – Present Danger plan is actively managed by the CPI.

Yes – Present Danger plan is actively managed by Case Management

No- The Present Danger Safety Plan is not actively managed by Case Management.

Q9.8 Comment Box to provide details

No – The Present Danger Safety Plan is not actively managed by the CPI.

Q9.7 If no on Q9.6, select all that apply:

- No regular contact with safety service providers.
- No face-to-face contacts with children.
- No face-to-face contacts with the caregivers.
- Insufficient regular contact with safety service providers.
- Insufficient face-to-face contacts with children.
- Insufficient face-to-face contacts with the caregivers.

Q9.8 Comment box to provide details

Unable to determine: There is insufficient time to evaluate in the present danger plan has been actively managed by the CPI

If the reviewer determines that the present danger plan is not sufficiently managed, the reviewer must discuss the case with their supervisor to determine if immediate child safety actions are required.

Q9.9 Does the safety plan restrict the family's access?

Factors to Consider:

Question is evaluated at all review intervals when there was no removal (Q3.13) and present danger has been identified. (Q3.14)

Access is considered restricted when a parent does not have on demand unsupervised access to their child(ren). Some examples of restriction include:

- *All contact between the parent and child(ren) must be monitored by the safety monitor. This includes in home safety plans with live in safety monitors.*
- *Parent is only allowed supervised visits during a specific of time.*
- *The parent is not allowed any contact with the child.*

Access is not considered restricted If the criminal court issues a no contact order as part of a domestic violence injunction.

- Yes
  - Q9.10 Comment box to provide details.
- No

Q9.11 Does the family's safety plan include a family made arrangement?

- Yes
- No

- Q9.12 Comment box to provide details

Note: A family-made arrangement is a safety action initiated by the parent(s)/legal guardian(s) in response to present or impending danger. This safety action is a separation of the child and parent(s)/legal guardian voluntarily and temporarily to a responsible adult of his/her choosing to provide daily care and supervision of the child(ren). The parent(s) retain full legal responsibility including decision-making authority and access to the children. Source: 170-7, Chapter 6

Question 9.13

The Supervisor completed a thorough review of the Present Danger plan.

Source:

FAC 65C-29.003(2)(c)
CFOP 170-7 Chapter 2

FSFN Locations:

- Supervisor Consultation
- Chrono Notes

Factors to Consider:

Question is evaluated at all review intervals when present danger has been identified. (Q3.12)

A Supervisor Consultation must be documented to affirm each of the following:

- The CPI clearly described in the Present Danger Assessment the child, caregiver(s) and home condition(s) observed during the initial contact with the family.
- The CPI identified present danger and described the danger in the Present Danger Assessment and Safety Plan to be immediate, significant, and clearly observable.
- The present danger plan is effective in managing the present danger threat.
- For all Present Danger Safety Plans in which the child either remains in the home or a family arrangement is used:
    - A 2nd Tier consultation must occur as outlined in CFOP 170-5, Chapter 27.
    - Child welfare professional supervisors are required to consult with a manager, manager designee, or consultative team.
- When the child welfare professional has identified Present Danger, the supervisor completes the following actions:
    - Review the effectiveness of the Present Danger Safety Plan.
    - Determine whether the child welfare professional is managing the Safety Plan adequately.
    - Review whether the child welfare professional is demonstrating due diligence in gathering sufficient information to inform completion of the initial or ongoing Family Functioning Assessment and/or Progress Update.

Response Options:

Yes – The supervisor completed a thorough review of the Present Danger Plan.

No – The supervisor did not complete a thorough review the Present Danger Plan.

Q9.14 Was guidance provided by the primary Supervisor:

- *Yes*
- *No*
    - *Q 9.15 Enter the name of the individual providing guidance.*

Q9.16 Comment box to provide details.

Question 9.17

The supervisor completed a timely review of the Present Danger Plan.

Source:

65C-29.003(2)(c)

Supervisors are required to complete their review of a Present Danger Safety Plan within 24 hours.

Response Options:

Question is evaluated at all review intervals when present danger has been identified. (Q3.14)

Yes – The supervisor completed a timely review of the Present Danger Plan.

No – The supervisor did not complete a timely review the Present Danger Plan.

Q9.18 Was guidance provided by the primary Supervisor:

- *Yes*
- *No*
    - *Q 9.19 Enter the name of the individual providing guidance.*

Q9.20 Comment box to provide details.

Question 9.21

Background Screenings were conducted and assessed for all informal safety service providers.

Source:

65C-30.002(4)(a)
65C-28.011
CFOP 170-7

FSFN Locations:

- Supervisor Consultation
- Chrono Notes

Factors to Consider:

Question is evaluated at all review intervals when present danger has been identified (Q3.14) or impending danger has been identified (Q3.15)

After the child welfare professional conducted an interview to determine if the informal safety plan provider is appropriate, the child welfare professional conducted background screening to include child abuse history, a Florida Sexual Offenders and Predators registration check and local criminal history check. The CPI documented the results of these background screenings and an assessment of the results.

The child welfare professional determines whether the results of the background screening reveals information indicating the need for further information gathering to determine if the person's ability to provide dependable or suitable care and/or protection for the child is compromised.

When the applicant or any other household member is designated as the "caregiver responsible" in a report verified for sexual abuse, the applicant shall be automatically disqualified for placement.

Response Options:

Yes – CPI conducted and assessed the full background screenings for all informal safety service providers.

No – CPI did not conduct all background screenings for each informal safety service provider, or the CPI did not adequately assess the results of background screenings to inform decision-making. Please provide details in comments.

Q9.22 If no, select appropriate checkbox

- CPI did not conduct background screening.
- CPI did not accurately assess background screening results.

Q9.23 Comment box to provide details.

N/A – Please provide justification in comments.

Information Collection and Sufficiency: (Block 10)

Question 10.1

Collateral Contacts are relevant to inform safety decisions.

Source:

FS 39.301(11)(b)
FAC 65C-30.001(25)
CFOP 170-5 Chapter 18

FSFN Locations:

- Intake/ Participant Tab
- Chrono Notes
- File Cabinet
- Consultations

Factors to Consider:

Question is evaluated at 30-Day interval when an ICSAR or present danger identified on the 10-day review or closure reviews.

If child's parents have separate households, the non-maltreating parent must be interviewed as a collateral contact.

"Collateral Contacts" mean face to face, telephonic, or written communication with persons who provide relevant information for a child protection investigation but who are not subjects of the reports. The investigator must identify relevant and reliable collateral contacts to include the reporter. Professional sources and nonprofessional (informal) sources should be used.

Individuals who have direct knowledge about circumstances surrounding the maltreatment, collateral types may include:

(1) Individuals who have regular contact with the child and are likely to be able to describe the child's day-to-day functioning.

(2) Doctors or other professionals who have evaluated or maintain records on the child.

(3) Individuals with established personal or professional relationships with the parent who can likely describe the parent's day-to-day functioning.

(4) Individuals likely to have witnessed the child-parent interactions and can describe general parenting and disciplinary and behavior management practices. In reviewing, consider the sources of the information, self-report, spouse/partner, children, or other collateral contacts.

Response Options:

Yes – Contacts were made with family/relatives/professionals/reporter that have information specific to the case including individuals with regular on-going contact with the family. Or the investigator has made and documented reasonable (diligent) efforts to locate and interview any collateral contact that is a likely source of relevant information on the family or the alleged maltreatment incident.

No – Collateral contacts were insufficient

No - Collateral contacts were not made.

Q10.2 Comment Box for details if either No option is selected

Q10.3 What type of collaterals were not used as sources of information? (check all that apply)

Factors to Consider:

Question is evaluated if "No- collaterals were not made or No - collaterals were insufficient:"

If sources are on the intake and are professional sources, you will select both answer selections

- professional sources
- non-professional sources
- sources included on intake

Q10.4 If answered "No - collateral contacts were insufficient" select all that apply:

- Relevant collateral contacts were not made specific to the circumstances of the case.
- Collateral contacts were made; however, relevant contacts were missed.

Question 10.5:

Sufficient information was collected from collateral contacts through interviews to inform safety decisions.

Source:

FS 39.301(11)(b)
FAC 65C-30.001(25)
CFOP 170-5 Chapter 18

FSFN Locations:

- Intake/ Participant Tab
- Assessment/Planning Tab: PDA; FFA
- Chrono Notes
- File Cabinet
- Consultations

Factors to Consider:

Question is evaluated at closure reviews.

Information is obtained to support the decision making. Information gathered should be specific to the collateral's role in the family's life. All significant information should be validated by either the CPI's direct, personal observation or corroborated through multiple collateral sources. They shall validate all information that is critical to safety decision making. Corroboration is defined as credible and reliable information obtained from multiple sources (more than solely the initial reporting source). "Attempted"

contacts would not count as corroboration. The CPI is expected to make the diligent efforts needed to try and resolve any significant discrepancy that have a bearing on an assessment and interventions.

Response Options:

Yes – Interview documentation provides details around information specific to the maltreatments, behaviors, functioning of the family to identify the presence or absence of danger threats. To the degree possible, the investigator's interview of collateral contacts provided information within the context and extent of how the individual knows or typically interacts with the family.

No – Sufficient information was not collected by collateral contacts

- Q10.6 Comment Box to provide details.
- Q10.7 If collateral contacts were not sufficient select all that apply:
    - CPI did not collect essential information
    - CPI did not validate information
    - CPI did not corroborate information
    - CPI did not reconcile information

Mandatory Referrals and Ongoing Services: (Block 11)

Question 11.1:

Was a Mandatory Referral Required?

Source:
F.S. 39.301(17)
F.S. 39.301(2)(a)
F.S. 39.303
CFOP 170-5, Chapter 8
CFOP 170-5, Chapter 9

FSFN Locations:

- Intake/ Participant Tab
- Chrono Notes
- File Cabinet
- Supervisory Consultations
- Family Functioning Assessments

Factors to Consider:

Question is evaluated at 30-Day interval when an ICSAR or present danger identified on the 10-day review or closure reviews

Reviewers must look for emails or documentation of telephone calls to make the mandatory notifications and attempts to notify within one business day.

Mandatory Referrals to Law Enforcement:
1. A child is known or suspected to be the victim of child abuse, as defined in s. 827.03, or of neglect of a child, as defined in s. 827.03.

2. A child is known or suspected to have died as a result of abuse or neglect.
3. A child is known or suspected to be the victim of aggravated child abuse, as defined in s. 827.03.
4. A child is known or suspected to be the victim of sexual battery, as defined in s. 827.071, or of sexual abuse, as defined in s. 39.01.
5. A child is known or suspected to be the victim of institutional child abuse or neglect, as defined in s. 39.01, and as provided for in s. 39.302(1).
6. A child is known or suspected to be a victim of human trafficking, as provided in s. 787.06.

Mandatory Referrals to CPT:

1) Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age
2) Bruises anywhere on a child 5 years of age or younger
3) Any report alleging sexual abuse of a child
4) Any sexually transmitted disease in a prepubescent child
5) Reported malnutrition of a child and failure of a child to thrive
6) Reported medical neglect of a child
7) Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.
8) Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.

State Attorney's Office:

Immediately upon learning during the course of an investigation that:

(a) The immediate safety or well-being of a child is endangered
(b) The family is likely to flee
(c) A child died as a result of abuse, abandonment, or neglect
(d) A child is a victim of aggravated child abuse as defined in s. 827.03; or
(e) A child is a victim of sexual battery or of sexual abuse,

the department shall notify the jurisdictionally responsible state attorney, and county sheriff's office or local police department, and, within 3 working days, transmit a full written report to those agencies. The law enforcement agency shall review the report and determine whether a criminal investigation needs to be conducted and shall assume lead responsibility for all criminal fact-finding activities. A criminal investigation shall be coordinated, whenever possible, with the child protective investigation of the department. Any interested person who has information regarding an offense described in this subsection may forward a statement to the state attorney as to whether prosecution is warranted and appropriate.
Response Options:

Yes

Q11.2 If Yes, *Please select all mandatory referrals required?*

- Child Protection Team
- Law Enforcement
- State Attorney's Office

No

If Child Protection Team, Law Enforcement or State Attorney's Office is selected the following will be displayed to choose from:

Question 11.3:

Were mandatory referrals made to:

- *Child Protection Team*
- *Law Enforcement*
- *State Attorney's Office*

Response Options:

- Yes
- No

Question 11.4

If required, was the information obtained from mandatory referrals used in decision making?

Source:

F.S. 39.303
CFOP 170-5, Chapter 8
CFOP 170-5, Chapter 9

FSFN Locations:

- Chrono Notes
- File Cabinet
- Supervisory Consultations
- Family Functioning Assessments

Factors to Consider:
Question is evaluated at 30-Day interval when an ICSAR or present danger identified on the 10-day review and/or closure reviews if Q12.3 is answered yes.

When evaluating whether the CPI used the information and/or recommendation as a part of their overall safety determination consider this:

- Did the CPI speak directly with the CPT staff or law enforcement to gather information about their impressions?
- Did their documentation included information obtained from CPT reports?
- Was critical thinking applied to reconcile or validate information obtained from CPT or LE reports?
- Were diligent efforts made and documented to obtain the relevant reports or to make direct contact with agencies?

- Reports of medical neglect which are substantiated by CPT require the department convene a case staffing with relevant partners. Did the CPI ensure this staffing took place and recommendations followed? (N/A for Broward, Pasco, Pinellas, and Manatee)
- Did the CPI use the resolution process if they did not agree with the findings or recommendations?

Response Options:

Yes – The investigator used information obtained from mandatory referrals in decision making.

No - There is no evidence the information from mandatory referrals were used in decision making.

Q11.5 Comment Box to provide details.

Impending Danger: (Block 12)

Question 12.1

The Impending Danger Assessment is correct.

Source:

FS 39.301 (9)a(6)
CFOP 170-5, Chapter 20

FSFN Locations:

- Chrono Notes
- FFA
- Supervisor Consultation
- File Cabinet
- Investigations tab
- PDA

Factors to Consider:

Question is evaluated at closure reviews. ***This is an accountability metric.***

Information was gathered and appropriately applied to the Impending Danger Threshold, all applicable and correct danger threats selected, and the assessment decision is supported by the information contained in the FFA or supported by the chronological documentation or Supervisory consultations.

Streamlined FFA Documentation cases do not have a fully completed FFA and information must be contained within the case record to support the impending danger decision. Information may be in chronological notes, supervisory consultations, or closure summary.

The "Danger Threshold" is the point at which negative family conditions go beyond being concerning and become dangerous to a child's safety. Negative family conditions that rise to the level of the Danger Threshold and become Impending Danger Threats are negative circumstances and/or caregiver behaviors, emotions, etc. that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity. The danger threshold criteria must be applied when considering and identifying any of the impending danger threats. The specific justification for identifying any of the impending danger threats is based on a specific description of how negative family conditions meet the danger threshold criteria. In order to qualify that impending danger exists, the following criteria must be met:

1. **Observable.** Refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in child welfare professional -family interaction, lack of cooperation, or difficulties in obtaining information.
2. **Vulnerable Child.** Refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or person in authority over them. All children age 0-6 years are

vulnerable given their young age. For children older than 6, vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size; and dependence and susceptibility.

3. **Out of Control.** Refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.
4. **Imminent.** Refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.
5. **Severe.** Includes such severe harm effects as serious physical injury, disability, terror and extreme fear, impairment, and death.

Response Options:

Yes

No

Unable to Determine

If the reviewer determines that the impending danger assessment is not accurate and there are concerns for child safety, the reviewer must discuss the case with their supervisor to determine if immediate action is needed.

Q12.2 If Yes or No Select all that apply:

- Yes - Impending Danger assessment is correct and supported by documentation within the investigation.
- Yes - Impending Danger assessment is correct and not supported by documentation within the investigation.
- No - Impending Danger existed and is not identified.
- No - Impending Danger assessment is not correct and not supported by documentation within the investigation.

Q12.3 Comment Box to provide details

Question 12.4

The impending danger safety plan is sufficient to control identified danger threats.

Source:

FS 39.301(9)a
CFOP 170-7 Chapter 3

FSFN Locations:

- Assessment and Planning Tab- Impending Danger Safety Plan
- Investigation Drop Down- Impending Danger Safety Plan
- File Cabinet
- FFA

Factors to Consider:

Question is evaluated at closure reviews when Impending Danger is found (Q3.13).

The investigator identified the accurate type of plan based on the In-Home Safety analysis. If an in-home safety plan is appropriate, the investigator developed the proper type of safety plan that can manage the identified danger threats and ensure child safety within the home in cooperation with the family, prior to leaving the home/child's location. All participants and safety plan providers should sign the safety plan.

The safety actions are immediate and control for the identified danger threat. Safety actions are not promissory in nature nor is anyone within the household of focus and part of the FFA responsible for their own safety action.

If a family made arrangement is a safety action on the safety plan, the reviewer must evaluate the appropriateness of that action and consider whether the parent's access to their children has been restricted and whether the family made arrangement is the appropriate safety service.

The investigator is responsible for developing the plan, in cooperation with the family, and managing the in-home safety plan through contacts with the family, safety service providers (informal or formal). The safety providers were immediately available, understand the need for a safety plan, aligned with the child(ren) and are willing and able to participate in the safety plan to perform behaviorally specific and measurable actions to manage the identified danger threats to the child(ren).

The safety plan is the least intrusive needed to effectively control the danger threats.

Two safety plans must be created and active at the same time for either of the following situations:

(1) There is intimate partner violence and certain information must be kept confidential from the perpetrator.

(2) As a result of a timesharing custody agreement, the child is residing in two households where safety actions are necessary.

Response Options:

Yes – The impending danger safety plan is sufficient to control for identified threats.

No – Impending Danger Safety Plan was not sufficient to control for identified threats

No- Impending Danger Safety Plan is not completed when needed.

Q12.5 Comment Box to provide details for either No answer to Q12.4

If the reviewer determines that the impending danger plan is not sufficient to manage danger threats or not completed when needed, the reviewer must discuss the case with their supervisor to determine if immediate action is needed.

Question 12.6

The impending danger safety plan is actively managed by the CPI.

Source:

FS 39.301(9)a
65C-30.002(4)(b)
CFOP 170-7 Chapter 3, 11

FSFN Locations:

- Assessment and Planning Tab
- Chrono Notes
- File Cabinet

Factors to Consider:

Question is evaluated at closure reviews and when Impending Danger has been identified (Q3.13).

The primary CPI continuously assesses the family's condition and dynamics in order to determine that the safety plan is dependable, sufficient, and reflects the least intrusive actions necessary to protect the child until primary responsibility for the case has been transferred to a case manager.

The investigator with primary responsibility makes contact with the following people every 7 calendar days:

- All children and caregivers (must be face-to-face contact)
- Safety service providers (not applicable to Broward, Manatee, Pasco, or Pinellas).

The primary investigator also gathers information from other persons who see the child on a consistent basis to discuss how the child appears to be doing and whether there are any safety concerns.

The safety plan is monitored by the CPI based on the following minimum contact requirements unless the safety plan for the family requires more frequent contact.

- All child contacts must include observations and private discussion with the child as to the child's safety in their home or placement and the child's well-being.
- When a child is with a parent/legal guardian in a certified domestic violence shelter or a residential treatment program, the child welfare professional coordinates any required contacts with program staff and contacts may occur outside of the facility.
- If a child is on runaway status or his or her whereabouts are unknown, the child welfare professional shall meet the requirements of Rule 65C-30.019, F.A.C.
- Face-to-face contacts with the child and caregiver occur at least once every seven (7) days as follows:
    - For all in-home safety plans, face-to-face contacts every seven days with the child and caregiver are conducted for the first 30 days from the time the initial safety plan was established.
    - For all out-of-home plans, face-to-face contacts with the child and caregiver are conducted while the child with an out-of-home plan remains in shelter status.

The child welfare professional's monitoring activities regarding a safety plan include the following activities:

1. Verify that all safety service providers know the name and contact information for child welfare professional responsible for managing the plan.
2. Confirm actions provided by safety service providers.
3. Assess whether there have been any changes in parent/legal guardian conditions, attitude, ability, or willingness to support the current in-home plan.
4. Determine whether the home environment continues to be, or has become, stable enough for safety service providers to be in the home and ensure child safety.
5. Determine whether the condition of the child is satisfactory and that the plan is working dependably to protect the child.
6. Confirm that all safety plan providers know what actions to take and who to notify immediately if problems arise.
7. Assess and assist the parent(s)/legal guardian(s) with Conditions for Return to achieve reunification.
8. Assess whether any critical junctures are anticipated that may destabilize conditions in the home, such as the birth of a new child or other significant change in household composition.

Response Options:

Yes – The Impending Danger plan is actively managed by the CPI.

Yes – The Impending Danger plan is actively managed by Case Management

No - The Impending Danger Safety Plan is not actively managed by Case Management.

No – The Impending Danger Safety Plan is not actively managed by the CPI.

Unable to Determine: Three is insufficient time to evaluate in the Impending Danger Safety Plan has been actively managed by the CPI

Q12.7 If no on Q12.6, select all that apply:

- No regular contact with safety service providers.
- No face-to-face contacts with children.
- No face-to-face contacts with the caregivers.
- Insufficient regular contact with safety service providers.
- Insufficient face-to-face contacts with children.
- Insufficient face-to-face contacts with the caregivers.

Q12.8 Comment box to provide details

Ongoing Services: (Block 13)

Question 13.1

Investigator made concerted efforts to provide services to prevent removal by safety planning in the least intrusive means achievable to ensure child safety.

Source:

CFSR OSRI, Item 2
F.S. 39.6012
CFOP 170-1, Chapter 2
CFOP 170-7, Chapter 1

FSFN Locations:

- Intake/ Participant Tab
- Prior Intakes and Investigation Referrals Tab (review)
- Chrono Notes
- File Cabinet
- Supervisory Consultations
- Family Functioning Assessments
- Legal Module

Factors to Consider:

Question is evaluated at closure reviews when a child has been determined to be unsafe (Q3.10). ***This is an accountability metric.***

Depending upon how the danger threat is manifesting in the home, the child welfare professional will choose the least-intrusive safety actions necessary to protect the child. Least Intrusive means the combination of interventions that is the most effective, cause the least disruption to the children and family's normal routine, and be aligned to the fullest extent feasible with the family's preference, culture, and values. Safety plan actions are only as invasive as needed to control for the danger threat(s).

Concerted efforts to prevent removal could include:

1) Services were provided to prevent removal or re-entry into foster care after reunification.
2) CPI made efforts to place with the non-maltreating parent as efforts to prevent removal.
3) The child's needs for routine are considered during the safety planning process.
4) At present danger CPI considered the use of all safety plan options (in-home, out of home, family made arrangements) to ensure least intrusive measures are used.
5) At impending danger, CPI correctly applied the safety analysis and planning questions to ensure least intrusive measure are used.

An out-of-home safety plan must be created:

1) In response to present danger when the provision of in-home safety management services is not feasible given information known at the time.
2) In response to impending danger when the child welfare professional, based on assessment of the five safety analysis criteria determines that an in-home safety plan cannot adequately control or manage the danger.

Response Options:

Yes – CPI made efforts to engage the family in safety planning discussions and activities to achieve the least intrusive means to ensure child safety and prevent removal

Q13.2 *If Yes: Describe the concerted efforts:*

- Services were provided to prevent removal or re-entry into foster care after reunification
- CPI made efforts to place with the non-maltreating parent as efforts to prevent removal
- The child's needs for routine are considered during the safety planning process
- At present danger CPI considered the use of all safety plan options (in-home, out of home, family made arrangements) to ensure least intrusive measures are used.
- At impending danger, CPI correctly applied the safety analysis and planning question to ensure the least intrusive measures are used

No – CPI did not make concerted efforts to engage the family in safety planning, and/or did not offer safety services to prevent the removal when services were available which then resulted in an emergency removal.

No- The removal was an emergency situation, and no services could have prevented the removal.

Unable to Determine – Unable to determine if there is insufficient information to demonstrate whether or not the investigator made concerted efforts to provide services to prevent removal.

Q13.3 Comment box to provide details.

Question 13.4

Did the CPI accurately utilize the safety analysis to either support the continued need for an out-of-home safety plan or determine if an in-home safety plan was sufficient?

Question is evaluated at closure reviews, when Present (Q3.12) and Impending Danger (Q3.13) was found and a removal has occurred (Q3.11).

Response Options:

Yes- Present danger safety plan was developed due to emergency removal (out of home safety plan) and the CPI completed the safety planning analysis, and it supported the continuation of an out of home plan either due to services, lack of parent engagement, etc.

No - Present danger safety plan was developed due to emergency removal (out of home safety plan) and the safety analysis conducted at the impending danger determination would warrant an in-home safety plan.

Q13.5 Comment box to provide details.

Question 13.6

In the case of a removal, the CPI made concerted efforts to place siblings together.

Source:

CFSR OSRI, Item 7
F.S. 39.4015

FSFN Locations:

- Assessment and Planning Tab
- Chrono Notes
- File Cabinet
- PDA
- Supervisor Consultation

Factors to Consider:

Question is evaluated at each interval when a removal has occurred (Q3.11).

This is an accountability metric.

In the case of a removal, the CPI made concerted efforts to place siblings together in relative or non-relative care. The CPI should document efforts made to place siblings together and the barriers to placing siblings together if this was not able to be achieved. Siblings are children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

Consider the circumstances of the placement of siblings, focusing on whether separation was necessary to meet the child's needs. For example, were siblings separated temporarily because one sibling needed a specialized treatment or to be in a treatment foster home, or because one sibling was abusive to the other, or because siblings with different biological parents were placed with different relatives? CPIs do not have control over licensed placement therefore reviewers should base ratings on the efforts of the CPI to place siblings together in relative or non-relative (fictive kin) homes.

In cases of large sibling groups, reviewers should determine if concerted efforts were made to place the child with any of his or her siblings who were also in foster care, even if he or she was not placed with all siblings. If, for example, the agency was able to split a large sibling group into two placements so that the target child was in fact placed with some of his or her siblings, it could be determined that the agency made concerted efforts to place siblings together. It is allowable for a child to be placed with a paternal relative not related to the other children to be separated if that paternal relative does not want to accept placement of the other children.

Response Options:

Yes -CPI made concerted efforts to place siblings together, and in the case of a separation there is documented support as to why it was in the children's best interests to be separated, no relatives were available or appropriate to accept placement for siblings for CPI.

No – CPI did not make concerted efforts to place siblings together, and/or in the case of a separation there is no documented support as to why it was in the children's best interests to be separated.

N/A- There are no siblings.

Q13.7 Comment box to provide details.

Question 13.8

In the case of a removal, the CPI made concerted efforts to place children with relatives.

Source:
CFSR item 10
F.S. 39.4015
65C-28.011

FSFN Locations:

- Chrono Notes
- File Cabinet
- Supervisory Consultations
- Family Functioning Assessments
- Unified Home Study/Other parent home assessment

Factors to Consider:

Question is evaluated at each interval when a removal has occurred (Q3.11).

Concerted efforts to identify, locate, inform, and evaluate relatives as potential placements for the children entering care is required for all removals. "Relative" is defined as a person related to the child by blood, marriage, or adoption.

The only exception to the requirement of concerted efforts would be when the child's initial placement assessment identifies that his or her needs required a specialized placement and situations such as abandonment in which the identity of both parents and all relatives remains unknown despite documented concerted efforts to identify them.

This can be demonstrated by:

- Maternal and paternal relatives were considered for placement at the time of removal.
- CPI completed home studies on potential placement prior to placing the child in license care.
- CPI completed diligent searches (using databases such as CLEAR, FSFN etc.) to locate other placement options.

When the applicant or any other household member is designated as the "caregiver responsible" in a report verified for sexual abuse, the applicant shall be automatically disqualified for placement.

Response Options:

Yes – CPI considered maternal *and* paternal relatives for placement for children removed from their homes. Reviewers rate Yes for children placed with relatives or if the CPI considered and ruled out maternal and paternal relatives for placement. If the CPI makes concerted efforts and there are no relatives, this would be rated Yes.

No - if concerted efforts to place the children with relatives were not made for both maternal and paternal relatives. If either maternal or paternal relatives were not considered, the rating is no.

Q13.9 Comment Box to provide details.

Subject Matter Experts: (Block 14)

Question 14.1

A consultation was completed with a subject matter expert when indicated:

Source:

F.S. 39.301(9)(a)(1)
CFOP 170-5, Chapter 10
CFOP 170-5, Chapter 11
CFOP 170-5, Chapter 12

FSFN Locations:

- Chrono Notes
- File Cabinet
- Supervisory Consultations
- Family Functioning Assessments

Factors to Consider:

Question is evaluated at 30-Day interval when an ICSAR or present danger identified on the 10-day review or closure reviews. ***This is an accountability metric.***

For purposes of child protection assessment and interventions, it is important to collaborate with domestic violence advocates or other domestic violence professionals to accurately identify the underlying causes of any violence occurring and whether the dynamics of power and control are evident.

Domestic Violence: When information available at pre-commencement or obtained during the Family Functioning Assessment indicates that intimate partner violence is believed to be occurring in the home, the child protective investigator must consult with a domestic violence advocate in order to:

> (1) Review the family's prior history of intimate partner violence and outcomes from prior intervention efforts.
>
> (2) If the family has no prior reported history, but law enforcement or medical personnel report a current incident of intimate partner violence, assess dynamics to inform interviewing strategies prior to going to the home or immediately after commencement.
>
> (3) Explore the feasibility of the DV advocate accompanying the investigator to the interview site when available, based upon local protocols and working agreements.

The investigator seeks domestic violence expertise for the following critical elements of the investigation:

1. The maltreating caregiver's pattern of coercive control and level of dangerousness:
2. Specific behaviors the maltreating caregiver engaged in to harm the child.
3. Full spectrum of the survivor's efforts to promote the safety and well-being of the child despite the violence in the home.
4. Adverse impact of the maltreating caregiver's behavior on the child.

5. Other factors impacting the intimate partner violence (i.e., substance abuse, mental health, cultural and socio-economic).
6. Developing separate child safety plans for the adult victim of intimate partner violence and perpetrator of intimate partner violence. The investigator must ensure information related to the safety of the adult survivor or child victim (i.e., location of family members or DV shelter, etc.) is kept confidential and not inadvertently disclosed as part of the perpetrator's safety plan.
7. Developing actions to hold the maltreating caregiver accountable.
8. Provide all safety plans implemented with the family to the court.

Substance Abuse: When information available at pre-commencement or obtained during the Family Functioning Assessment indicates that substance misuse (of both prescribed or illicit drugs) is believed to be occurring in the home, the child protective investigator must consult with a substance abuse expert in order to:

1. Assess whether the substance misuse is out-of-control to the point of having a direct and imminent effect on child safety.
2. 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 in order 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 abuse for child safety. This includes educating and informing family members on the process of petitioning the court for an involuntary assessment (and possible treatment and stabilization order) of the substance abusing family member.
3. For individuals in recovery who deny active use, explore the patterns of behaviors typically indicative of a pending relapse.
4. Explore the feasibility of the substance abuse expert accompanying the investigator to the interview site when available, based upon local protocols and working agreements.

Mental Health: When information available at pre-commencement or obtained during the Family Functioning Assessment indicates that a mental health condition is believed to be significantly impacting any household member, the child protective investigator must consult with a mental health professional to:

1. Assess whether the mental health condition is out-of-control to the point of having a direct and imminent effect on child safety.
    a. Identify specific harm(s) caused by the parent's behavior, emotions, perceptions, or attitudes toward the child.
    b. Provide input on what safety actions need to be incorporated into a safety plan to manage safety tied directly to the parent/caregiver's poorly managed or out-of-control condition, or mental health status that creates concern regarding his or her ability to provide care and supervision to the child.
    c. Determine the need for crisis stabilization through Baker Act proceedings.
2. Review the child or parent/caregiver's current medication use (regarding compliance and effectiveness) and treatment regimen, if any, being particularly sensitive to mothers recently having given birth who might be struggling with post-partum depression.

3. Explore additional treatment options and interventions to better control or manage the existing condition.
4. Explore the feasibility of the mental health professional accompanying the investigator to the interview site when "crisis response teams" are available, based upon local protocols and working agreements.

Response Options:

Yes

No

Not Required

Question 14.2

Was the information and/or recommendations from the SME considered in the decision making?

Factors to Consider:

If there is no information and/or recommendations from the SME documented the reviewer will select No

Response Options:

Yes

Q14.3 Select how the information from the Subject Matter Expert staffing was used:

Response Options:

- Danger Threat Identification
- Intervention Strategies to Engage the Family
- Safety Determination
- Safety Planning
- Conditions for Return
- Inform Adult Functioning

No

Q14.4 Comment box to provide details.

Open to Case Management: (Block 15)

Question 15.1

A multi-disciplinary staffing was held when a new report is received on open case management cases.

Source:

65C-30.015

FSFN Locations:

- Chrono Notes
- File Cabinet
- Supervisory Consultations
- Family Functioning Assessments

Factors to Consider:

Question is evaluated at 30-Day interval when an ICSAR or present danger identified on the 10-day review and closure reviews when the family is open to ongoing services at the time of the intake (Q3.3).

A multidisciplinary staffing shall be conducted with 14 business days of receiving the new intake on a family with an open case management case (either the mother or father) between the family, CPI, case manager, services provider(s), guardian ad litem, Children's Legal Services, and anyone else who may have relevant information to re-assess child safety, permanency and well-being for families who have two or more of the following risk factors:

(a) The parent/ legal custodian is 25 years of age or younger
(b) The parent/ legal custodian or an adult currently living in or frequently visiting the home has a history of substance abuse, mental illness, or domestic violence
(c) The parent/ legal custodian or an adult currently living in or frequently visiting the home has been previously found to have physically or sexually abused a child
(d) The parent/ legal custodian or an adult currently living in or frequently visiting the home has been the subject of multiple allegations of abuse or neglect
(e) The child is physically or developmentally disabled
(f) The child is three (3) years of age or younger
(g) The family is under post placement supervision or
(h) Post-adoption families.

Response Options:

Yes – A multi-disciplinary staffing was held with all relevant parties within 14 days
No - The multi-disciplinary staffing was not held within 14 days.
No – A multi-disciplinary staffing was not held at all.
N/A – A multi-disciplinary staffing was not required.

Q15.2 Comment box to provide detail.

Question 15.3

If the case received is open to case management services; CPI notified the case manager and CLS (if a judicial case) within one (1) business day.

Source:

65C-30.015 (1)a

FSFN Locations:

- Chrono Notes
- Supervisory Consultations
- Family Functioning Assessments

Factors to Consider:

Question is evaluated at 10-Day when family was open to ongoing case management at the time of the intake (Q3.3).

When a new report of abuse, neglect, or abandonment is received on an active case, the child protective investigator (CPI) shall notify the case manager and Children's Legal Services within one (1) business day.

Response Options:

Yes – the CPI notified the case manager (and CLS, if applicable) of the new intake within 1 day.

No - the CPI did not notify the case manager (and CLS, if applicable) of the new intake within 1 day.

Q15.4 Comment Box to provide details.

Maltreatment at Closure: (Block 16)

Question 16.1

At Closure, the following maltreatments were identified:

Response Options:

- Abandonment
- Asphyxiation/Drowning/Suffocation
- Bizarre Punishment
- Bone Fracture
- Burns
- Death
- Environmental Hazards
- Failure to Protect
- Failure to Thrive/Malnutrition/Dehydration
- Household Violence Threatens Child
- Human Trafficking- Commercial Sexual Exploitation of a Child (CSEC)
- Human Trafficking- Labor
- Inadequate Supervision
- Internal Injuries
- Intimate Partner Violence Threatens Child
- Medical Neglect
- Physical Injury
- Sexual Abuse: Sexual Battery
- Sexual Abuse: Sexual Exploitation
- Sexual Abuse: Sexual Molestation
- Substance-Exposed Newborn
- Substance Misuse
- Substance Misuse- Alcohol
- Substance Misuse- Illicit Drugs
- Substance Misuse- Prescription Drugs
- Threatened Harm

Question 16.2

The maltreatment findings below were supported within the totality of the investigation.

Source:

65C-30.001(16)
CFOP 170-4
CFOP 170-5, Chapter 22

FSFN Locations:

- Intake/ Allegations Findings Tab
- Chrono Notes
- File Cabinet
- Consultations
- FFA
- PDA

Factors to Consider:

Question is evaluated at closure reviews.

The findings for each maltreatment type are entered into Florida Safe Families Network (FSFN) as follows:

"Verified" is used when a preponderance of the credible evidence results in a determination the specific harm or threat of harm was the result of abuse, abandonment, or neglect.
"Not Substantiated" is used when there is credible evidence which does not meet the standard of being a preponderance to support that the specific harm was the result of abuse, abandonment, or neglect.
"No Indicators" is used when there is no credible evidence to support that the specific harm was the result of abuse, abandonment, or neglect.
"Preponderance" means the greater weight of the evidence is more likely than not to have occurred.
"Credible Evidence" means evidence that is worthy of belief, trustworthy evidence.

This determination is based upon whether information gathered from interviews, records reviews, and observations during the investigation and assessment constitute credible evidence of child abuse, abandonment or neglect by a parent, a legal custodian or, in the absence of the parent or legal custodian, the caregiver.

The necessary documentation and evidence to support a "Verified" finding clearly indicate how the maltreatment has significantly impaired or is likely to significantly impair the child's physical, mental, or emotional health. The investigator should document all information collected and the rationale to support the determination of findings in the FFA-Investigation and case notes.

Response Options:

Yes - The Investigator collected sufficient information to support the correct maltreatment findings. The findings support the determination regarding accessing whether injury or harm exits, an assessment of the nature and severity of the reported harm and documentation and evidence to support the

maltreatment finding. The totality of the information is complete enough to support the finding(s) determined by the investigator.

No - The maltreatment findings were not supported by the information collected.

Q16.3 Comment Box to provide detail.

Maltreatment, Findings, and Risk: (Block 17)

Question 17.1

Maltreatments were added during the course of the investigation as new information was obtained.

Source:

65C-30.001(16)
CFOP 170-4
CFOP 170-5, Chapter 22

FSFN Locations:

- Intake/ Participant Tab
- Intake/Allegations Findings Tab
- Chrono Notes
- File Cabinet
- Consultations

Factors to Consider:

Question is evaluated at closure reviews.

Applying the same criteria to qualify as an allegation at Intake, investigators must also add additional maltreatments in the same household of focus that are assessed during the course of an investigation. There should be no call to the Hotline to add maltreatments to an existing Intake under investigation, except for an allegation of "Death."

Response Options:

Yes – Maltreatments were added if identified during the investigation.

No - If the reviewer identified maltreatment appropriate based on the circumstances of the investigation that were not added.

Q 17.2 If No, check all maltreatments not added to the investigation:

- Abandonment
- Asphyxiation/Drowning/Suffocation
- Bizarre Punishment
- Bone Fracture
- Burns
- Death
- Environmental Hazards
- Failure to Protect
- Failure to Thrive/Malnutrition/Dehydration
- Household Violence Threatens Child
- Human Trafficking- Commercial Sexual Exploitation of a Child (CSEC)

- Human Trafficking- Labor
- Inadequate Supervision
- Internal Injuries
- Intimate Partner Violence Threatens Child
- Medical Neglect
- Physical Injury
- Sexual Abuse: Sexual Battery
- Sexual Abuse: Sexual Exploitation
- Sexual Abuse: Sexual Molestation
- Substance-Exposed Newborn
- Substance Misuse
- Substance Misuse- Alcohol
- Substance Misuse- Illicit Drugs
- Substance Misuse- Prescription Drugs
- Threatened Harm

N/A – if no additional maltreatments were identified.

Q17.3 Comment box to provide detail.

Question 17.4

The Risk Assessment questions were completed correctly based on documentation in the entirety of the case record.

Source:

Source: 65C-29.003
CFOP 170-5, Chapter 21
CFSR Item 3

FSFN Locations:

- Intake/ Participant Tab
- Assessment/Planning Tab: Risk Assessment
- Chrono Notes
- File Cabinet
- Consultations

Factors to Consider:

Question is evaluated at closure reviews.

The risk assessment should only be completed after the investigator has obtained sufficient information through review of available case records and conducted interviews with all family members and has completed the safety analysis – safe or unsafe determination. The risk assessment should never be scored based solely on a review of written historical case material.

Both indices (i.e., abuse and neglect) are scored regardless of the type of allegation reported or investigated.

If no Policy or Discretionary Overrides are used by the investigator, the household's scored risk level is based solely on the higher of the neglect or abuse index score: Low, Moderate, High, and Very High.

If the child protective investigator determines that any of the following 'Policy Overrides' criteria are applicable to the household; the final risk level is automatically elevated to Very High: (1) Sexual abuse case AND the perpetrator is likely to have access to the child. (2) Non-accidental injury to a child younger than 2 years old. (3) Severe non-accidental injury (any age child). (4) Caregiver

Response Options:

Yes –The risk assessment instrument was completed on the correct household and questions correctly scored based on the documentation in the case record. Narratives support items marked in the instrument, and all appropriate items were marked.

No - The Risk Assessment instrument was not completed on the correct household or narratives did not support the items marked or narratives supported items missed on the instrument.

No- No Risk Assessment completed

Q17.5 Comment box to provide detail.

Question 17.6

CPI attempted to connect the family to appropriate services if the child(ren) has been determined to be safe but high or very high risk.

Source:

CFOP 170-5, Chapter 21

FSFN Locations:

- Intake/ Participant Tab
- Chrono Notes
- File Cabinet
- Consultations
- Family Support Services page

Factors to Consider:

Question is evaluated at closure reviews when the risk level is high or very high (Q3.14) and the family is not going to received ongoing services (Q1.39).

When the CPI has identified that the family is at high or very high risk of future maltreatment using the risk assessment, they must refer the family-to-family support services and make efforts to engage the family. Prior to closing the investigation, the investigator must confirm with family support staff that the parent or legal guardian has been contacted and has either agreed to meet with program personnel or has already started participating in program activities.

If the family support staff does not successfully engage the family, the family fails to make satisfactory progress in reducing risk, or the family quits the program prior to being successfully discharged, the investigator and his or her supervisor shall participate in a "close the loop" staffing with service provider personnel to review any additional information the provider may have obtained related to the initial safety determination (i.e., safe). The investigator and his or her supervisor's participation is required even when the investigation has been closed. The investigator shall document information shared during the staffing and any follow-up actions required as a result of this new information in a chronological note in FSFN.

Response Options:

Yes – The CPI made clear efforts to engage the family in family support services.

No – The CPI did not document clear efforts to engage the family in family support services.

The family was not referred to family support services due to an inaccurate risk assessment rating.

Q17.7 comment box if 17.6 answered No

Supervisor Guidance and Second Tier Review: (Block 18)

Question 18.1

The Supervisor provided guidance at pre-commencement when required.

Source:

Children's Bureau; Child Protective Services: A Guide for Caseworkers 2018, Chapter 13.1.1
65C-33.003(5)(b)
CFOP 170-5, Chapter 26

FSFN Locations:

- Supervisor Consultation
- Chrono Note
- Other locations:
  Florida Certification Board- (verify if CPI is certified)
  https://flcertificationboard.org/

Factors to Consider:

Question is evaluated at all review intervals.

Pre-commencement consultations are required when the CPI is provisionally certified. Pre-commencement consultation are also required when the specific case dynamics would warrant a consultation (e.g., allegations involving medical neglect, child trafficking, etc.) Certification status is determined through the Florida Certification Board website: https://flcertificationboard.org/ and selecting the "Verify Certified Professionals" link.

When initiated, pre-commencement supervisor consultations are provided to affirm:

1) The investigator has sufficiently reviewed historical records and reports (criminal and child welfare) and information contained in the current intake to explore a wide array of investigative consideration.

2) The investigator has fully assessed and determined the need for initiating a joint response, inter-agency consultation or obtaining subject matter expertise prior to commencing the investigation.

3) The investigator has contacted or made diligent efforts to contact the reporter (e.g., phone calls at different times of the day, attempted face-to-face contact, etc.

Response Options:

Yes -The supervisor completed a pre-commencement consultation when required and provided sufficient guidance around the plan for commencement and affirmed the investigators pre-commencement activities.

No – The Supervisor did not sufficient guidance around the plan for commencement and affirmed the investigators pre-commencement activities.

No – The Supervisor did not complete a pre-commencement consultation when required

Pre-commencement consultation not required

Q18.2 Was the guidance provided by primary supervisor?

Response Options:

- *Yes*
- *No*
  - *Q18.3 Enter the name of the individual providing guidance at pre-commencement.*

Q18.4 Comment box to provide details.

Question 18.5

The Supervisor provided appropriate and timely guidance at the initial consultation.

Source:

Children's Bureau; Child Protective Services: A Guide for Caseworkers 2018, Chapter 13
65C-29.003(2)(4)
CFOP 170-5, Chapter 26

FSFN Locations:

- Supervisor Consultation
- Chrono Note

Factors to Consider:

Question is evaluated at all review intervals.

Supervisors shall conduct an initial supervisory consultation with the investigator within five (5) days of the investigation being screened in, to discuss the status of the investigation and the assessment activities conducted to date. The preferred method of consultation between supervisor and investigator is in person, face to face interaction; however, telephonic consultation is appropriate when the supervisor and investigator are discussing present danger and the investigator is calling in from the field.

"Initial" supervisor consultations are primarily used to review the initial information gathered during the Present Danger Assessment and Present Danger Safety Plan and guide the investigator in the collection of sufficient information in all six information domains.

The initial consultation should provide guidance around the following:

- assessment of background checks, present danger, and safety planning

- provide guidance around relevant collateral contacts, medical records, mandatory referrals, and consultations with subject matter experts
- identify the need for multi-disciplinary staffing (does not apply to Manatee, Pinellas, Pasco, and Broward)
- any immediate follow-up activities required due to incorrect present danger decisions, insufficient safety plans, and missing mandatory referrals, as applicable.

When information is considered insufficient, the supervisor is responsible for facilitating discussion around the relevant information that would essentially "complete the picture."

Response Options:

Yes -The Supervisor provided sufficient guidance around the assessment of background checks, present danger, and safety planning; provided guidance around relevant collateral contacts, medical records, reports, mandatory referrals; and identified immediate follow-up activities, as applicable.

No – The Supervisor did not provide sufficient guidance around the assessment of background checks, present danger, and safety planning; provided guidance around relevant collateral contacts, medical records, reports, mandatory referrals; and identified immediate follow-up activities around incorrect present danger decisions, insufficient safety plans, and missing mandatory referrals, as applicable. Note the supervisor that provided the guidance if different than the assigned supervisor

Q18.6 If no select all that apply:

- Supervisor did not discuss criminal history
- Supervisor did not provide timely guidance
- Supervisor did not give quality guidance around the assessment of criminal history.
- Supervisor did not discuss prior history
- Supervisor did not give quality guidance around the assessment of prior history.
- Supervisor did not discuss collateral contacts.
- Supervisor did not give quality guidance around collateral contacts
- Supervisor did not discuss the present danger assessment.
- Supervisor did not give quality guidance around the present danger assessment.
- Supervisor did not discuss the safety plan.
- Supervisor did not give quality guidance around the safety plan. Supervisor did not discuss the needed mandatory referrals.
- Supervisor did not give quality guidance around the mandatory referrals.
- Supervisor did not discuss the needed subject matter consultations.
- Supervisor did not give quality guidance around the needed subject matter consultations.
- Supervisor did not conduct a timely consultation.
- There is no documented supervisor consultation.
- Supervisor did not discuss the maltreatments.
- Supervisor did not give quality guidance around the maltreatments.
- Supervisor did not discuss efforts to prevent removal
- Supervisor did a web or file review only without consultation
- Other (Enter below)

N/A- explain in comments

Q18.7 Was guidance provided by the primary Supervisor:

Response Options:

- *Yes*
- *No*
  - *Q18.8 Enter the name of the individual providing guidance at the initial consultation.*

Q18.9 Comment box to provide detail.

Question 18.10

The Supervisor provided appropriate guidance around critical junctures.

Source:

Children's Bureau; Child Protective Services: A Guide for Caseworkers 2018, Chapter 13
CFOP 170-5, Chapter 26

FSFN Locations:

- Supervisor Consultation
- Chrono Note

Factors to Consider:

Question is evaluated at closure reviews.

While follow-up consultations are generally conducted on an "as needed" basis to discuss critical junctures during the investigation (e.g., prior to court hearings, to consider the effect of new child or adult members joining the household, etc.), follow-up consultations are mandatory under the following circumstances:

- Follow-up consultation is required when a new intake is received on a household already involved in an active investigation or when an additional report (e.g., XXXXXX-02, etc.) is added to an existing investigation.
- When present danger has been identified by an investigator who is provisionally certified, a follow-up consultation is required every 14 days until the determination of child safety (safe or unsafe) in order to:
  (1) To ensure the effectiveness of the Present Danger Safety Plan.
  (2) To ensure the investigator is managing the Safety Plan adequately.
  (3) To ensure the investigator is demonstrating due diligence in gathering sufficient information to inform the Family Functioning Assessment.
- Closure consultations are required for all sexual abuse investigations (does not apply to Manatee, Pinellas, Pasco, and Broward).

Response Options:

Yes -The supervisor held a consultation at the time of a new intake or additional report of maltreatment (even if incorrectly coded as a supplemental report) and provided appropriate guidance, including at critical junctures (new baby, new home, new household members, etc.) to ensure sufficient information was collected, validated, and reconciled to support the safety determination.

No - The Supervisor did not provide sufficient guidance at new intakes/additional reports, critical junctures or ensure sufficient information was collected, validated, and reconciled to support the correct safety determination.

No – The Supervisor did not provide consultation around critical junctures at new intakes/additional reports, critical junctures or ensure sufficient information was collected, validated, and reconciled to support the correct safety determination.

Q18.11 If No, select all that apply:

- Supervisor did not complete a consultation when there was an additional intake.
- Supervisor did not conduct a consultation every 14 days when a provisionally certified CPI has identified present danger.
- Supervisor did not complete a consult when a new baby/child entered the home.
- Supervisor did not complete a quality consult when a new baby/child entered the home.
- Supervisor did not complete a consultation when the family became members of another household.
- Supervisor did not complete a quality consultation when the family became members of another household.
- Supervisor did not complete a consultation when new household members moved in.
- Supervisor did not complete a quality consultation when new household members moved in.
- The supervisor did not ensure sufficient information was being collected or validated at a critical juncture.
- Supervisor did not complete a consultation prior to a court hearing.
- Supervisor did not complete a quality consultation prior to a court hearing.
- The supervisor did not discuss safety planning, when needed.
- The supervisor did not have a quality discussion around safety planning, when needed.
- CPIS identified need for follow up consultation, however it did not occur.
- No need for critical juncture staffing.

N/A- No critical junctures.

Q18.12 Was guidance provided by the primary Supervisor:

Response Options:

- *Yes*
- *No*
    - *Q18.13 Enter the name of the individual providing guidance at critical junctures.*

Q18.14 Comment Box to provide details.

Question 18.15

The supervisor ensured that required follow-up actions were completed.

Source:

Children's Bureau; Child Protective Services: A Guide for Caseworkers 2018, Chapter 13
CFOP 170-5, Chapter 26

FSFN Locations:

- Supervisor Consultation
- Chrono Note

Factors to Consider:

Question is evaluated at closure reviews.

Prior to closing the investigation, the Supervisor ensured that all follow up actions were completed on the investigation. This may not be documented in a consult, but the reviewer should be able to determine that all actions identified in initial and additional consults as well as actions requested in 2nd Tier consultations were completed, attempted or documented as to why they no longer are needed.

Response Options:

Yes - The supervisor ensured that the required follow-up actions were completed by the CPI or documented why they were no longer needed.

No – There is no documentation that the supervisor ensured the CPI completed all required follow-up actions.

Q18.16 If no select all that apply:

- The supervisor did not ensure identified tasks were completed or provide justification for why they were no longer needed.
- Present Danger identified and the supervisor did not conduct a follow up consultation every 14 days.
- Present Danger identified and the supervisor did not ensure the effectiveness of the safety plan.
- Present Danger identified and the supervisor did not ensure the investigator is managing the safety plan adequately.
- Present Danger identified and the supervisor did not ensure the investigator is demonstrating due diligence in gathering sufficient information to inform the Family Functioning Assessment.
- The supervisor did not complete timely follow up consultations for time sensitive actions.

N/A- No follow up actions were needed.

Q18.17 Was guidance provided by the primary Supervisor:

- *Yes*
- *No*
    - *Q18.18 Enter the name of the individual ensuring follow up action completion.*

Q18.19 Comment Box to provide detail.

Question 18.20

Was a 2nd Tier Consult required and/or completed?

Factors to Consider:

If a 2nd Tier Consult is entered only for data purposes do not evaluate.

Response Options:

- *Yes required AND completed*
- *Yes required but NOT completed*
- *Not required but completed*
- *Not required nor completed.*

If Yes, required and completed or Yes required but not completed selected:

Q18.21 Reason 2nd Tier was required:

- "Family-Made Arrangements" are a component of an agency made Safety Plan. (Not applicable to Broward, Manatee, Pasco, or Pinellas)
- An in-home Present Danger Safety Plan is initiated with the family.
- No danger threats have been identified in the home (i.e., safe child) but overall risk assessment score is very high. Source: CFOP 170-5, Chapter 27
- There is a child death with a surviving sibling in the home

18.22 comment box

If Yes, required and completed or Not Required but completed selected:

Q18.23 Was appropriate guidance given during the 2nd Tier consult?

- *Yes - The 2nd Tier consultation effectively guided or supported investigation decision making. Consult identified any needed action to support, validate, or reconcile information or modify safety actions when needed.*
- *No – The 2nd Tier consultation did not effectively guide or support investigation decision making.*

Q18.24 Comment Box to provide detail.

Question 18.25

Was timely guidance given during the 2nd tier consult?

Source:

FAC 65C-29.003
CFOP 170-5, Chapter 27

FSFN Locations:

- Supervisor Consultation
- Chrono Note

Factors to Consider:

Question is evaluated at all intervals when a 2nd Tier Review has been completed (Q19.20).

Second Tier Consultations are required when critical safety decisions have been or are about to be made at critical points in the investigative process. These consultations are intended to broaden the scope of review activities to support a more comprehensive and collaborative decision-making process. 2nd tier consultations are initiated to guide or help determine actions to be taken or subsequently support, validate, or – when necessary – modify safety actions already completed. 2nd Tier Consultations include, but are not limited to, participation from the following individuals:

a. "Real time" interactive input/feedback from a manager or designee; or,

b. A consultative team (i.e., multidisciplinary staffing or case transfer staffing) to provide additional direction, guidance and feedback during an open child protective investigation.

The Supervisor shall arrange for a 2nd Tier Consultation within 48 hours of learning of one of the following circumstances:

a. "Family-Made Arrangements" are a component of an agency made Safety Plan. *(Not applicable to Broward, Manatee, Pasco, or Pinellas)*

b. An in-home Present Danger Safety Plan is initiated with the family.

c. No danger threats have been identified in the home (i.e., safe child) but overall risk assessment score is very high. Source: CFOP 170-5, Chapter 27

d. There is a child death with a surviving sibling in the home

Response Options:

Yes

No

Q18.26 Comment Box to provide detail.

Second Level Review and Manager Sign Off (Block 19)

First Level Review Sign-Off

Question 19.1

Is an Immediate Child Safety Action Required?

Response Options:

- Yes
  - Q19.2 Select all that apply:
    - Safety Planning
    - Management of Safety Plan
    - Information Sufficiency
    - Victim Not Seen
    - Additional Children Not Seen
    - Present Danger Assessment
    - Impending Danger Assessment
    - Child Placement Agreement
    - Other (provide brief 1-2-word category)
- No

Q19.3 Comment Box to describe reason why immediate child safety action is needed.

Q19.4 Second Level Review and Manager Approval for ICSAR

- (Drop down of names)

Q19.5 Is this tool ready to be sent for second-level review?

Response Options:

- Yes

  Q19.6 If yes, select who will conduct the second-level review.

  - (drop down of names)

- No – This sends you to end of Survey.

Appendix 1- drug list

DRUG	SYMPTOMS	COMMON NAMES	DETECTION TIME
Alcohol Beer, Wine, Rum, Tequila, Vodka, Gin	Slurred speech, Motor impairment, confusion	Moonshine, Draft, Liquid Bread	Stays in system up to 24hrs
Opioids Heroin, Fentanyl, Codeine, Hydrocodone, Morphine, Methadone, Demerol	Cravings, Drowsiness, Lack of Hygiene, Weight loss	Heroin: Black Tar, Snowball Fentanyl: Apache, Jackpot Oxycodone: Berries, Roxy, Greenies Codeine: Captain Cody, Little, School Boy Morphine: Mister Blue, Morpho, Dreamer Methadone: Dollies, Tootsie Roll	2-7 days depending on the drug
Cocaine **Crack Cocaine**	Dilated pupils, reduced sleep, nosebleeds	Nuggets, Jellybeans, Gravel, Rocks	1-4 days
Methamphetamines	Thinning, frail body, facial acne or sores, rotted teeth, convulsions, scratching and death	Speed, Crank, Tweak, Chalk, Tina, Gak	1-4 days
Amphetamine Adderall, Dexedrine, Ritalin, Vyvanse, generic	Increased heart rate and blood pressure decreased appetite and weight loss, insomnia, mood swings, aggression, paranoia, anxiety	Addies, Bennies Black Beauties Crosses, speed	2-4 days

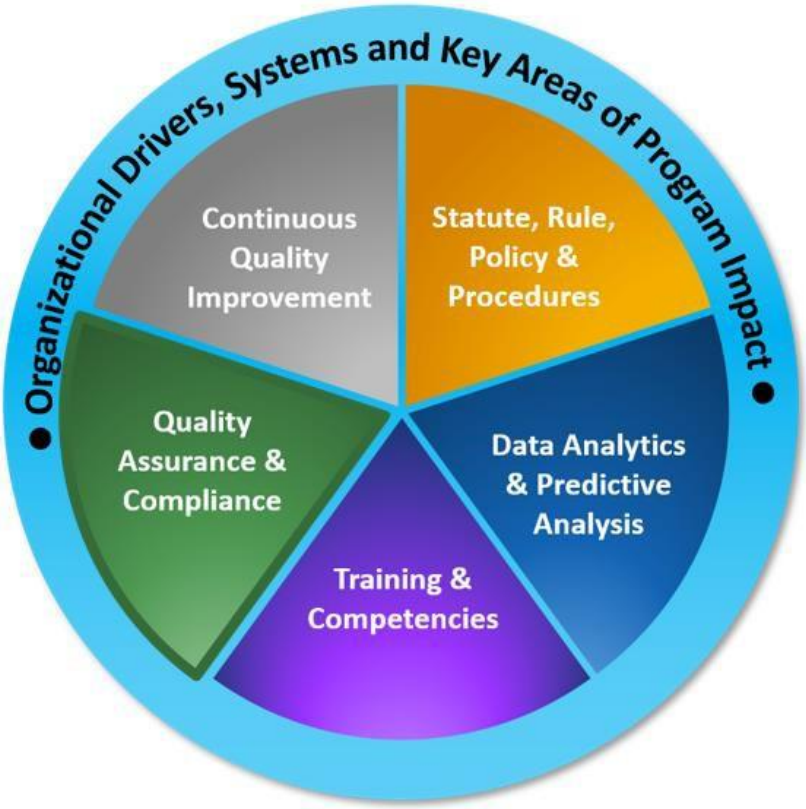
DRUG	SYMPTOMS	COMMON NAMES	DETECTION TIME
Benzodiazepines Valium, Xanax, Klonopin Tranxene, Ativan, Librium	Sedation, dizziness, weakness, unsteadiness, feeling of depression, sleep disturbance, confusion, irritability, aggression	Bars, Benzos, Blues, Candy Chill Pills, French Fries, Downers Tranks, Zanies	3-7 days
Cannabis Marijuana	High or stone feeling change in thought and perception, difficulty concentrating, impaired short-term memory, altered sense of time, impaired body movement, relaxation, red eyes, feelings of paranoia or anxiety	Weed, Pot, Reefer Grass, Dope Ganja, Mary Jane Hash, blunt	15-30 days to weeks after use, long after impairment has passed
Phencyclidine - PCP	Changes to light, color, sound and touch. Changes in time, slowing down or speeding up. Hallucinations, blank stare, drooling, loss of balance, catatonic trance.	Angel Dust, Supergrass, Boat, Tic Tac, Zoom	8 days
MDMA Ecstasy	Dilated pupils, changes in sleeping habits, paranoia, dry mouth, mild confusion, promiscuity	X, E, XTC, Beans, Molly, Adams	1-3 days
Barbiturates	Depression, mood swings, agitation, poor concentration, dizziness, lack of coordination.	Barbs, Phennies, Birds, Reds, Yellows, Pinks, Block busters	3-7 days
Medication Assisted Treatment Methadone, Buprenorphine, Nalxetrone and Vivitrol	Lower prevalence of fatigue, Headache, Dizziness	None noted	2-7 days depending on the drug

Appendix 2-Background check job aid

Job Aid - Child Welfare Background Record Checks

Record Type	Child Investigation & Recheck	Adult Investigation & Recheck	Family Made Arrangement	Safety Plan: Informal Safety Plan Provider	Emergency Relative/Non-Relative Placement	Planned Relative/Non-Relative Placement	Reunification	Adoption	Foster Care Licensing
FCIC Purpose Code Q (Household members 12+)	Y	Y			Y	Y	Refer to 170-1 Ch. 6-16		
FCIC Purpose Code C (Household members 12+)	Y	Y							
NCIC Purpose Code C (Household members 12+)	Y								
NCIC Purpose Code X (Household members 18+)					Y				
Department of Juvenile Justice (JJIS) (Household members 12-26)	Y	Y			Y	Y	Y	y	Y
Department of Corrections Offenders Search (Household members 18+)	Y	Y			Y	Y	Y		
FDLE Florida Sexual Offenders and Predators Search (Household members 18+)	y	y	y	y	y	y	y		
DHSMV DAVID Information	Y	Y							
Jail Booking System (APPRISS) Information	Y	Y							
FSFN (All Household members)	Y	y	Y	Y	Y	Y	Y	Y	Y
Locals (Household members 12+)	Y		Y	Y	Y	Y	Y	y	Y
Out of State Records- Child Welfare Records (For subjects who has resided in any other state during the past 5 years) (Household members 18+)	Y				Y	Y		y	y
Out of State Records- Civil Court DV and Orders of Protection Records (For subjects who has resided in any other state during the past 5 years) (Household members 18+)									Y
Out of State Records- Local Law Enforcement (For subjects who has resided in any other state during the past 5 years) (Household members 18+)	Refer to 170-1 Ch. 6-8				Refer to 170-1 Ch. 6-13	Refer to 170-1 Ch. 6-13			
Fingerprint (3Z) (Household members 18+)						Y	Refer to 170-1 Ch. 6-16	Y	Y
Fingerprint (4Z) (Household members 18+)					y				
Florida Clerk of the Courts (CCIS) Information	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	DV Complaints and Orders of Protection

Ongoing Services Life of Case Review Tool Reviewer Guide



VERSION 8 - Updated October 1, 2023

OFFICE OF
QUALITY AND INNOVATION
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Contents

Life of Case Review: Ongoing Services

Background

Section 402.715 of Florida Senate Bill 1326 establishes a department-wide Office of Quality and Innovation (formerly known as the Office of Quality) to ensure that the Florida Department of Children and Families and its contracted service providers achieve high levels of performance. Under the Office of Quality and Innovation, the Department will assess the overall health of the child welfare system, by circuit, using grading criteria established by the department. An element of this will include data from quality case reviews.

Purpose

To measure the quality of child welfare practice more effectively, the Florida Department of Children and Families uses the Life of Case Review Instrument. The Life of Case quality case review helps evaluate child welfare practice throughout the entire time a family is involved with the Department, from investigation to permanency.

The child welfare practice model for child protection is a continuum of interventions that begin when a child abuse or neglect report is received by the agency and concludes when a case closes, and children are in a safe and permanent home. The effectiveness of this system of services is contingent on all stages of service working together to achieve these outcomes. As a family proceeds through certain steps or decision-making points across stages of service, the safety of the child remains paramount.

The single most critical function of the child welfare quality case reviews is the complex process of assessing decision making at every stage of the case. The reviewer's assessment is crucial to addressing a child's immediate safety and concerted efforts to achieve permanency and well-being through a thorough understanding of the safety analysis, safety plan, and overall documentation. The role of the reviewer is to critically evaluate the assessment, planning, and monitoring strategies used to ensure the Department is making appropriate steps to achieve its goal of safety, permanency, and well-being for children in the state of Florida. These reviews are completed throughout the life of the case – meaning from the initial stages of an investigation throughout any ongoing services provided to the family, the reviewer continues conducting reviews at regular intervals.

Process

Sample Selection

The Office of Quality and Innovation (OQI) selects a statistically significant sample of investigations using a report of children from the Florida Safe Families Network (FSFN), the state's child welfare information system. The sample is selected using the following process:

- A report is generated from FSFN of new investigations weekly.
- The data analytics unit selects a statistically significant sample, including any stratifications necessary, and sends to the quality review manager.
- Supervisor assigns quality reviewers from sample provided.
- Investigations transferred to Ongoing Services continue to be reviewed.
- The data analytics unit may select additional cases not originating with an investigation if the required number of reviews per circuit are not met by cases transferring from investigations.

Review Instrument

The Office of Quality and Innovation of the Department of Children and Families created one unified quality review instrument for Child Protective Investigations (CPI) and ongoing case management services.

This tool incorporated review items from the Rapid Safety Feedback (RSF) reviews, fidelity reviews from Action for Child Protection and Risk Assessment, Child, and Family Services Reviews (CFSR), and special reviews associated with opioid related maltreatment.

Child Protective Investigation Reviews begin at day 10 from the date of the intake report and continue at regular intervals during the investigation. Investigations that are transferred to ongoing case management will receive an initial review after transfer to ongoing case management, to review the case transfer process and approximately every 90 thereafter until the children reach permanency and supervision is terminated to review progress updates. The review periods include the timeframes between each review. Review questions are designed for in-home cases, out-of-home cases and some apply to all cases. In addition, some questions relate to specific timeframes within the case and others are applicable across all timeframes. The review instrument was developed in Qualtrics to allow for skip logic so that pertinent questions for each case type and review period appear for the reviewer. The completed instruments are sent to the Lead Agency point of contact which can include guidance for areas identified as in need. Comment Boxes are included to allow reviewers to provide more context to their ratings. Every effort was made to ensure Comment Boxes appear near the related question; however, that is not always possible. Comment Boxes appear at the end of the block and can be used to provide more information on ratings within the block. Comment boxes provide more context for any rating.

There is a table of contents that can be used to review work once completed. It is accessed by clicking the three lines on the left-hand side under Department of Children and Families heading. It is best to answer the questions sequentially due to display logic and use the table of contents to go back and review responses to previous items prior to submission.

The instrument includes the following review categories for which items may be related to more than one:

- Assessment
- Intake
- Planning
- Service Provision
- Ongoing Evaluation and Monitoring

New Baby Born:

- If a new baby is born into an open CPI Investigation and the Office of Quality and Innovation has not been conducting LOC- CPI reviews, the Office of Quality and Innovation reviewer will complete the LOC- CPI review from the 10-day interval through closure.
- If a new baby is born into an open CPI investigation and the Office of Quality and Innovation has been conducting LOC- CPI reviews, the new baby will be included in the current review at the current interval through closure.
- If a new baby is born into an open case but the Office of Quality and Innovation has not been conducting the Ongoing Services tool for the open case, the QO reviewer will complete the LOC CPI review through closure. Upon the LOC- CPI Closure interval being completed, the QO reviewer will then complete the LOC Ongoing Services on all children for the progress update interval.

- In completing a progress update interval on a case that has been open but not yet reviewed by the Office of Quality and Innovation, the Office of Quality and Innovation recognizes that the OQI reviewer will need to review historical information and answer questions from the past. The Office of Quality and Innovation believes this feedback can still be valuable to rectify any identified areas and/or for learning opportunity for future casework.

- If a new baby is born into an open case and the Office of Quality and Innovation has been conducting the Ongoing Services tool, the OQI reviewer does not complete the LOC- CPI tool and will only complete the progress update LOC- Ongoing Services.

Case Review Documentation:

The quality review specialists document the *initial* review in FSFN.

The reviewer uses the Chronological Note function and documents the initial review. The reviewer will select the following options:

- Enter Contact Begin Date
- Category: Case reviews
  1. Type: QA-Other
  2. Request for Action: Not being used at this time so select: "No Request for Action."
- Document the following in the narrative section:

  "This case has been selected for review by the Office of Quality and Innovation (indicate case ID)."

- Naming convention for finalized tools will be as follows: Case ID- Abbreviated Lead Agency- Interval Abbreviation
  - Interval abbreviations: case transfer (CTS) and Progress Update (PU1, PU2, etc., ascending as subsequent progress update reviews are completed)

- The supervisor or designee emails the completed tool to the Lead Agency point of contact and Lead Agency QA Manager. Reviews must be emailed within 2 business days using the return receipt requested functionality in e-mail to ensure the tool was received.
  - Upon completion on the review tool in Qualtrics, the following email will be sent to the Lead Agency point of contact and QA Manager.
  - Subject Line: *Life-of-Case Review, County, FSFN Case Identification Number, Abbreviated Lead Agency- Abbreviated Interval*

    A case assigned to you has been selected for review by the Office of Quality and Innovation. Attached is the tool for your review. The tool can be useful as you move forward through the case. The case will be reviewed again on or about <date>. *Each time a case is reviewed, the tool will be provided to case management staff.*
- If there were areas of concern that did not rise to the level of immediate safety concerns, include the following statement as well:

  While reviewing the case, there were some notable areas you should review. Please pay close attention to questions numbered <include question numbers and/or summarize areas>

Consultations:

Consultations may be requested of the Office of Quality and Innovation by the Lead Agency at any point to discuss concerns regarding ratings, clarification regarding ICSAR concerns, assessment and scoring, guidance in the reviewer guide and/or tool, etc. To request a consultation regarding a case being actively reviewed, please reach out to the assigned reviewer and supervisor to schedule.

The Office of Quality and Innovation encourages the opportunity to consult regarding <u>any</u> open case at <u>any</u> time, regardless of if it is being reviewed or not, through the Life of Case reviews or any other review instrument. To request a consultation regarding a case not currently being reviewed by the Office of Quality and Innovation, please reach out to the designated Office of Quality and Innovation manager for that region.

ICSAR Process:

Purpose:

Section 402.175 of Florida Senate Bill 1326 emphasizes accountability and program performance improvement and codifies a results-oriented accountability system with the Office of Quality and Innovation.

The notification of an Immediate Child Safety Action Required (ICSAR) seeks to correct deficiencies and promotes quality improvement and skill building. When a child safety issue is occurring, the assigned child welfare professional (or designee) must respond with swift action that creates resolution and increased child safety within two business days. The ICSAR, in conjunction with the Life-of-Case Review Tool, improves accountability and program performance in an action-focused and collaborative manner contributing to learning and development of child welfare staff.

Process:

The ICSAR process shall be adhered to when the Quality Review Specialist identifies an immediate child safety concern during a Life-of-Case review.

During a Life-of-Case (LOC) Ongoing Services Review, the Quality Review Specialist may identify that a child safety issue is occurring. An immediate child safety concern will be identified based on case circumstances and is at the professional discretion of the Quality Review Specialist (QR). The Quality Review Specialist (QR) will contact the Quality Review Quality Review Supervisor (QRS) as soon as the child safety concern is identified to discuss the concern(s). The QR will email the ICSAR summary (found on the last page of the LOC tool) and completed Life-of-Case Ongoing Services tool to the QRS, for review. Once approved, the QRS will email the ICSAR summary and completed tool to the Quality Review Manager (QRM). Once the ICSAR summary and tool has been finalized, the QRM will email the ICSAR summary and Life-of-Case Ongoing Services Tool to the identified Lead Agency and Regional Points-of-Contact notifying them of need for immediate action to be taken.

The email must include the completed tool and a summary of the immediate child safety concerns in the body of the email. The format for the email is as follows:

> *Subject Line: Immediate Child Safety Action Required, Interval, Case ID, Lead Agency*
>
> *"A <indicate review interval> was completed on <date> for <case ID> and need for immediate action was identified. The summary of the area needing attention can be found on the last page of the attachment and is included below:*

Summary of Concerns: *Include summary from the tool.*

In two business days from the date of this email, the Quality Review Specialist will review the case to determine if actions were taken to ensure child safety. If you have questions or would like to schedule a consultation, please reach out to me at the number below."

• If an ICSAR is identified on a case management case while completing a CPI LOC, the Quality Review Specialist will complete the ICSAR survey identifying the case management ICSAR.
• If an ICSAR is identified on an investigation while completing a CM LOC tool the Quality Review Specialist will only complete the ICSAR survey
• If an ICSAR is identified on both CPI and Case Management at the same time, you will complete two separate ICSAR surveys to address each concern.

ICSAR Follow-Up:
At the two-business day follow-up review by the Quality Review Specialist, a determination will be made as to whether the ICSAR can be resolved based on actions taken by staff. If child safety concern(s) remain, the Quality Review Specialist will notify the Quality Review Supervisor to discuss the case. If the ICSAR cannot be resolved, a consultation will be requested by the Quality Review Supervisor, via email, to the Lead Agency and Regional Points-of-Contact and will include the Quality Review Specialist and Quality Review Manager. This email format is as follows:

Subject Line: UNRESOLVED – Immediate Child Safety Action Required, Interval, Case ID, Lead Agency

"The above referenced case was sent with notification of an ICSAR on XX/XX/XXXX and to date there has not been sufficient information documented in the case file to alleviate and resolve the concern for the immediate safety of the child(ren). Currently, the ICSAR remains unresolved for the following reasons.

Summary of Unresolved Concerns: *Indicate what steps were taken and what actions remain outstanding.*

We would like to offer a consultation to provide additional information into the unresolved safety concerns and to gain information that may be helpful in resolving the concerns. Please provide your best availability and we will send out a calendar invite for the meeting.

Thank you for your collaboration with us on this case."

If the safety concern(s) cannot be resolved the following timeline will be adhered to:

- Within one business day of request for consultation or completion of consultation, Quality Review Specialist will send follow-up email to Lead Agency POC requesting additional information.
- One business day later - Quality Review Specialist and Quality Review Supervisor will discuss the concern(s) with the Quality Review Manager who will determine whether to contact the Lead Agency or ask Quality Review Supervisor to make further attempts to resolve.
- One business day later – Quality Review Manager will decide whether to escalate concern(s) to Quality Review Director
- One business day later – Quality Review Specialist, Quality Review Supervisor and Quality Review Manager will discuss ICSAR remaining unresolved despite efforts made by either the Office of Quality and Innovation or Operations and ICSAR Survey will be finalized.

After the initial child safety concerns are identified, new information may become known from the work completed as follow-up after the issuance of the ICSAR. Should further child safety issue(s) become evident, the ICSAR shall then encompass that information and may require additional follow-up.

Completion of ICSAR Survey:
The ICSAR Survey will be completed by the Quality Review Specialist in Qualtrics when the ICSAR has been emailed to Operations by the Quality Review Manager.

• Quality Review Specialist will complete the ICSAR Survey using the link sent by Qualtrics when Q27.2 in the Ongoing Services Life-of-Case Tool is answered 'Yes'.

• Quality Review Specialist will mark whether the safety concern is resolved in the ICSAR Survey (****the QR will always mark 'No' in the ICSAR Survey for resolution when the Survey is initially completed.*)

- o When not resolved, Quality Review Specialist receives retake link to update once ICSAR is resolved
- o When resolved, Quality Review Specialist and Quality Review Supervisor receive email with completed survey to send to field
  - Naming convention for finalized ICSAR tools will be as follows: ICSAR, Interval, Case ID, Lead Agency- Resolved
- o When ICSAR remains unresolved, Quality Review Specialist and Quality Review Supervisor receive email with completed survey to send to the field.
  - Naming convention for finalized ICSAR tools will be as follows: ICSAR, Interval, Case ID, Lead Agency- Unresolved

The final ICSAR Survey is sent to the Lead Agency and Regional Points-of-Contact by the Quality Review Supervisor.

General Information – Case Information Block - 1

The first few questions in the review instrument gather basic case and review information and enable skip logic:

Q1.2 Date of Case Review – A calendar displays for the reviewer to select today's date. Format should be mm-dd-yyyy.

Q1.3 Date of Case Transfer/Transfer Staffing (Some areas do not use transfer staffing so the transfer date will need to be entered and explained in the case summary, could be date of first primary assignment to case management.) Date format should be mm-dd-yyyy.

- Region: Select from the listing
- County: Select from the listing
- Lead Agency: Select from the listing
- Case Management Organization: Select from list, can be identified by the unit number and a listing is in the appendix at the end of the reviewer guide. Some Lead Agencies provide all or a portion of case management themselves so select the Lead Agency in these instances.
- Judicial Circuit: Select from the list (location not case type)
- Unit: Select from the list (can be found in the assignments for case manager)

Q1.4 – Q1.34 are region, county, Lead Agency, CMO, Circuit, and Unit which are entered into Qualtrics to be selected.

Q1.35 Reviewer Email address

Q1.36 Case Review

- Reviewer Name [first last]
- Reviewer Supervisor name [first last]
- FSFN Case Identification Number
- Investigation number prompting service intervention (enter as 20XX-XXXXXX)
- Current Case Manager: Use the current Primary worker. Copy (Ctrl C) from FSFN and past (Ctrl V) into the instrument to ensure consistency (add in case summary if there was more than one case manager during the review period).
- Current Case Manager Worker ID. Copy (Ctrl C) from FSFN and past (Ctrl V).
- Current Case Manager Supervisor: Use the supervisor of the current Primary Worker and worker ID. Copy from FSFN and paste into the instrument to ensure consistency (add in case summary if there was more than one case manager during the review period). Enter the supervisor of the case manager even if not yet entered in FSFN. The supervisor can be found by searching the case manager in the 'Worker' tab in FSFN search.
- Current Case Manager Supervisor Worker ID: Copy (Ctrl C) from FSFN and past (Ctrl V).

Q1.37 Review Interval

- Case Transfer: approximately 7 – 10 days from case transfer to review case transfer processes.
- Progress Updates: initial progress update approximately 120 days from the case transfer, and every 90-100 days thereafter.

Q1.38 Enter dates of review period, range from last LOC review to date of this LOC review.

- This question is displayed for the Progress Update.
- Date format mm/dd/yyyy.

Q1.39 How many children are in the household of focus for case management (enter number of children actively receiving services. Children not receiving services will be addressed in Block 4).

Q1.40 Enter the name (Last-First) of each child, oldest to youngest. The child number, child 1, child 2, etc. is to remain consistent throughout the instrument for per child items. The tool allows up to 15. (If there are more than 15, contact your supervisor.)

- Add the names of the children, last, first name in the corresponding box.
- Age of each child at the time of the review shows in a table, age at date of review
- Gender
- Race
- Ethnicity

Q1.41 Case Service Type- Select all service types for **each child** receiving services during the period under review into the table (*check all that apply*):

- In-Home Non-Judicial
- In-Home Judicial
- Out of Home Judicial

As an example, if a child was reunified during the period under review, indicate if they were both out of home judicial and in-home judicial for this interval. Likewise, if a child was receiving in-home services but

was subsequently removed during the period under review, indicate if they are in-home (judicial or non-judicial) and moved to out of home judicial. Single parent shelters where the child(ren) is placed with the other parent (custodial or non-custodial) are considered in-home judicial service type.

Family made arrangements are considered in-home cases unless/until the child(ren) is placed in out of home care via court order. If you please you have a true out of home, non-judicial, please consult with your supervisor or manager for elimination consideration.

Q1.42 Is the case service type documented in FSFN correct? (Select Yes or No)

Q1.43 If out of home, select appropriate check box for current placement type for **each child** based on case circumstances:

- In home custodial Parent
- In home non-custodial Parent
- Non-Relative
- Relative
- Level 1 Licensed Relative or Non-relative
- Foster Home (includes Therapeutic)
- Group Care (includes Therapeutic)
- Residential Treatment (SIPP, etc.)
- Hospital
- Out of DCF Custody such as DJJ or Corrections
- Runaway
- Other

Please keep in mind for purpose of this review, the federal definition of relative if used (someone related to the child by blood, marriage, or adoption). State policy is more restrictive of the definition of relative.

Q1.44 Was the demographic information entered in FSFN for all children? (Systemic Factor – Information System) review Date of Birth, Social Security Number, Race, Ethnicity, Sex from the person screen. (Click on case name in the FSFN outliner, and then on each child to view information.) If some information is incorrect or missing, select 'No' for that child. Answer per child.

Q1.45 Enter any comments related to the No response in the available text box.

Q1.46 Is a family navigator or behavioral health consultant assigned to the case? (Select all that apply)

Q 1.47 Is there an out of county assignment in this case (supervision, case planning, home study, etc.)

Q 1.48 If yes, indicate region of out of county services involvement (select all that apply)

Q1.49-Q1.54 Select case management agency involved (all that apply)

Q 1.55 Summarize out of county assignment for each agency involved (indicating if the OCS agency is involved to assist with parent services, child services/supervision, home studies, etc.).

Q 1.56 Has a CPI Life of Case review been completed prior to case transfer? (Select Yes or No)

General Information-Screening Question Block - 2

These questions drive skip and display logic through-out the instrument.

Q2.1 Was the child reunified during period under review? Select 'Yes' or 'No' for each child. This question only displays if the child(ren) is in out-of-home care (judicial). If the child was reunified during a previous review period, the child is considered in-home.

Q2.2 If yes to Q2.1, enter the date of reunification for each child reunified, date format mm/dd/yyyy.

Q2.3 Current Danger Threat(s) Identified: These are from the FFA or progress update, please select all that apply.

- Parent/legal guardian/caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child.
- Child has a serious illness or injury (indicative of child abuse or neglect) that is unexplained, or the parent/legal guardian or caregiver explanations are inconsistent with the illness or injury.
- The child's physical living conditions are hazardous, and a child has already been seriously injured or will likely be seriously injured.
- There are reports of serious harm and the child's whereabouts cannot be ascertained; and/or there is a reason to believe that the family is about to flee to avoid agency intervention; and/or the family refuses access to the child; and the reported concern is significant and indicates serious harm.
- Parent/legal guardian or caregiver is not meeting the child's essential medical needs and the child is/has already been seriously harmed or will likely be seriously harmed.
- Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian is unwilling or unable to manage.
- Parent/legal guardian or caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.
- Parent/legal guardian or caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed.
- Parent/legal guardian or caregiver is threatening to seriously harm the child or is fearful he/she will seriously harm the child.
- Parent/legal guardian or caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.
- Other
- No Danger Threat identified.

Q2.4 For any child, under age one, is there information in FSFN that the CM discussed safe sleep with the parent(s)/caregiver(s)? Select 'Yes' or 'No' for each child.

Q2.5: Did the CM observe/document the sleep situation for the child (under age 1)? Select 'Yes' or 'No' for each child.

Q2.6: If yes to 2.5, comment box to provide details:

- Reference Safe Sleep information here: Safe Sleep - Florida Department of Children and Families (myflfamilies.com)

Q2.7 Did a child death occur and there are no other children involved with the case? Select 'Yes' or 'No'

Q 2.8 If yes, provide summary regarding child death.

- In the event of a child death with no other children associated with the case, the survey will automatically end. **PLEASE SAVE YOUR PDF AND ROUTE TO YOUR SUPERVISOR** as it will not be completed through normal ticketing.

Case Summary Block - 3

Q3.1 Case Summary: Include *summary* of case circumstances, including case participants and notable case facts. Information should be concise, considering additional information documented elsewhere within the review.

- For the seven to ten-day review, enter the reason for case opening which can remain at every subsequent review; however, the other information should be current to the review period. The reviewer can enter seven to ten-day interval at the beginning and skip down a line for the current interval.
- Indicate dates of interval review in case summary. For each interval, please keep the remaining summary information as a running log. **Most updated information will be at the top with previous interval summary information below.**

Example:

8/1/2022-10/31/2022: TC remains in out of home. Parents were found partially compliant at most recent JR. Child's placement is stable with no identified safety concerns. Parents are linked to services but not fully engaged. ***5/1/2022-7/30/2022: TC has been removed from parental home due both parents testing positive for substances. Child was recently adjudicated and placed in licensed care. Parents have not yet linked to services. ***2/1/2022-4/30/2022: TC remains in home with case management services and monitoring. Safety plan has appropriate supports to safeguard the child however parents are resistant to complying with services.

Children Not Receiving Services Block - 4

Q4.1 Are there children in the household of focus not receiving services from case management?

Indicate the number of children in the household of focus that is not open to case management services.

Evaluated at all review intervals.

Response options

Yes

No- (Skip block)

Q4.2 How many children are in the household of focus but not receiving services with case management?

Indicate the number of children in the household of focus that are not open to case management services.

Q4.3 Enter the name (Last-First) of each child, oldest to youngest. The child number, child 1, child 2, etc. is to remain consistent throughout the instrument for per child items. The tool allows up to 15. (If there are more than 15, contact your supervisor.)

- Add the names of the children, last, first name in the corresponding box.
- Age of each child at the time of the review shows in a table, age at date of review.
- Gender
- Race
- Ethnicity

Q4.4 Did the agency conduct ongoing assessments that accurately assessed all the risk and safety concerns for child(ren) remaining in the family home not open to services?

Source:
CFOP 170-1 Chapter 2 Core Safety Concepts

CFSR item 3b

Factors to consider:

Evaluated at all review intervals.

Determine whether ongoing assessments (formal or informal) were conducted during the PUR. If the agency conducted an initial assessment of risk and safety at the onset of the case, but did not assess for risk and safety concerns on an ongoing basis and at critical times in the case (for example, when there were new allegations of abuse or neglect, changing family conditions, new people coming into the family home or having access to the children, or changes to visitation, upon reunification or at case closure) then the answer to question B should be No.

Note that in some cases that were opened during the PUR, the issue of ongoing assessments may not be relevant because the case was opened for a very short period of time (for example, if the case was opened shortly before the end of the PUR and, during the initial assessment, the agency determined that there were no risk or safety concerns, it may be reasonable to conclude that the agency would not have conducted a second risk and safety assessment during the PUR). If the

case was opened during the PUR and you believe that ongoing assessments were not necessary given the timeframe and circumstances of the case, question B may be answered Not Applicable. If a case was closed during the review period, determine whether the agency conducted a risk and safety assessment before closing the case. If not, the answer should be No.

Response Options:

Yes

No

Q4.5 Comment Box for "no" response.

4.6 Were there safety concerns pertaining to any child(ren) in the family not open to services that were not adequately or appropriately addressed by the agency?

Source:

CFOP 170-1 Chapter 2 Core Safety Concepts

Child and Family Services Review (CFSR)- Item 3D

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Supervisory Reviews/Consultations

Factors to Consider:

Evaluated at all review intervals.

The reviewer must consider if a safety concern was identified for a child(ren) in the household of focus but that are not receiving services. If a safety concern has been identified, use reviewer judgement to determine if it was appropriately addressed. Children not under supervision could include other family members such as the children of adult siblings of the parents if the children reside in the home.

Examples include:

- Recurring maltreatment
- Recurring safety concerns

For this question, only consider children not receiving services. If a safety concern was identified, but appropriately addressed by the agency, select 'No'. If a safety concern was identified but not appropriately addressed by the agency, select 'Yes' and provide comment in 4.7. Select 'N/A' if there no safety concerns identified during this review interval.

Response Options:

Yes

No

N/A- No safety concerns for children in the home that are not open to services.

Q4.7 Comment Box for "Yes" response.

Ongoing Services Case Review Rating Guidance Block - 5

Q5.1 Did the lead agency or case management organization (CMO) conduct adequate preparation at the time of case transfer or case transfer staffing/conference?

Source:
65C-30.002 Safety Planning and Case Transfer
CFOP 170-1, Chapter 7 Case Transfer from investigations to case management
CFOP 170-9, Chapter 1 Standards for preparing for Family Engagement

FSFN Locations:

- Chronological Notes
- Meeting Module

Factors to Consider:

This item is evaluated at the *Case Transfer* review interval.

Prior to case transfer, the designee of the Lead Agency or Case Management Organization (CMO) should accomplish as much preparation as possible regarding the information collection and safety decision making reflected in the FFA-Investigation (FFA-I) and any history in FSFN so that the transfer staffing or conference can be focused and purposeful. Upon notification of a case transfer conference, the following preparation activities should be completed by the designee to the extent possible to prepare for case transfer:

a. Review and evaluation of the documentation for the case. This review should include the FFA-Investigation, the Safety Analysis, the Safety Plan and Conditions for Return when there is an out-of-home safety plan.

b. Identification of any questions regarding information sufficiency related to impending danger, the rationale for the safety plan, and level of intrusiveness for safety management. Action items to consider include:

1. Develop questions to ask during the Case Transfer conference.
2. Identify information that must be gathered prior to the completion of the FFA.

This may be found in an initial supervisory review, consultation note, audit of documents in FSFN, or inferred from the note detailing the case transfer staffing. If the Lead Agency does not utilize a case transfer staffing or conference and the reviewer is unable to determine the agency's level of preparation to receive the case, use the Unable to Determine rating.

Response Options:

Yes - Case management conducted adequate preparation for the case transfer conference.

No – Case Management did not conduct adequate preparation for the case transfer conference. Provide constructive guidance to the field on what was missing from the supervisory consultation and how it could be improved.

No Case Transfer Staffing

Q5.2 Comment Box for "no" response

Q5.3 Did the case transfer conference include sufficient discussion around critical case dynamics?

Source:
65C-30.002 Safety Planning and Case Transfer
CFOP 170-1, Chapter 7 Case Transfer from investigations to case management
CFOP 170-9, Chapter 1 Standards for preparing for Family Engagement

FSFN Locations:

- Chronological Notes
- Meeting Module
- Filing Cabinet

Factors to Consider:

This item is evaluated at the *Case Transfer* review interval if a case transfer conference was held.

The case transfer conference shall:

1. Address the identification of danger threats, caregiver protective capacities and child vulnerability, including assessment information provided by the Child Protection Team
2. Share all critical information on the family, including the parent's or legal guardian's level of cooperation in complying with safety actions as part of a Lead Agency managed safety plan
3. If a child has been voluntarily moved outside the family home by a parent as a part of a family made arrangement, discuss:
    a. The reasons for short term separation
    b. Parents' retention of full legal responsibility including decision-making authority and access to the child.
    c. Impacts to the child's safety given the parents' retention of rights.
    d. The safety manager's ability to care for and protect the child; and
    e. How long the short-term arrangement will last.
4. If a child has been removed from the home by the Department, discuss the conditions for return related to the reasons for removal; and
5. Ensure a smooth transition from one component of the child protection/child welfare system to another.

Information may be found in the case transfer staffing notes, or the case transfer checklist/case opening document for case management.

Select No if the case transfer occurred but is not documented.

Response Options:

Yes – The case transfer conference included sufficient discussion on critical case elements.

No – The case transfer conference did not include sufficient discussion on critical case elements.

Case transfer conference did not occur.

Q5.4 Following the case transfer from CPI to Case Management, was a supervisory consultation held with the case worker within five days to address the safety plan or other relevant factors?

Source:

CFOP 170-9 Chapter 2 Standards for initial Family Engagement

CFOP 170-9, Chapter 10 Supervisor Consultation and approval requirements

FSFN Locations:

- Supervisory Consultation chronological notes

Factors to Consider:

This item is evaluated at the *Case Transfer* review interval.

Within five business days of case transfer, the supervisor will conduct a consultation with the case manager to affirm that the safety plan is reasonable and adequate. Consultation should focus on how the safety plan is controlling for the danger threat(s) and whether it is the least intrusive necessary. When children are in an out-of-home safety plan, the focus is on continuous evaluation of the Conditions for Return.

During the consultation the supervisor will determine that:

1. The case manager is clearly able to describe and document how Impending Danger is manifested in the home.
    a. How long has the family condition been concerning or problematic?
    b. How often is the negative condition actively a problem or affecting caregiver performance?
    c. What is the extent or intensity of the problem and how consuming is it to caregiver functioning and overall family functioning?
    d. What stimulates or causes the threat to child safety to become active?
    e. How is the child vulnerable to the threat?
2. The plan is the least intrusive and most appropriate.
3. The parent(s)/legal guardian(s) were involved in the assessment.
4. It is clear how the Safety Plan is controlling and managing Impending Danger.
5. The Safety Plan is clear and sufficient to manage the identified danger threats while case management and services are implemented.

While not every topic above must be included, the information should provide a full understanding of the case circumstances at the time of the review.

Response Options:

Yes - The supervisor consulted with the case manager to ensure the sufficiency of the safety plan.

No – The supervisor did not consult with the case manager to ensure the sufficiency of the safety plan, or the guidance was not sufficient.

Q5.5 If 'No' select all that apply:

- No supervisory consultation held.
- Supervisory consultation held after five days.
- Supervisory consultation was not qualitative.

5.6 Comment Box for "no" response.

Q5.7 Are background checks completed when required?

Source:

39.0138 Criminal history and other records checks, limit on placement of a child
322.142(4) Color photographic or digital imaged licenses
65C-29.009 Criminal, Juvenile and Abuse/Neglect History Checks
65C-30.001 Definitions
CFOP 170-1, Chapter 5 Completing a Unified Home Study

CFOP 170-1, Chapter 6 Requesting and Analyzing background records
CFOP 170-7, Chapter 5 Safety Plan involving release of a child with a non-maltreating parent/legal guardian
CFOP 170-7, Chapter 7 Approval of informal safety providers in safety plans
CFOP 170-9, Chapter 10 Supervisor consultation and approval requirements

FSFN Locations:

- Home study
- Other Parent Assessment
- Family Functioning Assessment
- Chronological Notes
- File Cabinet

Factors to Consider:

This item is evaluated at every review interval.

The case manager must request background checks in the following circumstances:

1. When approving a family made arrangement or informal safety service providers
2. Other Parent Home Assessment (if required). If OPHA not completed; however, background screenings were completed, rate as 'Yes,' if not, rate 'No,'
3. Initial and updated Unified Home Study, all types.
4. Progress Update for Reunification
5. Approving informal safety monitors

When the applicant or any other household member is designated as the "caregiver responsible" in a report verified for sexual abuse, the applicant shall be automatically disqualified for placement.

Note that backgrounds are needed as there are changes to the household. This includes new and/or additional household members, frequent visitors, and respite providers.

If backgrounds required of case management were completed, indicate 'Yes'. If no backgrounds were required by case management, indicate 'Not Required'.

Response Options:

Yes –Background screenings were completed when required.

No - Background checks were not completed when required.

Not Required

Q5.8 If no, check all that apply.

- Background checks on existing household members incomplete
- Not all household members screened
- New household members not screened
- Home study not updated as required
- Not updated prior to Progress Update for Reunification
- Background check on informal safety service providers
- Other

Q5.9 Is the information obtained from the background checks evaluated and used to address potential danger threats?

Source:

39.0138 Criminal history and other records checks: limit on placement of a child
65C-29.009 Criminal, Juvenile and Abuse/Neglect History Checks
CFOP 170-1 Chapter 6 Requesting and analyzing background records
CFOP 170-7, Chapter 5 Safety Plan involving release of a child with a non-maltreating parent/legal guardian
CFOP 170-7, Chapter 7 Approval of informal safety providers in safety plans
CFOP 170-9, Chapter 10 Supervisor consultation and approval requirements

FSFN Locations:

- Home study
- Other Parent Assessment
- Family Functioning Assessment
- Chronological Notes
- File Cabinet

Factors to Consider:

Evaluated at every review interval and when question 4.7 is answered 'Yes.'

The case must contain an assessment of implications for child safety based on background check results for all household members and others with significant caregiving responsibility. The case manager must demonstrate an understanding of the importance of background screening and how the information may link to new danger threats. The case manager must confirm and assess for the following:

a. Children in household – Names, dates of birth, current placement, role in case plan (yes/no).
b. Parent/Legal Custodians and other household members – Names, dates of birth, relationship to child, role in FFA.
c. Other significant persons in the family's life and role in case plan.
d. Safety service providers
e. As required in the Other Parent Assessments

When the applicant or any other household member is designated as the "caregiver responsible" in a report verified for sexual abuse, the applicant shall be automatically disqualified for placement.

Response Options:

Yes – The reviewer believes the case manager evaluated the information and used the information to address potential danger threats.

No - The reviewer does not believe the case manager evaluated the information and used it to address potential danger threats. Provide constructive guidance describing what was missing and what should have been completed.

Q5.10 Comment Box for ratings of 'No.'

Q5.11 Was the Other Parent Home Assessment completed as required?

Source:

39.0139 Visitation or other contact; restrictions
CFOP 170-7 Chapter 5 Safety Plan involving release of a child with a non-maltreating parent or legal guardian

FSFN Locations:

- Home study
- Other Parent Assessment
- Family Functioning Assessment
- Chronological Notes
- File Cabinet

Factors to Consider:

Evaluated at every review interval.

When an out of home safety plan is necessary, first consideration must be with the parent/legal guardian who was not responsible for the conditions that led to the child being unsafe. The department still maintains responsibility to determine whether such person is a responsible adult who will be able to care for and protect the child. The Other Parent Home Assessment (OPHA) will provide the formal assessment and documentation as to whether the child should or should not be released to the parent. The OPHA will also help determine whether there should be any concurrent case plan goals or outcomes with the non-maltreating parent and family time expectations. The assessment is not required when the placement or visitation would be detrimental to the child due to:

(1) Parent/legal guardian is incarcerated and the period of he/she is expected to be incarcerated constitutes a significant portion of the child's minority years.

(2) Parent/legal guardian has had verified findings of sexual abuse or has been found guilty of any of the serious crimes listed in s. 39.0139, F.S.

(3) In either of these cases, the child welfare professional must request a CLS staffing to determine if there is already sufficient information to support that visitation or placement would be detrimental to the child (a presumption of detriment per s. 39.0139(3), F.S.).

The completion of the Other Parent Home Assessment will result in the determination of one of the following outcomes:

(1) The other parent/legal guardian can care for their child as part of a safety plan and the child is released to his/her care. The parent may need some concrete supports to care for the child.
(2) The other parent/legal guardian is unable to care for their child due to non-maltreatment related issues (needs a stable home, needs financial stability, etc.) which must be addressed in the child's case plan through permanency goals, outcomes, and tasks.
(3) The other parent/legal guardian is unable to care for their child due to maltreatment related issues (chronic substance abuse, abandonment, etc.) which must be called into the Hotline to initiate an investigation.

Response Options:

Yes – The other parent assessment was completed as required.

No - The reviewer determined the other parent assessment was not completed as required. Provide constructive guidance describing what was missing and what should have been completed.

Not required

Q5.12 Comment Box for responses of 'No.'

Q5.13 Were all new safety concerns adequately addressed by the agency pertaining to any child(ren) in remaining in the family home?

Source:

CFOP 170-1 Chapter 2 Core Safety Concepts

CFOP 170-7 Ch 11 Manage Safety Plans

Child and Family Services Review (CFSR)- Item 3

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations

Factors to Consider:

Evaluated at the *Progress Update* review intervals.

The reviewer must consider if a safety concern was identified for a child in remaining in the home. If a safety concern has been identified, use reviewer judgement to determine if it was appropriately addressed. Children in out-of-home care are assessed in a later question. If safety actions were more intrusive than required based on case circumstances, please explain in the comment box. Examples include:

- Recurring maltreatment (one substantiated report on any child in the family during the review period and another report within 6 months (before or after) that involved the same or similar circumstances.
- Case was closed while significant safety concerns were not adequately addressed.

Response Options:

Yes – All identified safety concerns were appropriately addressed by the agency.

No – Safety concerns were identified for the children that were not addressed. Provide constructive guidance describing the concern and what should have been completed that was not.

No safety concerns.

No children remaining in the home.

Q5.14 Comment Box for 'No' responses.

Q5.15 Were all safety concerns pertaining to the child(ren) in out-of-home care adequately or appropriately addressed by the agency?

Source:

CFOP 170-1 Chapter 2 Core Safety Concepts

CFOP 170-7 Ch 11 Manage Safety Plans

Child and Family Services Review (CFSR)- Item 3

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations

Factors to Consider:

Evaluated for all review intervals and service types of Out-of-Home Care judicial.

The reviewer must consider if a safety concern was identified for children in out-of-home care. If a safety concern has been identified, use reviewer judgement to determine if it was appropriately addressed. Children remaining in the family home are assessed under Question 14.12. If safety actions were more intrusive than required based on case circumstances, please explain in the comment box. Examples include:

- Recurring maltreatment (one substantiated report on any child in the family during the review period and another report within 6 months (before or after) that involved the same or similar circumstances.
- Case was closed while significant safety concerns were not adequately addressed.

Response Options:

Yes – All identified safety concerns were addressed by the agency.

No – Safety concerns were identified for children in out-of-home care that were not addressed. Provide constructive guidance describing what was missing and what should have been completed.

No Safety concerns.

Q5.16 Comment Box for 'No' response.

Child Welfare Professional Assessments – Child Needs Block - 6

Q6.1 Did the agency conduct ongoing assessments that accurately and thoroughly assessed all the risk and safety concerns for child(ren) receiving services?

Source:

CFOP 170-1 Chapter 2 Core Safety Concepts

CFOP 170-7 Ch 11 Manage Safety Plans

Child and Family Services Review (CFSR)- Item 3

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The reviewer must consider all assessments, formal and informal, for this question. This would include initial safety assessments conducted by the Child Protective Investigator if a report of maltreatment was received during the review period, formal assessments such as the family functioning assessments, and ongoing assessment conducted by case management. Informal assessments occur during home visits with the children. Assessments need to be both thorough and of sufficient quality. Services provided to meet the needs are rated in another item. The CFSR references include items 3. Safety assessments for children in the family home not under supervision are rated in Block 4.

Consider the totality of the assessments rather than the compliance of every assessment or if all listed assessments were completed, as not all are applicable.

Response Options:

Yes – Initial if applicable based on the time period and ongoing assessments were conducted to identify child needs related to safety.

No – Assessments were not conducted or were not of sufficient quality to identify the safety concerns or needs related to safety. Provide constructive guidance describing what was missing and what should have been completed.

Q6.2 Child Welfare Professional conducted or arranged for formal or informal assessments that accurately and thoroughly identified the children's medical needs?

Source:

39.407 Medical, psychiatric, and psychological examination, and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody

CFOP 170-1 Chapter 2 Core Safety Concepts- 4(g) and 9(d)(7)

CFOP 170-9 Chapter 3 Assessment of Child Functioning

Child and Family Services Review (CFSR)- Items 17

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Medical Profile
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The reviewer must consider all assessments, formal and informal, for this question. Formal assessments such as the family functioning assessments, Comprehensive Behavioral Health Assessments (CBHA), psychological or psychiatric assessments, developmental assessments, medical assessments, and reports are to be considered. Informal assessments occur during home visits with the children. Assessments need to be thorough and of sufficient quality to identify the medical needs of the child. Reviewers will answer per child related to the medical assessments. Developmental assessments that would be addressed in a medical/physical health setting (example: physical therapy) are to be included as part of this assessment. Services provided to meet the needs are rated in another item. Annual routine physical health exams are assessments for this item. The CFSR reference is Item 17.

Consider the totality of the assessments rather than the compliance of every assessment or if all listed assessments were completed, as not all are applicable.

Children that are in-home are consider for this question if it would be reasonable for the agency to assess the child's medical needs based on the reason for agency involvement.

Rate for each child open to services.

Response Options, rate item for each child:

Yes – Ongoing assessments were conducted to identify child medical needs.

No – Assessments were not conducted or were not of sufficient quality to identify the medical needs. Provide constructive guidance describing what was missing and what should have been completed.

N/A – Medical assessments are not applicable based on the reason for agency involvement (in-home only)

Q6.3 Child Welfare Professional conducted or arranged for formal or informal assessments that accurately and thoroughly identified the children's dental needs?

Source:

39.407 Medical, psychiatric, and psychological examination, and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody

CFOP 170-1 Chapter 2 Core Safety Concepts- 4(g) and 9(d)(7)

CFOP 170-9 Chapter 3 Assessment of Child Functioning

Child and Family Services Review (CFSR)- Items 17

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Medical Profile
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The reviewer must consider all assessments, formal and informal, for this question. Formal assessments such as the family functioning assessments, Comprehensive Behavioral Health Assessments (CBHA), psychological or psychiatric assessments, dental assessments and exams are to be considered. Informal assessments occur during home visits with the children. Assessments need to be thorough and of sufficient quality to identify the dental needs of the child. Reviewers will answer per child related to the dental assessments. Services provided to meet the needs are rated in another item. Annual routine dental exams are assessments for this item. The CFSR reference is Item 17.

Note that CFSR guidance indicates that a child should receive their first dental examination at the time of receiving their first tooth or by their 1st birthday, whichever comes first. Consider both formal and informal dental assessments. This can be a formal review by the child's pediatrician or discussion with caregivers and/or parents regarding dental status of children being served.

Consider the totality of the assessments rather than the compliance of every assessment or if all listed assessments were completed, as not all are applicable.

Children that are in-home are consider for this question if it would be reasonable for the agency to assess the child's dental needs based on the reason for agency involvement.

Rate for each child open to services.

Response Options, rate item for each child:

Yes – Ongoing assessments were conducted to identify child dental needs.

No – Assessments were not conducted or were not of sufficient quality to identify the dental needs. Provide constructive guidance describing what was missing and what should have been completed.

N/A – Dental assessments are not applicable based on the reason for agency involvement (in-home only OR child is under the age of 1 and there is no indication of the child having their first tooth)

Q6.4 Child Welfare Professional conducted or arranged for formal or informal assessments that accurately and thoroughly identified the children's behavioral health needs?

Source:

39.407 Medical, psychiatric, and psychological examination, and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody

CFOP 170-1 Chapter 2 Core Safety Concepts- 4(g) and 9(d)(7)

CFOP 170-9 Chapter 3 Assessment of Child Functioning

Child and Family Services Review (CFSR)- Items 18

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Medical Profile
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The reviewer must consider all assessments, formal and informal, for this question. Formal assessments such as the family functioning assessments, Comprehensive Behavioral Health Assessments (CBHA), psychological or psychiatric assessments, mental health evaluations including inpatient or outpatient assessments, and therapy records. Informal assessments occur during home visits with the children, interviews with caregiver(s) and/or parent(s), and consultations with service providers. Assessments need to be thorough and of sufficient quality to identify the behavioral health needs of the child. Reviewers will answer per child related to the behavioral health assessments. Services provided to meet the needs are rated in another item. The CFSR reference is Item 18.

Consider the totality of the assessments rather than the compliance of every assessment or if all listed assessments were completed, as not all are applicable.

This question is applicable for children in out-of-home care if the child had existing mental/behavioral health needs, including substance abuse issues, that would warrant assessment, or if it would be reasonable for the agency to assess the child's behavioral health needs based on the reason for agency involvement.

Children that are in-home are consider for this question if it would be reasonable for the agency to assess the child's behavioral health needs based on case circumstances OR if mental/behavioral health issues related to the child were relevant to the reason for agency's involvement. The case would be considered 'not applicable' if there is evidence that the child has an existing mental/behavioral health need but that the parent is effectively managing the child's needs.

Rate for each child open to services.

Response Options, rate item for each child:

Yes – Ongoing assessments were conducted to identify child mental/behavioral health needs.

No – Assessments were not conducted or were not of sufficient quality to identify the mental/behavioral health needs. Provide constructive guidance describing what was missing and what should have been completed.

N/A – Mental/behavioral health assessments are not applicable based on the reason for agency involvement or case circumstances.

Q6.5 Child Welfare Professional conducted or arranged for formal or informal assessments that accurately identified the children's educational needs?

Source:

39.407 Medical, psychiatric, and psychological examination, and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody

CFOP 170-1 Chapter 2 Core Safety Concepts- 4(g) and 9(d)(7)

CFOP 170-9 Chapter 3 Assessment of Child Functioning

Child and Family Services Review (CFSR)- Items 16

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Education Profile
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The reviewer must consider all assessments, formal and informal, for this question. Formal assessments such as the family functioning assessments, Comprehensive Behavioral Health Assessments (CBHA), psychological assessments, developmental assessments, Individual Education Plan, and educational testing. Informal assessments occur during home visits with the children, interviews with caregiver(s) and/or parent(s), and consultations with school/educational staff. Assessments need to be thorough and of sufficient quality to identify the educational needs of the child. Reviewers will answer per child related to the educational. Services provided to meet the needs are rated in another item. The CFSR reference is Item 16.

Consider the totality of the assessments rather than the compliance of every assessment or if all listed assessments were completed, as not all are applicable.

This question is applicable for children in out-of-home care if the child is older than age of 2. Children younger than the age of 2 may also be applicable for this item if the child had a developmental delay that

would be approached through an academic setting (rather than a physical health approach like physical therapy).

Children that are in-home are consider for this question if it would be reasonable for the agency to assess the child's educational needs based on case circumstances OR if educational issues were relevant to the reason for agency's involvement.

Rate for each child open to services.

Response Options, rate item for each child:

Yes – Ongoing assessments were conducted to identify child educational needs.

No – Assessments were not conducted or were not of sufficient quality to identify the educational needs. Provide constructive guidance describing what was missing and what should have been completed.

N/A – Educational assessments are not applicable based on the reason for agency involvement or case circumstances, or the child is under the age of 2 with no developmental concerns that would be met through an educational setting.

Q6.6 Child Welfare Professional conducted or arranged for formal or informal assessments that accurately and thoroughly identified the children's additional needs?

Source:

39.407 Medical, psychiatric, and psychological examination, and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody

65C-30.005(2)- Ongoing Family Functioning Assessment

65C-30.007(2B)- Case Management Responsibilities After Case Transfer

CFOP 170-1 Chapter 2 Core Safety Concepts- 4(g) and 9(d)(7)

CFOP 170-9 Chapter 3 Assessment of Child Functioning

Child and Family Services Review (CFSR)- Items 12A

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The reviewer must consider all assessments, formal and informal, for this question. Formal assessments such as the family functioning assessments, Comprehensive Behavioral Health Assessments (CBHA), bonding assessments, and independent living assessments. Informal assessments occur during home visits with the children, interviews with caregiver(s) and/or parent(s), and consultations with providers for

the children. Assessments need to be thorough and of sufficient quality to identify any other needs outside of medical, dental, behavioral health or educational needs. Examples would include social/emotional development assessments, assessment of parent/caregiver attachment, social relationships and connections, and coping skills. Reviewers will answer per child. Services provided to meet the needs are rated in another item. The CFSR reference is Item 12A.

Consider the totality of the assessments rather than the compliance of every assessment or if all listed assessments were completed, as not all are applicable.

All children are applicable for this question. An assessment of independent living skills would be included for children in out-of-home care that are 16 years or older.

Rate for each child open to services.

Response Options, rate item for each child:

Yes – Ongoing assessments were conducted to identify child's additional needs.

No – Assessments were not conducted or were not of sufficient quality to identify the other needs of the child. Provide constructive guidance describing what was missing and what should have been completed.

Q6.7 If Q6.1-6.6 is "no" explain in the Comment Box

Q6.8 The Child Welfare Professional completed referrals for services for the children no later than seven (7) days after acceptance of the case plan unless services are sequential.

Source:

39.6011(7)b Case plan development

65C-30.006(5)a Case Planning

FSFN Locations:

- Chronological Notes
- Supervisory Reviews/Consultations
- Medical Profile
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals.

Service referrals can and have most likely completed prior to case plan acceptance; however, should be no later than seven days from acceptance. For non-judicial cases, the case plan can be considered 'accepted' when the parent signs it. Rate item for each child.

Answer **Yes** if referrals provided prior to case plan acceptance.

Response Options:

- **Yes** – Referrals were completed within seven days of case plan acceptance.
- **No** – Referrals were not completed within seven days of case plan acceptance.

- **No Service Referrals Needed.**
- **Case Plan not yet accepted.**

Q6.9 Comment Box for 'No' responses.

Q6.10 Appropriate services were provided to meet the children's identified dental needs.

Source:

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

65C-30.011 Placement Responsibilities of the Child Welfare Professional

Child and Family Services Review (CFSR)- Item 17

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Medical Profile
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The agency is to provide *services* to meet the identified needs. If there is a waitlist, the agency should make other arrangements as to not delay services. If a service is not available in the local area and not able to be provided, an unfavorable rating is made. This ratings for this item are based on agency efforts beyond providing referrals.

Routine medical and dental appointments are a service provided and the review must note if the follow-up treatment was completed, including referrals for specialists. *Note that CFSR guidance indicates that a child should receive their first dental examination at the time of receiving their first tooth or by their 1st birthday, whichever comes first.* Consider both formal and informal dental assessments. This can be a formal review by the child's pediatrician or discussion with caregivers and/or parents regarding dental status of children being served.

This question is applicable for children in foster care, and those in-home if it is the reason for involvement (such as medical neglect) or if affected by the maltreatment, for example if the parent's substance abuse impacted the child's education or medical care. Rate for each child.

Response Options:

Yes

No

The Children had no identified dental needs.

N/A

Q6.11 Appropriate services were provided to meet the children's identified medical needs.

Source:

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

65C-30.011 Placement Responsibilities of the Child Welfare Professional

Child and Family Services Review (CFSR)- Item 17

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Medical Profile
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The agency is to provide *services* to meet the identified needs. If there is a waitlist, the agency should make other arrangements as to not delay services. If a service is not available in the local area and not able to be provided, an unfavorable rating is made. This ratings for this item are based on agency efforts beyond providing referrals.

Outline medical and dental appointments are a service provided and the review must note if the follow-up treatment was completed, including referrals for specialists.

This question is applicable for children in foster care, and those in-home if it is the reason for involvement (such as medical neglect) or if affected by the maltreatment, for example if the parent's substance abuse impacted the child's medical care. Rate for each child.

Response Options:

Yes

No

Children had no identified medical needs.

N/A

Q6.12 Appropriate services were provided to meet the children's identified behavioral health needs.

Source:

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

65C-30.011 Placement Responsibilities of the Child Welfare Professional

Child and Family Services Review (CFSR)- Item 18

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Medical Profile
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The agency is to provide *services* to meet the identified needs. If there is a waitlist, the agency should make other arrangements as to not delay services. If a service is not available in the local area and not able to be provided, an unfavorable rating is made. This ratings for this item are based on agency efforts beyond providing referrals.

This question is applicable for children in foster care and those in-home if it is the reason for involvement (such as medical neglect) or if affected by the maltreatment, for example if the parent's substance abuse impacted the child's education or medical care. Rate for each child.

Response Options:

Yes

No

Children had no identified behavioral health needs.

N/A

Q6.13 Appropriate services were provided to meet the children's identified educational needs.

Source:

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

65C-30.011 Placement Responsibilities of the Child Welfare Professional

Child and Family Services Review (CFSR)- Item 16

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Education Profile
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The agency is to provide *services* to meet the identified needs. If there is a waitlist, the agency should make other arrangements as to not delay services. If a service is not available in the local area and not able to be provided, an unfavorable rating is made. This ratings for this item are based on agency efforts beyond providing referrals.

For this item, educational services may be dependent on other parties. Consider agency's concerted efforts to secure the services needed for the child.

This question is applicable for children in foster care and those in-home if it is the reason for involvement (such as medical neglect) or if affected by the maltreatment, for example if the parent's substance abuse impacted the child's education. Rate for each child.

Response Options:

Yes

No

Children had no identified educational needs.

N/A

Q6.14 Appropriate services were provided to meet any additional needs of the children.

Source:

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

65C-30.011 Placement Responsibilities of the Child Welfare Professional

Child and Family Services Review (CFSR)- Item 3 and 12A

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations

- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

The agency is to provide *services* to meet the identified needs. If there is a waitlist, the agency should make other arrangements as to not delay services. If a service is not available in the local area and not able to be provided, an unfavorable rating is made. This ratings for this item are based on agency efforts beyond providing referrals.

For this item, only consider needs and/or services outside that of educational, behavioral health, medical, and dental. This would include assessment of social and emotional development, social skills development, and services to establishing relationship with a parent who did not previously have a relationship. Visitation with non-custodial parent in single parent shelter is addressed here.

This question is applicable for children in foster care and those in-home. Rate for each child.

Response Options:

Yes

No

Children had no identified additional needs.

Q6.15 If No is answered to any 6.10-6.14, check applicable activities not conducted by the case manager related to services provided:

- Appropriate referrals
- Timely referrals
- Ensured child was engaged in services
- Made ongoing contact with service providers to monitor progress.
- Not Provided

Q6.16 If No is answered to any 6.10-6.14, select all services that were not provided to meet the children's identified needs:

- Counseling/Therapy
- Developmental
- Socialization
- Childcare
- Life Skills training
- Educational needs such as tutoring
- Annual physical exam
- Follow-up medical treatment
- Dental Exam
- Follow-up dental treatment
- Specialty treatment
- Oversight of prescription medications for physical health issues
- Other

Q6.17 If Q6.10-6.14 is "no", explain in the Comment Box.

Child Welfare Professional Assessments – Mother's Needs Block - 7

Q7.1 Are their multiple mothers on this case?

Multiple mothers may occur if a child is placed with a permanent guardian and re-opens and the biological mother does not meet non-applicability criteria, or if the case shell was opened under the father with children by different mother's receiving services. If there are multiple mothers, appropriate assessments must have been conducted for all persons considered as mother for the yes rating.

Response Options:

Yes- there are multiple mothers involved in this case.

No- there are not multiple mothers.

N/A- Single parent adoption by father.

Q7.2 The child welfare professional conducted or arranged for formal or informal assessments that accurately identified the mother's needs.

Source:

CFOP 170-1 Chapter 12 Case notes and meeting documentation

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter6 Evaluating Family Progress

Child and Family Services Review (CFSR)- Item 3 and 12B

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

Reviewers must determine whether the agency has made concerted efforts to ensure that case planning is based on an in-depth understanding of the needs of the mother, regardless of whether the needs were assessed in a formal or informal manner. (Assessment of needs may take different forms. For example, needs may be assessed through a formal psychosocial evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the child, family, and service providers.)

Assessment of mother's needs refers to a determination of what the mother needs to provide appropriate care and supervision and to ensure the well-being of her children. This could include mental and physical health needs if those needs impact the parent's capacity to care for the children. This could also include

an assessment of needs related to supporting a biological parent's relationship with the child if they did not have an established relationship prior to the child's entry into foster care as well as parents deemed non-offending. Assessment of needs for a non-offending parent would include information gathered for the Other Parent Home Assessment, assessments around safety planning, and needs a parent may have to ensure the safety and well-being of their child.

CFSR item 12 guidance provides that more than one person could be assessed as the mother such as if the child was removed from a permanent guardian and the birth mother's parental rights remain intact.

Examples of Needs include:

- Safety Services
- Substance Abuse treatment
- Mental Health Treatment
- Parenting Education
- Housing Assistance
- Employment Assistance
- Special needs related to the circumstances of the case such as transportation or minutes on telephone to contact children

Response Options:

Yes – Assessments were conducted on an ongoing basis to accurately identify the needs of the mother related to child safety, permanency, and well-being.

No – Assessments were not conducted or were not of sufficient quality to identify the needs of the mother related to safety, permanency, and well-being. Provide constructive guidance describing what was missing and what should have been completed.

NA – Explain why the mother is not applicable to this question in Q7.3.

Q7.3 Check Reasons for non-applicability: (if NA is selected to Q7.2)

- Deceased entire review period
- Parental rights terminated entire review period
- Location unknown entire review period with diligent search / court excused agency from further search
- Case documentation exists that it is not in the child's best interest to include the parent in case planning
- Single parent adoption (by father)

Q7.4 Comment Box for 'No' Response.

Q7.5 The Child Welfare Professional completed referrals for services for the mother no later than seven (7) days after acceptance of the case plan, unless services are sequential.

Source:

39.6011(7)b Case plan development

65C-30.006(5)a Case planning

FSFN Locations:

- Chronological Notes
- Supervisory Reviews/Consultations
- Filing Cabinet

Factors to Consider:

Evaluated if question 6.2 is rated as 'Yes' or 'No.'

Service referrals can and have most likely completed prior to case plan acceptance; however, should be no later than seven days from acceptance. For non-judicial cases, the case plan can be considered 'accepted' when the parent signs it.

Answer **Yes** if referrals provided prior to case plan acceptance.

Response Options:

- **Yes** – Referrals were completed within seven days of case plan acceptance.
- **No** – Referrals were not completed within seven days of case plan acceptance.
- **Case Plan not yet accepted.**
- **No referrals needed at this time.**

Q7.6 If Q7.5 is 'No' Comment Box

Q7.7 The child welfare professional provided appropriate services to meet the identified needs of the mother.

Source:

CFOP 170-1 Chapter 12 Case notes and meeting documentation

CFOP 170-1 Chapter 14 Completing a Diligent Search for parent or diligent efforts to locate relatives

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

39.4015 Family Finding

65C-30.006(5a) Case Planning

Child and Family Services Review (CFSR)- Item 3 and 12B

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Filing Cabinet

Factors to Consider:

Evaluated at progress update intervals. ***This is an accountability metric.***

Appropriate services are those that enhance the mother's ability to provide care and supervision and support the well-being her child(ren), for example,

- substance abuse treatment
- parenting skills classes
- visitation and/or family counseling services for a biological parent who is establishing a new relationship with the child or a non-custodial parent in a single parent shelter.

Note, this is not about the compliance of the parent, but is about agency efforts. If the parent is not complying with the case plan and/or service provision the ratings are on agency efforts to make ongoing engagement efforts. Federal guidance provides that more than one person could considered as the mother for this question such as if the child was removed from a permanent guardian and the birth mother's parental rights remain intact. If there is more than one person considered as the mother, services must be provided to all for a Yes rating.

If a parent's whereabouts are not known, a 'Yes' response can be indicated if there has been documented diligent efforts to locate the missing/absent parent. "Diligent efforts" means the use of methods and techniques, including, but not limited to, interviews with immediate and extended family and fictive kin, genograms, eco-mapping, case mining, cold calls, and specialized computer searches.

Examples of diligent efforts:

- Interviews with child, other parent, siblings, fictive kin, Guardian Ad Litem, previous case managers and/or CPIs
- Search of missing parent through federal and state agencies using missing parent's date of birth, social security number, aliases, driver's license number to help locate any new addresses
- Criminal history or arrest search through CCIS, Department of Corrections, FDLE Sexual Offender Public Website, and other databases
- Parent Locator Service managed by the Florida Department of Revenue
- Utilization of Accurint or other person locator data systems
- Search of Florida Putative Father Registry
- Inquiry of postal providers

Safety services include intensive in-home crisis counseling, family builders, etc. that are to prevent removal. Safety Services are referenced in CFSR item 3 and treatment services in CFSR item 12B.

Response Options:

Yes – The child welfare professional made efforts to provide services, to the mother, completed ongoing engagement efforts, and removed any barriers to services.

No – The child welfare professional did not make ongoing efforts to ensure that the parent was engaged in services or did not identify barriers to assist the parent to engage in services. (Or whereabouts unknown with no diligent search). Provide constructive guidance describing what was missing and what should have been completed.

No services needed.

N/A- No mother is applicable to this question.

Q7.8 If no, check applicable activities not conducted by the case manager related to services provided:

- Appropriate referrals
- Timely referrals
- Ensured mother was engaged in services
- Made ongoing contact with service providers to monitor progress.
- Diligent efforts to locate the mother
- Efforts to facilitate visitation and/or family counseling services for a biological parent who is establishing a new relationship with the child or a non-custodial parent in a single parent shelter.

Q7.9 Check all services not provided to the mother:

- Domestic Violence Services
- Employment Assistance
- Individual Counseling
- Family Counseling
- Couples Counseling
- Housing Assistance
- Mental Health Treatment
- Parenting Education
- Safety Services
- Special related to the circumstances of the case such as transportation or minutes on telephone to contact children
- Substance Abuse treatment
- Parent/Child visitation
- Diligent efforts to locate
- Other

Q7.10 If Q7.7 is 'No' Explain in the Comment Box.

Child Welfare Professional Assessments – Fathers' Needs Block - 8

Q8.1 Do the child(ren) have the same father?

This question will assist the reviews with display logic in the review. If the children do not have the same fathers, this item is assessed for *all fathers*. If one child in the case, mark 'Yes.'

Under Florida law, a legal father is the only recognized father of a child. **The only time the department looks for a biological father is when there is no legal father**. Legal paternity is established in two ways:

1. Legal father is a man married to the mother at the time of a child's birth or conception, regardless of if he is the biological father of the child or not. If the mother is married at the time of birth or conception but the child is not biologically the legal father's child, a court of jurisdiction is the only party who is able to enter an order establishing a different man as the legal father.
2. If a mother is not married to a man at the time of birth or conception, the legal father is the man on the child's birth certificate, a man determined by court order to be the father, or a man determined by the Department of Revenue to be the father.

Response Options:

Yes- children have the same father.

No – children do not have the same father.

N/A- Single parent adoption by mother.

Q8.2 The child welfare professional conducted or arranged for formal or informal assessments that accurately identified the father's needs.

Source:

CFOP 170-1 Chapter 12 Case notes and meeting documentation

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

39.4015 Family Finding

65C-30.006(5a) Case Planning

Child and Family Services Review (CFSR)- Item 3 and 12B

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

For in-home cases, the department must engage and assess the legal father, as well as if there is a paramour in the home. If the father is not known, no further action is needed to identify or locate him. If there is no legal father and the mother names an individual as the prospective father, the department is to engage the prospective father if he has been involved or wishes to be involved.

For out-of-home cases, children are removed from legally recognized parents. When there is a legal father, department does not need to start a diligent search to find an alleged biological father. Should the alleged father wish to contest paternity, the alleged biological father can be do so by filing a paternity action with the court. The alleged father is responsible for this action should he wish to pursue it. If he is successful in his paternity action, the court will enter an order declaring the legal father has no further rights to the child and the biological father has all parental rights. The department would then cease service for the prior legal father and provide services to the newly established legal father. If there is no legally established father but there is a prospective father, the Department is to engage and assess the prospective father.

Consider agency efforts for all fathers, including those who indicate they do not wish to be involved, *unless* released by the court. This requirement is more restrictive than CFSR guidance. This assessment includes assessment that aligns with state policy and administrative code.

Reviewers must determine whether the agency has made concerted efforts to ensure that case planning is based on an in-depth understanding of the needs of the father, regardless of whether the needs were assessed in a formal or informal manner. (Assessment of needs may take different forms. For example, needs may be assessed through a formal psychosocial evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the child, family, and service providers.)

Assessment of father's needs refers to a determination of what the father needs to provide appropriate care and supervision and to ensure the well-being of his children. This could include mental and physical health needs if those needs impact the parent's capacity to care for the children. This could also include an assessment of needs related to supporting a biological parent's relationship with the child if they did not have an established relationship prior to the child's entry into foster care as well as parents deemed non-offending. Assessment of needs for a non-offending parent would include information gathered for the Other Parent Home Assessment, assessments around safety planning, and needs a parent may have to ensure the safety and well-being of their child.

CFSR guidance provides that more than one person could be assessed as the father such as if the child was removed from a permanent guardian and the birth father's parental rights remain intact. This is different than siblings having different fathers. If a child has more than one person considered as the father, each must be assessed for *all fathers* for a Yes rating.

Safety services include intensive in-home crisis counseling, family builders, etc. that are to prevent removal. CFSR references are item 3 for safety and item 12B for treatment services.

Examples of Needs include:

- Safety Services
- Substance Abuse treatment
- Mental Health Treatment

- Parenting Education
- Housing Assistance
- Employment Assistance
- Domestic Violence Services
- Special needs related to the circumstances of the case such as transportation or minutes on telephone to contact children

Rate this item per father.

Indicate N/A if there are no fathers that are applicable for assessment. This would be if all fathers meet the following criteria: rights were terminated prior to the review period, deceased for the entire review period, documented in the court case file that it is not in the child's best interests to include the father in case planning for the entire review period, or whereabouts of the father(s) were unknown for the entire review period.

Response Options:

Yes – Assessments were conducted on an ongoing basis to identify the needs of the father related to child safety, permanency, and well-being.

No – Assessments were not conducted or were not of sufficient quality to identify the needs of the father related to safety, permanency, and well-being. (Or if whereabouts unknown with no diligent search.) Provide constructive guidance describing what was missing and what should have been completed.

NA – Explain why the father is not applicable to this question in Q 8.3

Q8.3 Check reasons for non-applicability (select all that apply)

- deceased entire review period
- rights terminated prior to the review period
- whereabouts unknown with diligent search entire review period or court excused agency from further search
- it is documented in the file that it is not in the best interest of the child for the father to be included
- Unknown father (this includes single parent adoption by mother).

Q8.4 if Q8.2 is 'No,' Comment Box.

Q8.5 The Child Welfare Professional completed referrals for services for the father no later than 7 days after acceptance of the case plan, unless services are sequential.

Source:

39.6011(7)b Case plan development

65C-30.006(5)a Case planning

FSFN Locations:

- Chronological Notes
- Supervisory Reviews/Consultations
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals and if question 8.2 is rated as 'Yes' or 'No.'

Service referrals can and have most likely completed prior to case plan acceptance; however, should be no later than seven days from acceptance. For non-judicial cases, the case plan can be considered 'accepted' when the parent signs it. If multiple children on the case, mark "NA" for during the 7-10-day review interval.

Answer **Yes** if referrals provided prior to case plan acceptance.

Rate this item per father.

Indicate N/A if there are no fathers that are applicable for services. This would be if all fathers meet the following criteria: rights were terminated prior to the review period, deceased for the entire review period, documented in the court case file that it is not in the child's best interests to include the father in case planning for the entire review period, or whereabouts of the father(s) were unknown for the entire review period.

Response Options:

- **Yes** – Referrals were completed within seven days of case plan acceptance.
- **No** – Referrals were not completed within seven days of case plan acceptance.
- **NA** – Explain why the father is not applicable to this question (unknown father, deceased, rights terminated prior to the review period, whereabouts unknown with diligent search, etc.).
- **Case Plan not yet accepted.**
- **No referrals needed.**

Q8.6 Comment Box (Displays if No).

Q8.7: The child welfare professional provided appropriate services to meet the identified needs of the father.

Source:

CFOP 170-1 Chapter 12 Case note and meeting documentation

CFOP 170-1 Chapter 14 Completing a Diligent Search for parent or diligent efforts to locate relatives

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

39.4015 Family Finding

65C-30.006(5a) Case Planning

Child and Family Services Review (CFSR)- Item 3 and 12B

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes

- Safety Plan
- Supervisory Reviews/Consultations
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

Appropriate services are those that enhance the father's ability to provide care and supervision and support the well-being his child(ren), for example,

- substance abuse treatment
- parenting skills classes
- visitation and/or family counseling services for a biological parent who is establishing a new relationship with the child or a non-custodial parent in a single parent shelter.

Note, this is not about the compliance of the parent, but is about agency efforts. If the parent is not complying with the case plan and/or service provision the ratings are on agency efforts to make ongoing engagement efforts. Federal guidance provides that more than one person could be assessed as the father such as if the child was removed from a permanent guardian and the birth father's parental rights remain intact. If more than one person can be considered as the father for a child, services must be provided to all for a 'Yes' rating.

Consider agency efforts for all fathers, including those who indicate they do not wish to be involved, *unless* released by the court. This requirement is more restrictive than CFSR guidance. This assessment includes assessment that aligns with state policy and administrative code.

If a parent's whereabouts are not known, a 'Yes' response can be indicated if there has been documented diligent efforts to locate the missing/absent parent. "Diligent efforts" means the use of methods and techniques, including, but not limited to, interviews with immediate and extended family and fictive kin, genograms, eco-mapping, case mining, cold calls, and specialized computer searches.

Examples of diligent efforts:

- Interviews with child, other parent, siblings, fictive kin, Guardian Ad Litem, previous case managers and/or CPIs
- Search of missing parent through federal and state agencies using missing parent's date of birth, social security number, aliases, driver's license number to help locate any new addresses.
- Criminal history or arrest search through CCIS, Department of Corrections, FDLE Sexual Offender Public Website, and other databases
- Parent Locator Service managed by the Florida Department of Revenue
- Utilization of Accurint or other person locator data systems
- Search of Florida Putative Father Registry
- Inquiry of postal providers

Safety services include intensive in-home crisis counseling, family builders, etc. that are to prevent removal. Safety Services are referenced in CFSR item 3 and treatment services in CFSR item 12B.

Rate item per father.

Indicate N/A if there are no fathers that are applicable for services. This would be if all fathers meet the following criteria: rights were terminated prior to the review period, deceased for the entire review

period, documented in the court case file that it is not in the child's best interests to include the father in case planning for the entire review period, or whereabouts of the father(s) were unknown for the entire review period.

Response Options:

Yes – The child welfare professional made efforts to provide services, to the father, completed ongoing engagement efforts, and removed any barriers to services.

No – The child welfare professional did not make ongoing efforts to ensure that the parent was engaged in services or did not identify barriers to assist the parent engage in services. (Or whereabouts unknown with no diligent search) Provide constructive guidance describing what was missing and what should have been completed.

No services needed.

NA – No father is applicable to this question.

Q8.8 If No, check applicable activities not conducted by the case manager related to services provided:

- Appropriate referrals
- Timely referrals
- Ensured father was engaged in services
- Made ongoing contact with service providers to monitor progress.
- Diligent efforts to locate the father were not completed
- Efforts to facilitate visitation and/or family counseling services for a biological parent who is establishing a new relationship with the child or a non-custodial parent in a single parent shelter.

Q8.9 Check all services not provided to the father:

- Domestic Violence Services
- Employment Assistance
- Individual Counseling
- Family Counseling
- Couples Counseling
- Housing Assistance
- Mental Health Treatment
- Parenting Education
- Safety Services
- Special needs related to the circumstances of the case such as transportation or minutes on telephone to contact children
- Substance Abuse treatment
- Parent/Child visitation
- Diligent efforts to locate
- Other

Q8.10 Comment Box (for No response).

Child Welfare Professional Assessments – Foster Parent/Caregiver Needs Block - 9

Q9.1 Was the child or all children in a family-like setting during the review period?

Evaluated for the *Progress Update* review intervals and if the service type is out-of-home care, judicial.

If any of the child or children were in a family foster home or relative/non-relative placement for a portion of the review period, rate this item as 'Yes' as the services to those families will be rated in the following questions.

Placements which employ shift staff, such as group homes, are not considered a "family-like" setting.

Response Options:

Yes – At least one child was in a family-like setting during the review period, continue.

No – Skip the block.

Q9.2 How many foster/relative/non-relative placements were there during the review period?

Response Options:

Enter the number of family foster home/relative/non-relative placements in total for all children including pre-adoptive parents.

If the child returns to the same placement after a Baker Act, incarceration, hospitalization, etc. that does NOT count as a placement, this same placement is not counted again.

Placements which employ shift staff, such as group homes, are not considered.

Q9.3 The child welfare professional conducted or arranged for formal or informal assessments that accurately identified the needs of the foster parent, relative/non-relative caregiver, or pre-adoptive parents on an ongoing basis with respect to the services they need to provide appropriate care and supervision to ensure the safety and well-being of the children in their care.

Source:

CFOP 170-1 Chapter 12 Case notes and meeting documentation

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

Child and Family Services Review (CFSR)- Item 12C

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes

- Safety Plan
- Supervisory Reviews/Consultations
- Unified Home Study

Factors to Consider:

Evaluated for the *Progress Update* review intervals and if the service type is out-of-home care, judicial. ***This is an accountability metric.***

The reviewer will enter how many foster parents/relative caregivers there were for all children during the review period. The Foster parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the agency while the child is under the placement and care responsibility and supervision of the agency. This includes pre-adoptive parents if the adoption has not been finalized, and levels of licensure or not licensed relative/non-relative caregivers. Group home staff members are not included. Assessments can be formal such as a home study, or informal through ongoing home visits by the caseworker. CFSR reference is item 12C.

All foster parents who cared for the child during the period under review are included in this assessment and rated separately. There is a question about how many foster parents were utilized during the review period. The item will be rated for each, foster parent 1, foster parent 2, etc.

Reviewers must determine whether an assessment was conducted to identify what the foster parents needed to enhance their capacity to provide appropriate care and supervision to the child in their home, such as respite care, assistance with transportation, or counseling to address the child's behavior problems.

Determine whether assessment of foster parent needs is done on an ongoing basis. Examples of Needs include:

- Respite
- Transportation
- Childcare
- Counseling for them to respond to children's behavior.
- Special needs related to the circumstances of the case such as beds
- Relative Caregiver funding as applicable

The responses will be recorded for each caregiver during the review period bases on the number of caregivers noted in item Q8.2. Caregiver 1 is the first caregiver during the review period, Caregiver 2 is the second, etc.

Placements which employ shift staff, such as group homes, are not considered.

Response Options:

Yes – Assessments were conducted on an ongoing basis to identify the needs of the out-of-home caregiver.

No – Assessments were not conducted.

No – Assessments were not of sufficient quality to identify the needs of the out-of-home caregiver. Provide constructive guidance describing what was missing and what should have been complete.

Q9.4 Comment Box if Q9.3 is 'No.'

Q9.5 The child welfare professional provided appropriate services to meet the identified needs of the foster parent, relative/non-relative caregiver, or pre-adoptive parents.

Source:

CFOP 170-1 Chapter 12 Case notes and meeting documentation

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

Child and Family Services Review (CFSR)- Item 12C

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Safety Plan
- Supervisory Reviews/Consultations
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals and if the service type is out-of-home care, judicial. ***This is an accountability metric.***

All foster parents, relative and non-relative caregivers, and pre-adoptive placements during the period under review are rated. If the foster parents were assessed and no needs identified, the rating for this item is Not Applicable.

Response Options:

Yes – The child welfare professional made efforts to provide services, to each caregiver, completed ongoing engagement efforts, and removed any barriers to services.

No – The child welfare professional did not make ongoing efforts to ensure that each caregiver was engaged in services or did not identify barriers to assist the caregivers to engage in services. Provide constructive guidance describing what was missing and what should have been completed.

NA – No needs for out of home caregivers identified.

Q9.6 If No is answered to items 9.3-9.5, check applicable activities not conducted by the case manager related to services provided:

- Appropriate referrals
- Timely referrals
- Ensured caregiver was engaged in services
- Made ongoing contact with service providers to monitor progress.
- Not Provided

Q9.7 If No is answered to items 9.5, check applicable services not provided to meet the needs of the foster parent, relative/non-relative caregiver, or pre-adoptive parents:

- Respite
- Transportation
- Childcare
- Counseling for them to respond to children's behavior
- Special needs related to the circumstances of the case such as beds
- Caregiver funding as applicable
- Other

Q9.8 Comment Box (if Q9.5 is 'No').

Family Functioning Assessments Block – 10

Q10.1 Was the family functioning assessment completed in accordance with policy?

Source:

65C-30.005(2)- Ongoing Family Functioning Assessment

CFOP 170-1 Chapter 2 Core Safety Concepts

CFOP 170-9 Chapter 6 Evaluating Family Progress

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Supervisory Reviews/Consultations

Factors to Consider:

Evaluated for the *Progress Update* review intervals. This is a compliance question surrounding timeliness. **Supervisor approval is needed to be considered timely in accordance with policy.**

A Family Functioning Assessment- Ongoing (FFA-O) is to be created in FSFN within 30 days of case transfer.

A new Progress Update will be created in FSFN at a minimum every 90 days from the completed date of the FFA-O or last Progress Update. A new Progress Update will be created sooner when fundamental decisions are being made for the child or children, or when critical events are occurring that necessitate a formal re-evaluation of protective capacities and child needs. Such times include, but are not limited to:

- When safety management has resulted in a decision to remove a child from home.
- At the birth or death of a sibling.
- Upon the addition of a new family member, including intimate partners.
- Before changing the case plan to include unsupervised visits.
- Before recommending or implementing reunification as Conditions for Return are met.
- Before a recommendation for case closure.
- When a case has been dismissed by the court.

If the family assessment was completed but not approved, select "No- family assessment completed but not in accordance with policy".

Response Options:

Yes- Family assessment was completed timely in accordance with policy.

No- Family assessment completed but not in accordance with policy.

No- Family assessment not completed.

The family assessment was not yet due or required.

Q10.2 Comment Box if 'No' Indicate rationale for no response.

Q10.3 Is the most recent family assessment sufficient to accurately assess family dynamics?

Source:

65C-30.005 Ongoing Family Functioning Assessment

CFOP 170-1 Chapter 2 Core Safety Concepts

CFOP 170-9 Family Assessment and Case Planning

CFOP 170-9 Chapter 2 Standards for Initial Family Engagement

CFOP 170-9 Chapter 6 Evaluating Family Progress

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Supervisory Reviews/Consultations

Factors to Consider:

Evaluated for the *Progress Update* review intervals. This is a qualitative question.

The reviewer should consider if recent family assessment contained sufficient information to identify and seek agreement regarding what must change related to child safety and to develop case plans to effectively address parent(s) or legal custodian(s) protective capacities and meet the needs of the children. The reviewer should consider if recent family assessment progress update contained sufficient information to update the parents' protective capacities. Reviewers can review the most recent assessment that appears completed if not approved. Reviewer can determine which updates populated the Judicial review worksheet to determine if it appears complete and be sure to note that it was not approved.

Domains containing sufficient information:

- Child Functioning: to evaluate child strengths and needs and an overall in-depth understanding of the child(ren)?

  Areas to consider for child functioning:

  - Emotion/Trauma
  - Behavior
  - Development /Early Learning (applies to children under the age of 6 years)
  - Academic Status (applies to children 6 years of age and older)
  - Positive Peer/Adult Relationships
  - Family Relationships
  - Physical Health
  - Cultural Identity
  - Substance Awareness
  - Preparation for Adult Living Skill Development (applies only to children 13 and over)

- Adult Functioning: to evaluate caregiver protective capacities and an overall in-depth understanding of each adult caregiver?

Areas to consider for adult functioning:

- Communication and social skills
- Coping and stress management
- Self-control
- Problem solving
- Judgement and decision making
- Independence
- Home and financial management
- Income/Employment
- Citizenship and community involvement
- Rationality
- Self-care and self-preservation
- Substance abuse
- Mental health
- Family and/or domestic violence
- Physical health and capacity
- Functioning within cultural norms

- General Parenting: to evaluate caregiver protective capacities and an overall in-depth understanding of general parenting?

  Areas to consider for general parenting:

  - Reasons for being a caregiver
  - Satisfaction in being a caregiver
  - Knowledge and skill in parenting and child development
  - Decision making in parenting practices
  - Parenting styles
  - History of parenting behavior
  - Cultural practices
  - Protectiveness

- Parenting Discipline/Behavioral Management: to evaluate caregiver protective capacities and an overall in-depth understanding of general parenting?

  Areas to consider for parenting discipline/behavioral management:

  - Disciplinary methods
  - Approaches to managing child behavior
  - Perception of effectiveness of utilized approaches
  - Concepts and purpose of discipline
  - Context in which discipline occurs
  - Cultural practices

"Caregiver Protective Capacity" means the personal and caregiving behavioral, cognitive, and emotional characteristics that specifically and directly can be associated with being protective to one's children.

Protective capacities must be assessed and rated for the parent(s)/legal guardians and other persons in the household with significant responsibility for the care and protection of child(ren). The accurate

identification of Caregiver Protective Capacities is informed by knowledge of a child's specific abilities given his/her age, whether they are in a normal range, and whether the parent(s)' interactions and expectations are appropriate given the child's age. When a child has any special medical, mental health or physical condition, the appraisal of protective capacities assesses whether the parent can understand and provide for such special needs.

Caregiver Protective Capacity Scaling

A=EXCELLENT. Caregiver demonstrates exceptional ability in this area.

B=ACCEPTABLE. Caregiver demonstrates average ability in this area.

C=SOME ATTENTION NEEDED. Caregiver demonstrates some need for increased support in this area.

D=INTENSIVE SUPPORT NEEDED. Caregiver demonstrates need for intensive support in this area.

Child Strengths and Needs Scaling

A=EXCELLENT. Child demonstrates exceptional ability in this area.

B=ACCEPTABLE. Child demonstrates average ability in this area.

C=SOME ATTENTION NEEDED. Child demonstrates some need for increased support in this area.

D=INTENSIVE SUPPORT NEEDED. Child demonstrates need for intensive support in this area.

Information is sufficient when it fully describes family conditions in a way that aligns with the domain structure and domain descriptions. *Not every aspect in 'Things to Consider' is required if it is not applicable to family circumstances, determining service provision, and strengths of the family.*

Response Options:

Yes – The family assessment contains sufficient information that document family circumstances.

No – The family assessment does not contain sufficient information that document family circumstances.

Q10.4 If no, mark all that apply that were not sufficient.

- Maltreatment
- Child Functioning
- Adult Functioning
- General Parenting
- Parenting Discipline/Behavioral Management
- Parent Protective Capacities
- Scaling of Caregiver Protective Capacities not supported by narrative
- Scaling of Child Strengths and Needs not supported by narrative

Q10.5 Comment Box if 'No', summarize concerns with areas that were not sufficient.

Q10.6 Has the child welfare professional had ongoing and quality contact with service providers involved with the family?

Source:

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Supervisory Reviews/Consultations

Factors to Consider:

Evaluated at all review intervals.

The case manager should make contacts with service providers to evaluate progress toward meeting case goals and should occur monthly. Reviewers should focus on whether contacts were qualitative and sufficient to assess progress on case plan tasks rather than simply monthly. The focus of the contacts should be sufficient for the case manager to:

- The approach used to change oriented service provision.
- Evaluate efforts made by service providers to address outcomes.
- Evaluate efforts being made by caregivers to address case plan outcomes.
- Evaluate caregiver participation in change-oriented services.
- Consider barriers to service provision and/or barriers to change.
- Elicit feedback regarding changes that might influence safety plan sufficiency.

Response Options:

Yes – The case manager made sufficient contacts with service providers (CFOP states monthly; however, this is qualitative review not compliance).

No – The case manager did not make sufficient contacts with service providers. Describe constructive guidance for what was missing and what should have been completed.

There were no service providers involved in the case.

Q10.7 For ratings of 'No,' check participants for whom service providers were not contacted.

- Children
- Mother(s)
- Fathers
- Caregivers

Q10.8 Comment Box for 'No' responses.

CBHA Block - 11

Q11.1 Was a referral made for the Comprehensive Behavioral Health Assessment (CBHA) upon entering out of home care?

Evaluated for the *Progress Update* review intervals, a service type of Out-of-Home Care judicial, and item 10.1 is rated 'No.'

Rate for all children in out-of-home care.

Response Options:

Yes – A Comprehensive Behavioral Health Assessment (CBHA) referral was made for all children in out-of-home care.

No – A Comprehensive Behavioral Health Assessment (CBHA) referral was not made for all children in out-of-home care.

Q11.2 Was a Comprehensive Behavioral Health Assessment (CBHA) completed for the children upon entering out of home care?

Source:

39.407(1) Medical, psychiatric, and psychological examination, and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody

65C-28.014 Behavioral Health Services

CFOP 170-10 Chapter 2 Behavioral Health Care

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Supervisory Reviews/Consultations

Factors to Consider:

Evaluated for the *Progress Update* review intervals and a service type of Out-of-Home Care judicial.

All children entering out-of-home care ages birth through 17 years who are Medicaid eligible must be provided a CBHA. These Medicaid funded assessments are used to provide specific information about mental health and related needs. Lead Agencies may have other funding available for children not Medicaid eligible.

- The assigned child welfare professional will review the CBHA recommendations and will make referrals as necessary within seven (7) calendar days of receipt of the assessment and ensure linkage of services within 30 business days.
- The assigned child welfare professional will provide a copy of the CBHA to Children's Legal Services (CLS) upon receipt.

- New information learned from the CBHA regarding the child's strengths and needs shall be reflected in the Child Functioning Domain of the Family Functioning Assessment-Ongoing or Progress Update, whichever is due next.
- The needs identified through the CBHA and the recommendations or accommodations for services must be considered when developing or updating the family's case plan. When the CBHA is received after the case plan has been submitted, the child welfare professional shall review the case plan and determine if it should be updated based on the CBHA.
- If a child is already in out-of-home care and is exhibiting emotional or behavioral issues that might result, or may have already resulted, in the child losing his or her placement, the child welfare professional responsible for the case may refer the child for a CBHA to assist in determining services that would allow the child to maintain his or her placement. This may be done if a CBHA has not been conducted on the child within the past year

If a CBHA was not completed for all children entering out of home care during for the interval as appropriate, rate as 'No.'

Response Options:

Yes – A Comprehensive Behavioral Health Assessment (CBHA) was conducted for all children in out-of-home care.

No – A Comprehensive Behavioral Health Assessment (CBHA) was not conducted for all children in out-of-home care.

Referred, not yet received.

Q11.3 Comment Box for 'No' response.

Q11.4 Was a Comprehensive Behavioral Health Assessment (CBHA) updated based on case circumstances?

Factors to Consider:

Evaluated for the *Progress Update* review intervals and a service type of Out-of-Home Care judicial.

These Medicaid funded assessments can be updated every 12 months based on case circumstances and are used to provide specific information about mental health and related needs. 65C-28.014 specifically states for children exhibiting emotional or behavioral issues that might result, or may have already resulted, in the child losing his or her placement can receive a CBHA if there was not one in the last year. Lead Agencies may have other funding available for children not Medicaid eligible.

Select N/A if a Comprehensive Behavioral Health Assessment (CBHA) was not completed.

Response Options:

Yes – A Comprehensive Behavioral Health Assessment (CBHA) was updated as needed based on case circumstances.

No – A Comprehensive Behavioral Health Assessment (CBHA) was not updated based on case circumstances.

Not Required – No Comprehensive Behavioral Health Assessment was required during the review period, it has not been 12 months from the last CBHA, or not appropriate based on case circumstances.

N/A -- A Comprehensive Behavioral Health Assessment (CBHA) has not been completed.

Q11.5 Was a Comprehensive Behavioral Health Assessment (CBHA), or other mental health assessment used as a part of the case manager's assessment?

Evaluated for the *Progress Update* review intervals and a service type of Out-of-Home Care judicial and the response to either 10.1 or 10.4 is 'Yes.'

Yes – A Comprehensive Behavioral Health Assessment (CBHA) or other mental health assessment was used as part of the case manager's assessment.

No – A Comprehensive Behavioral Health Assessment (CBHA) or other mental health assessment was not used as part of the case manager's assessment.

No Comprehensive Behavioral Health Assessment or other mental health assessment was received during the review period.

Q11.6 If Q11.5 is 'Yes' please note how the Comprehensive Behavioral Health Assessment (CBHA) or other mental health assessment was used by the case manager:

- FFA-O
- Progress Update
- Case Plan
- Child's Strength/Needs Assessment
- Protective Capacities

Permanency Goal Block – 12

Q12.1 Do child(ren) have the same permanency goal?

Evaluated for the *Progress Update* review intervals and the case type is listed as out-of-home-judicial.

Yes - The permanency goals in effect during the review period were the same for all children including concurrent goals, or only one child in the case.

No – The permanency goals for all the children were not the same for the entire review period.

Goal not yet Established for child(ren)

Q12.2 Permanency goals (check all that apply during the review period)

Evaluated for the *Progress Update* review intervals.

Please note all goals in effect during the review period including any concurrent goals.

- Reunification
- Adoption
- Permanent Guardianship
- Permanent Placement with a Fit and Willing Relative
- Another Planned Permanent Living Arrangement

Q12.3 Permanency goals for each child if all children did not have the same goal (check all that apply during the review period)

Displays if the response to question 12.2 is 'No.'

A table shows by child with the following selections:

- Reunification
- Adoption
- Permanent Guardianship
- Permanent Placement with a Fit and Willing Relative
- Another Planned Permanent Living Arrangement

Q12.4 Are the permanency goals for **each child** entered accurately in the FSFN Legal Module? (Systemic Factor Information System)

Evaluated for the *Progress Update* review intervals and case type of Out-of-Home Judicial.

For the systemic factor, the goals need to be entered in the FSFN legal module. This is reflected as when the goal is accepted by the court. In the FSFN outliner, open the legal section and click on the child. The Goal shows in the Goal column. This is answered for each child.

Yes - The permanency goals in effect during the review period were accurate in FSFN.

No – The permanency goals for all the children were not accurate in FSFN.

N/A – Permanency goals not yet established.

Q12.5 Is the Legal Status of **each child** accurately identified in FSFN? (Systemic Factor – Information System)

Evaluated for the *Progress Update* review intervals and case type of In-Home Judicial or Out-of-Home Judicial.

This is answered for each child. The legal status needs to be found in the FSFN legal module.

Yes - The Legal Status is accurately identified in FSFN.

No – The Legal Status is not accurately identified in FSFN.

Q12.6 Was an appropriate permanency goal for **each child** established in a timely manner?

Source:

39.621 Permanency determination by the court

65C-30.012 Permanency Goal Selection

Child and Family Service Review Item 5

FSFN Locations:

- Permanency Staffings
- Meeting Module
- Legal Module
- Chronological Notes
- Supervisory Reviews and Consultations
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals for out-of-home child(ren). ***This is an accountability metric.***

Answer this question based on your professional judgment regarding the timeliness of establishing the goal, particularly regarding changing a goal. For children who recently entered care, expect the first permanency goal to have been established no later than 60 days from the date of the child's entry into foster care, consistent with the federal requirement. For children whose goal was changed from reunification to adoption, consider the guidelines established by the federal Adoption and Safe Families Act regarding seeking termination of parental rights, which might affect the timeliness of changing a goal from reunification to adoption.

Answer this question for all permanency goals in effect during the review period. If there are concurrent goals, the answer should apply to both goals. For example, if there are concurrent goals of reunification and adoption, and the reviewer believes that the reunification goal was established in a timely manner, but the adoption goal was not, the answer to the question should be No.

If the child has been removed and in foster care less than 60 days, question should be answered NA.

Goal Establishment Is not based on the court approval date and is based on when the agency determined the goal for the child and family. Rate for each child.

For in-home cases, use reviewer judgment to ensure that the family's goal was established timely which was determined when the decision was made to provide in-home services.

This question is answered for each child.

Response Options:

Yes - The permanency goals in effect during the review period for the child were established timely.

No – The permanency goals for the child and family in effect during the review period were not established timely.

Child in out-of-home care were in care less than 60 days.

Q12.7 If not established timely, why? (Check all that apply during the review period and answer for each child)

- Initial goal not established within 60 days from removal for out-of-home care cases.
- Concurrent goal not added timely when needed based on case circumstances.
- Goal not updated timely when a change is indicated based on case circumstances.
- Concurrent goal added when not needed based on case circumstances.
- Other

Q12.8 Was a Termination of Parental Rights petition filed in a timely manner for **each child**?

Source:

39.8055- Requirement to file a petition to terminate parental rights, exceptions

Child and Family Service Review Item 5

FSFN Locations:

- Legal Module
- Chronological Notes
- Supervisory Reviews and Consultations
- Filing Cabinet

Factors to Consider:

Evaluated for service type of Out-of-Home Judicial.

A Termination of Parental Rights Petition should be filed or joined by the Department if a child has been in out of home care for 15 of the last 22 months (from entry into foster care to today). "Entry into foster care" refers to either the date of a judicial finding that the child had been subjected to child abuse or neglect (often the adjudicatory hearing), or 60 days after the date on which the child was

removed from the home, whichever is earlier. Exceptions to filing the TPR petition are included in 12.9. Federal requirement is 15 of the last 22 months.

For egregious abuse, expedited TPR petitions are filed if the case meets criteria, see CFOP.

Answer for each child.

Response Options:

Yes – A TPR petition was filed.

No – A TPR petition was not filed.

Child has not been out of home for longer than 15 months.

Q12.9 Did an exception to the requirement to file or join a termination of parental rights petition exist?

Source:

39.8055- Requirement to file a petition to terminate parental rights, exceptions

Child and Family Service Review Item 5

FSFN Locations:

- Permanency Staffings
- Meeting Module
- Chronological Notes
- Supervisory Reviews and Consultations
- Judicial Review Court Orders

Factors to Consider:

Evaluated if the response to questions 12.8 is 'No.'

Federal exceptions to filing petitions to terminate parental rights include:

- The child was in out of home care 15 of the last 22 months and the child was in the care of a relative at the 15/22 timeframe,
- The agency documented a compelling reason that TPR is not in the best interest of the child,
- The agency has not provided to the family the state deemed necessary for the safe return of the child to the home.

State exceptions to filing petitions to terminate parental rights include:

- The child is being cared for by a relative under s. 39.6231; or
- The department has documented in the report to the court a compelling reason for determining that filing such a petition is not in the best interests of the child. Compelling reasons for not filing or joining a petition to terminate parental rights may include, but are not limited to:
    1. Adoption is not the appropriate permanency goal for the child.
    2. No grounds to file a petition to terminate parental rights exist.

3. The child is an unaccompanied refugee minor as defined in 45 C.F.R. s. 400.111.
4. There are international legal obligations or compelling foreign-policy reasons that would preclude terminating parental rights.
5. The department has not provided to the family, consistent with the time period in the case plan, services that the department deems necessary for the safe return of the child to the home.

Response Options:

Yes – An exception to filing a petition to terminate parental rights existed during the review period.

No – An exception to filing a petition to terminate parental rights did not exist during the review period.

Q12.10 The permanency goal(s) in effect were appropriate to the child's need for permanency and to the circumstances of the case?

Source:

39.621 Permanency determination by the court

65C-30.012 Permanency Goal Selection

Child and Family Service Review Item 5

FSFN Locations:

- Permanency Staffings
- Meeting Module
- Chronological Notes
- Supervisory Reviews and Consultations
- Filing Cabinet

Factors to Consider:

Evaluated for the *Progress Update* review intervals for out-of-home child(ren). ***This is an accountability metric.***

Answer this question based on your professional judgment regarding the appropriateness of the permanency or case plan goal. Consider the factors that the agency considered in deciding on the permanency goal and whether all the relevant factors were evaluated. The reviewers must consider the appropriateness of all permanency goals in effect during the review period.

If one of the goals is other planned permanent living arrangement and the reviewer determines that the goal was established without a thorough consideration of other permanency goals, then the answer to the question should be No. Goal Establishment Is not based on the court approval date and is based on when the agency determined the goal for the child and family. Rate for each child. While goals may be established earlier, it is required for children in out of home care by 60 days from removal.

Response Options:

Yes - The permanency or case plan goals in effect during the review period for the child were appropriate based on case circumstances.

No – The permanency or case plan goals for the child and family in effect during the review period were not appropriate based on case circumstances.

Permanency goals not yet established for the child and/or family.

Q12.11 Comment box, if 'No'.

Q12.12 Concerted efforts were made to achieve the permanency goals of reunification, guardianship, adoption, or other planned permanent living arrangement in a timely manner?

Source:

39.621-39.6251 Permanency

65C-16 Adoptions

CFOP 170-7 Chapter 7 Approval of informal providers in safety providers

Child and Family Service Review Item 6

FSFN Locations:

- Permanency Staffings
- Chronological Notes
- Supervisory Reviews and Consultations
- Judicial Review Court Orders

Factors to Consider:

Evaluated for the *Progress Update* review intervals, a service type of Out-of-Home Care judicial.

Reviewers are to consider the time the child has been in foster care as well as agency and court efforts. The following time frames for achievement should be considered for each goal:

- Reunification: 12 months
- Guardianship: 18 months
- Adoption: 24 months

If the child has been in foster care for more than the suggested time frame (12, 18, or 24 months, depending on the goal) and the goal has not yet been achieved, then the answer to the question should be No, unless there are circumstances that justify the delay. For example:

- The permanency goal of reunification has been in place for longer than 12 months, but the child was physically returned to the parents during or before the 12th month and remained at home on a trial home visit beyond the 12th month. If the reviewer determines that the length of time that the child spent in out- of-home care and on the trial home visit was reasonable given the child and family circumstances, then the item may be rated as a Strength even though the child was not discharged from foster care until after the 12th month.
- The permanency goal of adoption has been in place for longer than 24 months but there is evidence that the agency has made concerted efforts to find an adoptive home for a child with

special needs although an appropriate family has not yet been found, or a pre-adoptive placement disrupted despite concerted efforts on the part of the agency to support it.

If the reviewer determines that the agency and court could have achieved the permanency goal before the suggested time frame, but there was a delay due to lack of concerted efforts on the part of the agency or court during the period under review, then the answer to the question should be No even if the child achieved the goal within the suggested time frame. The reviewer must consider agency and court efforts to achieve the permanency goals for the children. (Federal Guidance)

Efforts should be made on concurrent goals throughout the review period unless one of the goals was or is likely to be achieved, then the reviews should focus on that goal.

For children freed for adoption without an identified adoptive placement, match staffings must be conducted every 45 days to discuss and assess the strengths and needs of the children with the goal of matching them with an approved prospective adoptive family.

For APPLA, the child must be in a permanent living situation, foster parent, relative placement, longer-term facility, or IL program willing to maintain the child until the age of majority. Formal steps must have been made; examples include:

- agree and sign a long-term care commitment,
- ensuring child in a long-term care facility to meet special needs will be transferred to an adult facility at the appropriate time.

Answer for each child.

Response Options:

Yes – The Permanency Goals were achieved timely or concerted efforts are being made by the agency and court to achieve the goals timely. Any delays were beyond the control of the agency and court.

No – Permanency goals were not achieved timely, and delays were not beyond the control of the agency or court, or the agency and court are not making concerted efforts to achieve the child's permanency goals. Provide constructive guidance to the field on what was missing from the supervisory consultation and how it could be improved.

Q12.13 Reasons permanency not achieved (check all that apply during the review period if Q12.11 is 'No.')

- Housing
- Home studies
- Delays in service provision
- Court Delays
- Limited efforts to involve parents in case planning
- Adequate efforts to achieve the Primary goal were not made
- Adequate efforts to achieve Concurrent goal were not made
- Other (enter in comment box)

Q12.14 Were out-of-home caregivers notified of court of hearings and notified of their right to be heard in court?

Source:

39.621(4)a

Child and Family Service Review Item 24

FSFN Locations:

- Home-visit notes
- Filing Cabinet for the flyer with this notification
- Supervisory Reviews and Consultations
- Court hearings indicating presence of caregivers
- Court filing documents
- Unified Home Study

Factors to Consider:

Evaluated at every review interval for service type of Out-of-Home Judicial.

Caregivers may receive a flyer notifying them of their right to be heard in court; however, case managers should notify caregivers of upcoming court hearing dates. Many Lead Agencies include this in their visitation forms, and many licensing agencies include a foster parent form to be filed with the judicial review report to provide their voice to the court. If a caregiver attended a hearing, they receive notification of the next hearing. A flyer was created to be provided to every caregiver which may be in the filing cabinet or home study or provider notes. If no documentation found in the case record, rate 'No – Caregiver not notified of court hearings or their right to be heard in court."

Response Options:

Yes – Caregivers notified of court hearings and right to be heard in court.

No – Caregivers not notified of court hearings or their right to be heard in court.

NA – Child is under in-home supervision or in group care.

Q12.15 Check all that apply for the no responses.

- No caregivers during the review period were notified of their right to be heard in court.
- Some but not all caregivers during the review period were notified of their right to be heard in court.
- No caregiver was notified of the court hearing dates.
- Some but not all caregivers were notified of hearing dates.
- No documentation to reflect that out-of-home caregivers notified.

Case Planning Process Block - 13

Q13.1 The child welfare professional made concerted efforts to actively involve the child in the case planning process.

Source:

39.6011 Case plan development

65C.30.006 Case Planning

CFOP 170-9 Family Assessment and Case Planning

Child and Family Service Review Item 13

FSFN Locations:

- Permanency Staffings
- Case Plan
- Chronological Notes
- Supervisory Reviews and Consultations
- Judicial Review Court Orders
- Meeting Module

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

Although the capacity to participate actively in case planning will need to be decided on a case-by-case basis, as a guideline, most children who are elementary school-aged or older may be expected to participate to some extent. Actively means the child was consulted as developmentally appropriate to explain the terms in the case plan in language the child can understand and include the child in periodic case planning meetings, particularly if changes are being considered. This Item applies to all children in the family home unless the reviewer determines that based on case circumstances only specific children in the home should be engaged in case planning (for example, only children receiving services from the agency).

If the case is a foster care case, answer No to this question if there is no case plan in the case file.

If the case is an in-home services case, and there is no case plan in the file; identify the extent to which the children (if developmentally appropriate) were involved in determining:

- their strengths and needs,
- the type and level of services needed, and
- their goals and progress toward meeting them.

Determine whether this information was documented in the case file in any way.

Do not assume that a child's knowledge about his or her case plan is an indicator of active involvement.

If the initial case plan was developed before the review period, focus on the children's involvement during the review period in the ongoing case planning process, particularly regarding evaluating progress and making changes in the type and level of services needed as well as understanding changes made to their permanency goal (in foster care cases). Answer for each child.

Response Options:

Yes – The case manager made concerted efforts to include age and developmentally appropriate children in case planning.

No – The case manager did not make concerted efforts to include age and developmentally appropriate children in case planning.

Not Appropriate – The child is not old enough to participate in case planning (generally school aged) or is incapacitated and describe in the comment box.

Q13.2 Comment Box If 'No.'

Q13.3 The child welfare professional made concerted efforts to actively involve the mother in the case planning process.

Source:

39.6011 Case plan development

65C.30.006 Case Planning

CFOP 170-9 Family Assessment and Case Planning

Child and Family Service Review Item 13

FSFN Locations:

- Permanency Staffings
- Case Plan
- Chronological Notes
- Supervisory Reviews and Consultations
- Judicial Review Court Orders
- Meeting Module

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

"Actively involved" means that the agency involved the mother in:

- identifying strengths and needs,
- identifying services and service providers,
- establishing goals in case plans,
- evaluating progress toward goals,
- discussing the case plan, and

- attending case plan conferences/mediation

If the initial case plan was developed before the review period, focus on the mother's involvement during the review period in the ongoing case planning process, particularly regarding evaluating progress and making changes in the plan.

Reviewers should note that there could be more than one person considered the mother for this question. Birth mothers are considered unless her parental rights are terminated, she is deceased, it is documented in the file it is not in the child's best interest to include the mother in case planning, or her whereabouts are unknown. Some cases may have more than one person considered as the mother, for example if a case opens from a permanent guardian and the biological parent does not meet non-applicability criteria, both people are considered in the rating. **This item is rated for *all mothers*.**

Response Options:

Yes – The case manager made concerted efforts to include the mother (all mothers) in case planning.

No – The case manager did not make concerted efforts to include all mothers in case planning.

No – If more than one person can be considered the mother, the case manager included at least one of the mothers in case planning but not all.

NA – No mother meets applicability criteria.

Q13.4 If 'No' please select all that were not completed:

- identifying strengths and needs,
- identifying services and service providers,
- establishing goals in case plans,
- evaluating progress toward goals,
- discussing the case plan,
- attending case plan conferences/mediation
- informing the non-custodial parent of case pan progress for in-home cases,
- other (explain)

Q13.5 The child welfare professional made concerted efforts to actively involve the father in the case planning process.

Source:

39.6011 Case plan development

65C.30.006 Case Planning

CFOP 170-9 Family Assessment and Case Planning

Child and Family Service Review Item 13

FSFN Locations:

- Permanency Staffings
- Case Plan
- Chronological Notes

- Supervisory Reviews and Consultations
- Judicial Review Court Orders
- Meeting Module

Factors to Consider:

Evaluated for the *Progress Update* review intervals. ***This is an accountability metric.***

For in-home cases, the department must engage and assess the legal father, as well as if there is a paramour in the home. If the father is not known, no further action is needed to identify or locate him. If there is no legal father and the mother names an individual as the prospective father, the department is to engage the prospective father if he has been involved or wishes to be involved.

For out-of-home cases, when there is a legal father, department does not need to start a diligent search to find an alleged biological father. Should the alleged father wish to contest paternity, he can be do so by filing a paternity action with the court. The alleged father is responsible for this action. If he is successful in his paternity action, the court will enter an order declaring the legal father has no further rights to the child and the biological father has all parental rights. The department would then cease service for the prior legal father and provide services to the newly established legal father.

Consider agency efforts for all fathers, including those who indicate they do not wish to be involved, *unless* released by the court. This requirement is more restrictive than CFSR guidance. This assessment includes assessment that aligns with state policy and administrative code.

"Actively involved" means that the agency involved the father in:

- identifying strengths and needs,
- identifying services and service providers,
- establishing goals in case plans,
- evaluating progress toward goals,
- informing the non-custodial parent of case pan progress for in-home cases,
- discussing the case plan, and
- attending case plan conferences/mediation

If the initial case plan was developed before the review period, focus on the father's involvement during the review period in the ongoing case planning process, particularly regarding evaluating progress and making changes in the plan.

There are cases in which the siblings do not have the same fathers. The instrument allows the reviewer to answer for the father of each child. There are also circumstances in which more than one person can be considered as the 'father' for a child or children. An example is when a case is open on the permanent guardian and the biological father does not meet non-applicability criteria. If a case meets this circumstance, both people that can be considered as the 'father' are rated together, meaning the case manager needs to include both in the case planning process.

Indicate N/A if there are no fathers that are applicable for this assessment. This would be if all fathers meet the following criteria: rights were terminated prior to the review period, deceased for the entire review period, documented in the court case file that it is not in the child's best interests to include the father in case planning for the entire review period, or whereabouts of the father(s) were unknown for the entire review period.

Response Options:

Yes – The case manager made concerted efforts to include the father in case planning.

No – The case manager did not make concerted efforts to include the father in case planning.

NA

Q13.6 If 'No' please select all that apply not involving father in:

- identifying strengths and needs,
- identifying services and service providers,
- establishing goals in case plans,
- evaluating progress toward goals,
- discussing the case plan, and
- attending case plan conferences/mediation
- informing non-custodial parent of progress (in-home cases)
- Other

Q13.7 Does the case plan address the identified behavior changes needed for the parents/caregivers?

Source:

39.6011 Case plan development

65C.30.006 Case Planning

CFOP 170-9, Chapter 5 Case planning to support family change

FSFN Locations:

- Case Plan
- Chronological Notes
- Supervisory Reviews and Consultations
- Judicial Review Court Orders

Factors to Consider:

Evaluated for the *Progress Update* review intervals.

The case plan is a formal agreement that is co-constructed with parent(s)/legal guardian(s). The case plan creates a specific road map for the changes that need to occur for a child to be safe in the parent(s)'/legal guardian(s)' care without any outside supervision and how those changes will be facilitated. The case plan defines actions that the parent(s)/legal guardian(s), the department, and other parties will take. The case plan establishes goals, outcomes, resources needed, and delineates who is responsible for the cost of services. For court cases involving the placement of a child out of the home, case planning is also used to ensure that statutory requirements are being addressed to help achieve permanency and child well-being.

For non-judicial cases, a case plan is to be completed within 30 days of case transfer.

The case plan outcomes must reflect the:

- The changed behavior, condition, or circumstance of the parent.
- Child needs that require case planning. For the child in out-of-home care, the case plan must ensure that the child's well-being needs, including stability in the placement, are met.

The case plan team should work with the parent(s)/legal guardian(s) to identify the services and activities which the parents believe are the best match for them, and what is the best set of first steps they are ready to tackle. This includes:

- Discuss any barriers to the chosen actions, services, and activities.
- Identify special considerations that may be considered barriers and solutions that need to be addressed (e.g., parent work schedule, incarceration, jails).
- Identify language or cultural considerations.
- Identify what needs to be in place for the parents to achieve change, such as transportation, childcare, housing, funding, or other external factors that might prevent access; include services that may or may not be available through the correctional facilities, and any facility regulations.
- Discuss and determine solutions to barriers.

The case plan team determines appropriate case plan actions, tasks and services, and completion dates to achieve outcomes. The case manager will explore with the parent(s)/legal guardian(s) the choices, if any, of interventions (e.g., supports, treatment providers, other services) that are available and that may be helpful to achieving the outcomes established.

- The team will determine service or treatment needs of the parent(s)/legal guardian(s) and child based on information, including consideration of evaluations or professional assessments that have been gathered up to this point. If the child is younger than school age, any records from a childcare program, early education program, or preschool program including attendance requirements should be assessed.
- Services that are necessary for case plan tasks need to have descriptions as follows:
    - The type of services or treatment.
    - The date the service or referral for the service will be provided.
    - The date by which the parent/legal guardian must complete each task.
    - The frequency of services or treatment provided.
    - The location of the delivery of the services.
    - The provider responsible for the services or treatment.
    - Whether the parent/legal guardian is responsible for the cost of any services in the plan.

Response Options:

Yes – The case plan addresses required behavioral changes for parents/caregivers.

No – The case plan does not address required behavioral changes for parents/caregivers.

Parents/Caregivers are not included on the case plan.

Case plan not yet established.

Q13.8 Comment Box for Mother and Father (for a response of 'No.')

Q13.9 Does the case plan address the identified needs for the children?

Source:

39.6011 Case plan development

65C.30.006 Case Planning

CFOP 170-1 Ch-2-9 Core Safety Concepts

CFOP 170-9 Chapter 9 Family Assessment and Case Planning

FSFN Locations:

- Case Plan
- Chronological Notes
- Supervisory Reviews and Consultations
- Judicial Review Court Orders

Factors to Consider:

Evaluated for the *Progress Update* review intervals.

Child strengths and needs measure the extent to which certain desired conditions are present in the life of the child within a recent timeframe. Child strengths and needs are assessed by the case manager based upon the assessment of child functioning.

- These child indicators are directly related to a child's well-being and success (e.g., emotion, behavior, family and peer relationships, development, academic achievement, and life skill attainment).
- When the department is involved with families whose children are unsafe, the case manager is responsible for assuring that the child's physical and mental health, developmental and educational needs are addressed by their parents, as well other caregivers when children are in an out-of-home setting.
- A current description of child strengths and needs will be provided in the FFA-Ongoing or Progress Update as part of "child functioning."

Child strengths and needs should be relevant and descriptive as to the child's specific abilities given his/her age. See Appendix A of this operating procedure, Child Development Stages Matrix, for summary descriptions of child behaviors that are within a normal range as to physical, socioemotional, and cognitive development; indicators of developmental concern, and associated positive parenting characteristics

Child Needs rated as C and D on the Family Functioning Assessment are populated on the case plan worksheet in FSFN. The case manager selects the Child Needs to be included on the case plan, realizing not all needs rated C or D need to be included. The reviewer must use professional judgment to determine if the appropriate Child Needs were included on the case plan which should be documented in case plan conferences, supervisory reviews and consults, the case plan, or chronological notes. If the case plan has not yet been developed and is past due, rate as 'No.' Non-judicial case plans are due within 30 days of case transfer.

When a child is placed in a Qualified Residential Treatment Program (QRTP) the case plan must include the following:

- Documentation outlining the most recent assessment for a QRTP.
- Date of the most recent placement in a QRTP.
- The treatment or service needs of the child.
- A transition plan for the child specifying the following:
    - Placement setting upon discharge,
    - Efforts to achieve permanency if child remains in out-of-home care,
    - Discharge criteria,
    - Aftercare support recommendations for the child and caregiver(s).

Response Options:

Yes – The case plan addresses the identified Child Needs.

No – The case plan does not address identified Child Needs.

Child had no identified needs for the case plan.

Case plan not developed.

Q13.10 For ratings of 'No,' check what was not included if rated a C or D on the FFA Ongoing or Progress Update.

- Emotion/Trauma
- Behavior
- Development /Early Learning (applies to children under the age of 6 years)
- Academic Status (applies to children 6 years of age and older)
- Positive Peer/Adult Relationships
- Family Relationships
- Physical Health
- Cultural Identity
- Substance Awareness
- Preparation for Adult Living Skill Development (applies only to children 13 and over)
- QRTP requirements not included.

Q13.11 Comment Box for a response of 'No.'

Staffing Block - 14

Q14.1 Was a staffing conducted with Children's Legal Services for non-judicial in-home services case within 90 days of case transfer to Lead Agency if the parents have not sufficiently increased protective capacities?

Source:

CFOP 170-1 Chapter 11-2 (2) Investigations involving an ongoing case

FSFN Locations:

- Case Plan
- Chronological Notes
- Supervisory Reviews and Consultations
- Meeting Module

Factors to Consider:

Evaluated for the *Progress Update* review intervals and service type of In-Home Non-Judicial.

CFOP requires that in-home non-Judicial services cases be staffed with Children's Legal Services (CLS) any time within 90 days of case transfer if the parents have not sufficiently increased protective capacities.

The department may file a petition for shelter or dependency without a new investigation or the concurrence of a child protective investigator if the parents have not made sufficient efforts and progress towards case plan goals to increase capacities within 90 days after the transfer of the safety plan to the Lead Agency. If case plan has not been developed, please explain in the case summary as this should be highlighted in feedback to the caseworker.

Response Options:

Yes – The case was staffed with CLS if the case within 90 days and the parents have not sufficiently increased protective capacities.

No – The case was not staffed with CLS as required.

The parents are in compliance with the case plan and have sufficiently increased protective capacities.

Case Plan not developed.

Q14.2

Multidisciplinary Team Meeting: Chapter 39.4022

(a) A multidisciplinary team staffing must be held when an important decision is required to be made about a child's life, including all the following:
    1. Initial placement decisions for a child who is placed in out-of-home care. A multidisciplinary team staffing required under this subparagraph may occur before the initial placement or, if a staffing is not possible before the initial placement, must occur as soon as possible after initial removal and placement to evaluate the appropriateness

of the initial placement and to ensure that any adjustments to the placement, if necessary, are promptly handled.

2. Changes in physical custody after the child is placed in out-of-home care by a court and, if necessary, determination of an appropriate mandatory transition plan in accordance with s. 39.4023.
3. Changes in a child's educational placement and, if necessary, determination of an appropriate mandatory transition plan with s. 39.4023.
4. Placement decisions for a child as required by subparagraph 1, subparagraph 2, or subparagraph 3, which involve sibling groups that require placement in accordance with s. 39.4023.
5. Any other important decisions in the child's life which are so complex that the department or appropriate community-based care lead agency determines convening a multidisciplinary team staffing is necessary to ensure the best interest of the child is maintained.

OR a reinstatement of parental rights Chapter 39.8155

(g) A multidisciplinary team was convened under s. 39.4022 and recommends the reinstatement of parental rights and has developed a plan to transition the child to the former parent's care pursuant to s. 39.4023.

Q14.3 Was a multidisciplinary staffing needed for *any* of these reasons listed above?

Source:

39.4022 Multidisciplinary teams; staffings; assessments; report

39.4023 Placement and education transitions; transition plans

39.8155 Reinstatement of parental rights

Response Options:

Yes- a multidisciplinary staffing was needed.

No- a multidisciplinary staffing was not needed.

14.4 If yes, select the reason why the multidisciplinary team staffing was needed (select all that apply):

- Initial placement decisions for a child who is placed in out-of-home care. A multidisciplinary team staffing required under this subparagraph may occur before the initial placement or, if a staffing is not possible before the initial placement, must occur as soon as possible after initial removal and placement to evaluate the appropriateness of the initial placement and to ensure that any adjustments to the placement, if necessary, are promptly handled.
- Changes in physical custody after the child is placed in out-of-home care by a court and, if necessary, determination of an appropriate mandatory transition plan in accordance with s. 39.4023.
- Changes in a child's educational placement and, if necessary, determination of an appropriate mandatory transition plan in accordance with s. 39.4023
- Placement decisions for a child as required by subparagraph 1, subparagraph 2, or subparagraph 3, which involve sibling groups that require placement in s. 39.4023.

- Any other important decisions in the child's life which are so complex that the department or appropriate community-based care Lead Agency determines convening a multidisciplinary team staffing is necessary to ensure the best interest of the child is maintained.
- A reinstatement of parental rights Chapter 39.8155

14.5 Was a multidisciplinary team staffing held for each appliable requirement as listed in Chapter 39.4022?

Source:

39.4022 Multidisciplinary teams; staffings; assessments; report

Response Options:

Yes- a staffing was held when required.

No- a staffing was not held when required.

No- a staffing was not held for one but not all applicable requirements.

Did not meet the requirement.

14.6 Comment box- Summarize date and purpose for each staffing. Include guidance when staffings were required but not documented.

Safety Plan Block - 15

Q15.1 There was a sufficient safety plan with the family to manage identified danger threats or safety concerns.

Source:

39.01(67) Definitions

39.301(9)(b) Initiation of protective investigations

170-7 Safety Planning

Child and Family Service Review- Item 3

FSFN Locations:

- Safety Plan
- Chronological Notes
- Supervisory Reviews and Consultations

Factors to Consider:

Evaluated at all review intervals.

Plans address safety threats and how those will be managed and addressed by the caregiver, the caregiver capacity to implement the plan and report safety issues to the agency, and the family's involvement in the implementation of the plan.

When a parent or caregiver is determined to have a disability that results in an impact on child safety, the child welfare professional will assess the supports and resources already in place as well as the supports and resources immediately available. **The assessment of supports and resources must be documented in FSFN.**

The Department and its employees, contracted providers, and sub-contracted providers will not base child safety actions on stereotypes or generalizations about parents with disabilities, or on a parent's disability, diagnosis, or intelligence measures alone. These decisions are made through an individualized assessment of the parent with a disability and objective facts relating to the danger threats impacting the child. If necessary and reasonable, accommodations must be provided to ensure parents with disabilities can fully participate in the programs and services of the dependency system.

A safety plan is sufficient when:

1. It controls or manages the danger threat at the right level of intrusiveness (not too much or too little).
2. Has an immediate effect.
3. Safety services are immediately accessible and available to do what is expected to control the threat.
4. Contains safety actions to control the danger threat and must achieve this action fully each time it is delivered.

5. Is not promissory in nature (i.e., parent promises not to hit their child, parent or legal custodian promises not to let a paramour back in the home, parent or legal custodian promises to stop drinking).
6. In-formal safety monitors are appropriate and safety plan has been updated to reflect change in safety monitors.
7. If the parent has a disability that effects child safety, safety actions and supports are reflected in the plan.

Consider children whose parental rights have been terminated, that have no contact or no expected contact with their parents and have no identified safety concern do not require a safety plan, even if they remain open to the Department and receiving services. In this case, the appropriate response would be not applicable.

Response Options:

Yes - The safety plan is sufficient to manage identified danger threats or safety concerns.

No – The safety plan is not sufficient to manage the safety threats, caregiver capacity lacking, not updated, or not implemented with the family.

There is no safety plan in the file.

No safety plan is needed.

Q15.2 Comment Box if 'No' responses.

Q15.3 Does the safety plan restrict the family's access?

Source:

CFOP 170-7 Chapter 6 Safety Plan involving a Family Made Arrangement

65c-30.001 Definitions

Factors to Consider:

Evaluated at all intervals with in-home case-type.

In non-judicial case types, the parent(s) retain full legal responsibility including decision-making authority and access to the children, even if the children reside out of the family home in a family made arrangement. Access is considered restricted when a parent does not have on demand unsupervised access to their child(ren). Some examples of restriction include:

- All contact between the parent and child(ren) must be monitored by the safety monitor. This includes in home safety plans with live in safety monitors.
- Parent is only allowed supervised visits during a specific of time.
- The parent is not allowed any contact with the child.

Access is not considered restricted If the criminal court issues a no contact order, or if there is court ordered restriction of a parent in a single parent shelter.

Yes

No

Q15.4 If 'Yes', provide guidance as to how access is restricted.

Q15.5 The agency actively monitored the safety plan to ensure it is working effectively to protect the child(ren) from identified danger threats including monitoring family engagement in any safety-related services.

Source:

39.01(67) Definitions

39.301(9)(b) Initiation of protective investigations

170-7 Safety Planning

Child and Family Service Review- Item 3

FSFN Locations:

- Safety Plan
- Chronological Notes
- Supervisory Reviews and Consultations

Factors to Consider:

Evaluated at all review intervals.

Sufficient monitoring of family engagement in safety services includes:

- Case manager observations,
- Feedback from safety service providers,
- Ongoing communication with those individuals who can provide additional insight as to behavioral change and protective capacities of the parent or legal custodians,
- Documenting appropriate interactions with children,
- Assessing occurrences of DV incidents, etc.,
- Ongoing communication with mother and father as applicable.

Response Options:

Yes - The child welfare professional actively monitored the safety plan on any changing family circumstances.

No – The child welfare professional did not sufficiently monitor the safety plan during the period under review.

No Safety Plan Needed - There were no apparent safety concerns for any child in the family home.

Q15.6 Comment Box if 'No' responses.

Q15.7 Were all safety concerns related to visitation with parents or family members adequately addressed?

Source:

39.01(67) Definitions

39.301(9)(b) Initiation of protective investigations

170-7 Safety Planning

Child and Family Service Review- Item 3

FSFN Locations:

- Safety Plan
- Chronological Notes
- Supervisory Reviews and Consultations

Factors to Consider:

Evaluated at all review intervals and service type of Out-of-Home Care judicial.

This item is ensuring that there were no safety concerns, or if there were for the children while in foster care placement during family visits that they were adequately addressed. The following are examples of unmitigated safety concerns during family visitation.

- Insufficient monitoring of visits,
- Unsupervised visits that were to be supervised,
- Visits court ordered despite safety concerns that could not be controlled by supervision.

If there were safety concerns that were adequately address by the agency, please rate the item as 'Yes.'

Response Options:

Yes – Safety concerns appropriately addressed related to family visitation.

No – Safety concerns existed for the child in foster care during family visits that were not adequately addressed.

The child has no visits with the parents or family members.

No safety concerns.

Q15.8 Comment Box for 'No' Responses.

Q15.9 Were any concerns identified for the children from the out of home caregivers, their household members, or visitors, adequately and appropriately addressed?

Source:

39.01(67) Definitions

39.301(9)(b) Initiation of protective investigations

170-7 Safety Planning

Child and Family Service Review- Item 3

FSFN Locations:

- Safety Plan
- Chronological Notes
- Supervisory Reviews and Consultations

Factors to Consider:

Evaluated at all review intervals and service type of Out-of-Home Care Judicial.

This item is ensuring that there were no safety concerns, or if there were for children from their out-of-home caregivers they were adequately addressed. The following are examples of concerns related to the out-of-home caregiver.

- There were substantiated allegations of maltreatment of the children by the out of home placement that could have been prevented if the agency had taken appropriate actions.
- There was a critical incident report or other major issue relevant to noncompliance by foster parents (including relative/non-relative caregivers) or facility staff that could potentially make the child unsafe, and the agency could have prevented it or did not provide an adequate response after it occurred.
- Other risks to the children were not being addressed or identified due to insufficient monitoring.

Out of home caregivers are defined as related or non-related caregivers who have been given responsibility for care of the child by the agency while the child is under the placement and care responsibility and supervision of the agency. This includes pre-adoptive parents if the adoption has not been finalized. If the case manager identified and appropriately addressed safety concerns from the out-of-home caregiver, the response is 'Yes.'

Response Options:

Yes – Safety concerns existed for the child in foster care from out of home caregiver and that were adequately addressed.

No – Safety concerns existed for the child in foster care from the out-of-home caregiver that were not adequately addressed.

No safety concerns.

Q15.10 Comment Box if 'No' Responses.

Was the Child Hospitalized as a result of a Baker Act Block - 16

Q16.1 Was the child involuntarily hospitalized as the result of mental health issues during the review period (Baker Act)?

Factors to Consider:

Evaluated at every review interval. Screening question to be answered for each child.

Response Options:

Yes

No

Q16.2 Was a multidisciplinary staffing held for a child upon release from the involuntary hospitalization (Baker Act)?

Source:

CFOP 170-5 Chapter 12 mental Health Consultations

CFOP 170-9 Chapter 3 Assessment of Child Functioning

CFOP 170-10 Chapter 2 Behavioral Health Care

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Supervisory Reviews/Consultations
- Meeting Module
- Medical Profile

Factors to Consider:

Evaluated at every review interval and if the question 15.1 is 'Yes.' When a child or adolescent has been involuntarily hospitalized (Baker Act) and is pending discharge from the facility the child welfare professional shall request notice of, and subsequently attend, any scheduled discharge planning or multidisciplinary staffing for the child. If a child was hospitalized more than once during the review period, each hospitalization requires the multidisciplinary staffing.

(1) If the child welfare professional is aware of additional therapeutic disciplines working with the child or family (e.g., child or family therapist, behavior analyst, school social worker, psychologist, or psychiatrist, etc.), the child welfare professional should share this information with the treatment provider so these individuals may participate in the multidisciplinary staffing as well.
(2) The child welfare professional shall request that individuals participating in the discharge planning conference or multidisciplinary staffing review, discuss, and to the extent possible, reach consensus on the following issues:
(a) The factors or circumstances which contributed to or resulted in the child or adolescent's hospitalization.

(b) Recommendations to address any child safety, permanency, or well-being needs identified; and,
(c) Develop a plan to ensure ongoing therapeutic and placement needs are met.

A table displaying all the children appears for the reviewer to answer for each child.

Response Options:

Yes – A multi-disciplinary staffing occurred with the appropriate participants.

No – A multi-disciplinary staffing did not occur.

No – A multi-disciplinary staffing occurred; however, not all appropriate participants included.

Child not yet released at the time of the case record review.

New Baby or Other Child Added Block – 17

Q17.1 Was a baby born or other new children added to the household during the review period, or is a parent expecting a new child (pregnancy)?

Evaluated for every review interval, whether the new baby or additional child(ren) was added to the case shell or not.

Response Options:

Yes – Yes, a baby was born during the review period.

Yes – Yes, a pregnancy was reported for a parent (mother or father's paramour).

Yes - A new child added to the household during the review period.

No – No new baby or child was added to the household during the review period (Skip Block)

Q17.2 Did the case manager complete a pre-birth assessment as required by policy?

Source:

39.701(1)(h)1 Judicial Review

65C-30.016 New Children in Families under Supervision

CFOP 170-1 Chapter 9 Newborns or other new children in households with active investigations or ongoing services

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Supervisory Reviews/Consultations

Factors to Consider:

Evaluated if the response to question 17.1 is 'Yes- a baby was born during the review period' or 'Yes- a pregnancy was reported for a parent'.

When a parent/significant caregiver or a minor in a focus household is pregnant, the case manager responsible conducts a pre-birth assessment. The case manager's supervisor should provide active collaboration and guidance. The case manager must complete the pre-birth assessment whether the current safety plan for the siblings is in-home or out-of-home. Please note that if the father on an open case is expecting a child with someone other than the mother in the open case, a pre-birth assessment is still needed (Example: father shares his girlfriend is pregnant). Furthermore, all reports of pregnancy should be appropriately assessed. Reports of pregnancy do not need to come directly from a parent to prompt a pre-birth assessment (Example: relative caregiver shares that the mother reported to be pregnant although mother has not shared this with child welfare professional directly).

The case manager will complete the pre-birth assessment as part of the FFA-O or Progress Update, whichever is due after learning of the pregnancy. Per s. 39.701(1)(h)1, F.S., the case manager must complete the assessment as follows:

(1) At least 30 days before a child is expected to be born, or,
(2) Within 72 hours after learning of the pregnancy if the child is expected to be born in less than 30 days.

If a pregnancy is reported but the due date is greater than 30 days, select 'pre-birth assessment is not yet due.'

Indicate N/A if there is documentation to support that the agency was not aware of the pregnancy until after the birth of the baby.

Response Options:

Yes – The case manager completed a pre-birth assessment in accordance with policy.

No – The case manager did not complete a pre-birth assessment in accordance with policy (Skip to 17.6).

N/A – Documentation supports that the agency was not aware of the pregnancy until after the baby's birth (Skip to 17.10).

Pre-birth assessment not yet due.

Q17.3 Does the pre-birth assessment accurately and sufficiently assess family dynamics to explore family needs and potential safety concerns with an impending birth?

Source:

39.701(1)(h)1 Judicial Review

65C-30.016 New Children in Families under Supervision

CFOP 170-1 Chapter 9 Newborns or other new children in households with active investigations or ongoing services

FSFN Locations:

- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations

Factors to Consider:

Evaluated if the response to question 17.2 is 'Yes'.

The case manager documented pre-birth assessment information in the FFA-O or Progress Update, whichever is due. The FFA-O or Progress Update documents the following pre-birth assessment information in addition to the standard requirements in CFOP 170-1, Chapter 2, paragraph 2-4, Information Domains.

Child Functioning:

For age-appropriate children, the child functioning domain should be updated to include the feelings expressed by the child(ren) about having a new baby in the home.

Adult Functioning:

For both the expectant father and the pregnant mother, the adult functioning domain should be updated to reflect current circumstances, concerns/safety issues, and needs for the impending delivery. Considerations for this assessment are as follows:

- Current living situations of both parents- do they currently reside together? Do they intend to reside together upon birth of the child? If they do not intend to reside together, how much time with the new child spend in the focus household?
- Was this a planned pregnancy? If not, how does the mother and the father feel about the pregnancy? Does either parent have any concerns? If so, what are they?
- Exploration of prenatal care and if there are any barriers to accessing pre-natal care.
- Exploration of history of post-partum depression in past pregnancy.
- How is the care of the new baby expected to affect daily household routines and responsibilities of significant caregivers in the home?
- Will the parents or other adult be able to provide or access necessary housing and resources to care for the new child?
- Is there a history for either parent that impact the safety of the new child? If so, what is the history? Case management should analyze these concerns and assess the circumstances that have changed since these concerns were noted.
- Is there any history of family or intimate partner violence? If yes, are there any current indicators of intimate partner violence or a perpetrator's pattern of coercive control?
- Analysis of any current or past mental illness or substance use disorder of either expectant parent. Consideration of current substance abuse and/or mental health treatment and status in treatment is needed, including analysis of drug testing results or need to conduct drug-testing.
- Exploration of prescribed medication for treatment and compliance of substance abuse and/or mental health treatment. If the mother is pregnant and taking prescribed medications, the following must be ascertained:
    - What are the prescribing physician's recommendations for taking the medication during pregnancy?
    - If it is not safe to continue with current medications, what needs to happen to stabilize the mother's mental health while pregnant?
    - Is it possible that the new child will be born substance-exposed?

General Parenting:

For both the expectant father and the pregnant mother, the general parenting domain should be updated to reflect current circumstances, concerns/safety issues, and needs for the impending delivery. Considerations for this assessment are as follows:

- What are the expectations of each parent/significant caregiver, if any, for the shared care and financial support of the new child?
    - If a parent is facing incarceration or for other reasons will not be able to care for the newborn, who will care for the child?

- If a non-maltreating parent is going to care for the newborn, when will the child welfare professional complete an Other Parent Home Assessment (OPHA)?
- Are there others residing in the household who will have significant responsibilities for the care of the new child? Is there a shared agreement and understanding among all household members as to how the new child will be cared for and what, if any, supports will be needed?
- How might care of the new child affect the current family conditions that resulted in the investigation or the need for ongoing services?

If one or both expectant parents are actively open to case management services, domains should be updated to reflect current case plan progress towards case plan outcomes and their current behavioral change status. Analysis of current case plan progress should be utilized while assessing for any potential safety concerns for the new baby.

Response Options:

Yes – The case manager sufficiently assessed family dynamics for the impending birth.

No – The case manager did not sufficiently assess family dynamics for the impending birth.

Q17.4 If no, mark all that apply that were not sufficient:

- Child Functioning
- Adult Functioning
- General Parenting
- Safety Analysis Questions
- Parent progress towards case plan outcome

Q17.5 Comment box for 'no' response.

Q17.6 Were appropriate pre-natal/pre-birth needs adequately addressed for the mother and the father?

Source:

39.701(1)(h)1 Judicial Review

65C-30.016 New Children in Families under Supervision

CFOP 170-1 Chapter 9 Newborns or other new children in households with active investigations or ongoing services

FSFN Locations:

- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations
- Meeting Module
- Filing Cabinet

Factors to Consider:

Evaluated if the response to question 17.2 is 'Yes' or 'No'.

Reviewers must determine if the pre-birth/pre-natal needs identified in both formal and informal assessments were sufficiently provided to ensure child safety.

Ratings are based on agency efforts, not parental compliance. Explain rating in the text box.

Response Options:

Yes – Appropriate services were provided to meet the mother's identified pre-birth needs.

No – Appropriate services were not provided to meet the mother's identified pre-birth needs. Provide constructive guidance describing what was missing and what should have been completed.

No identified pre-birth needs.

Q17.7 Comment Box if 'No'.

Q17.8 Did the supervisor conduct and provide sufficient guidance during a pre-birth case consultation?

Source:

39.701(1)(h)1 Judicial Review

65C-30.016 New Children in Families under Supervision

CFOP 170-1 Chapter 9 Newborns or other new children in households with active investigations or ongoing services

FSFN Locations:

- Chronological Notes
- Supervisory Reviews/Consultations
- FFA Progress update

Factors to Consider:

Evaluated if the response to question 17.2 is 'Yes' or 'No'.

A supervisor consultation will be conducted prior to the approval of the FFA-O or Progress Update to determine if a pre-birth assessment, newborn child assessment, or new child assessment is incorporated to include the following:

- There was sufficient information collection and assessment.
- The case manager engaged the parent(s) and other family members as appropriate in identifying family needs and planning for care of the newborn.
- The case manager identified needed services or other actions including any CLS actions.

If no birth assessment were completed, select "No- No pre-birth case consultation."

Response Options:

Yes – The supervisor conducted a pre-birth case consultation with sufficient guidance for the case manager.

No – The supervisor did not provide sufficient guidance to the case manager during the case consultation.

No – No pre-birth case consultation.

Q17.9 Comment box for 'no' response.

Q17.10 Was a sufficient multidisciplinary or family team meeting held to discuss the newborn's care and supervision?

Source:

39.701(1)(h)1 Judicial Review

CFOP 170-1 Chapter 9 Newborns or other new children in households with active investigations or ongoing services

FSFN Locations:

- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations
- Meeting Module

Factors to Consider:

Evaluated if the response to question 17.2 is 'Yes ', 'No', or 'N/A'.

The case manager must convene a multidisciplinary staffing or family team meeting to plan for the newborn's care and supervision. The case planning conference should inform the development of the FFA-Ongoing or Progress Update. Participants must include the following persons:

- The mother and father, whether in the same or separate households.
    - The case manager and supervisor will determine whether there should be separate case planning conferences when one or both parents are responsible for family or intimate partner violence. Please see CFOP 170-7, Chapter 4, for additional information on handling cases involving intimate partner violence.
    - The case manager must complete a home study and obtain home study approval prior to a non-maltreating parent's participation in a case planning conference.
- When the conference involves a minor parent(s), the minor parents' birth parents (unless termination of parental rights has occurred, or it is not in the best interest of the minor mother or minor father).
- The Guardian ad litem (GAL)/Attorney ad litem (AAL) if appointed for a sibling. If a GAL attorney or AAL participate in the case planning conference, the counsel for mother and father must also be permitted to participate.
- Any current caregivers.

- Any other parties deemed appropriate by the case manager or invited by the parent(s) may also participate.

Participants in the case planning conference:

- Determine prenatal care and pre-birth needs.
- Identify the anticipated needs of both mother and father to care for the child when born.
    - If mother had to stop taking medications during pregnancy, when can she resume taking her medications?
    - Will the parent(s) have access to mental health or substance abuse treatment services, including Medication Assisted Treatment?
- Identify the services and supports to address family needs when the child is born.

Reviewers should select 'Yes' if the agency made sufficient efforts to include parties that chose not to attend for reasons beyond the control of the agency.

Response Options:

Yes – A sufficient multidisciplinary or family team meeting was held to discuss care and supervision of the newborn.

No – A sufficient multidisciplinary or team meeting was not held to discuss the care and supervision of the newborn.

No – Not completed.

Q17.11 If 'No' to Q17.10, check all that apply related to an insufficient Multi-Disciplinary Staffing:

- Mother was not in attendance if appropriate.
- Father was not in attendance if appropriate.
- Home study was not completed prior to the meeting/planning conference.
- Parents of minor parents not in attendance if appropriate.
- Guardian ad Litem if appointed for a sibling was not in attendance.
- Attorney ad Litem (AAL) if appointed for a sibling was not in attendance.
- If AAL was present, the parent's counsel was not permitted to attend.
- Current caregivers were not in attendance if applicable.
- Other relevant parties were not in attendance, explain in the comment box for the question.
- The participants did not determine pre-natal or pre-birth needs.
- The participants did not identify anticipated needs for the mother to care for the child.
- The participants did not identify anticipated needs for the father to care for the child.
- The participants did not address mother's medications during pregnancy and when they may resume.
- The participants did not address applicable mental health needs for the mother.
- The participants did not address applicable substance abuse treatment for the mother.
- The participants did not address applicable mental health needs for the father.
- The participants did not address applicable substance abuse treatment for the father.
- The participants did not address the anticipated family needs and supports once the child is born.

Q17.12 Were recommendations from the Multi-Disciplinary Staffing or Family Team Meeting completed?

Source:

39.701(1)(h)1 Judicial Review

CFOP 170-1 Chapter 9 Newborns or other new children in households with active investigations or ongoing services

FSFN Locations:

- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations
- Meeting Module

Factors to Consider:

Evaluated if the response to question 17.2 or 'Yes or 'No'.

The case manager must ensure that the recommended actions from the Multi-Disciplinary Staffing or Family Team meeting were completed. Please see CFOP 170-7, Chapter 4, for additional information on handling cases involving intimate partner violence.

Response Options:

Yes – The Case Manager ensured the recommendations from the Multi-Disciplinary Staffing or Family Team Meeting were completed.

No – The Case Manager did not ensure the recommendations from the Multi-Disciplinary Staffing or Family Team meeting were completed. Explain what was not completed in the text box.

Q17.13 Comment Box for 'No.'

Q17.14 Was a sufficient Legal staffing conducted If appropriate?

Source:

39.701(1)(h)1 Judicial Review

CFOP 170-1 Chapter 9 Newborns or other new children in households with active investigations or ongoing services

65C-28.010 Minor Parents in the Custody of the Department

65C-30.007(9)(d) Case Management Responsibilities After Case Transfer

FSFN Locations:

- Chronological Notes

- Supervisory Reviews/Consultations
- Legal Module
- Family Functioning Assessment/Progress
- Meeting Module

Factors to Consider:

Evaluated if the response to question 17.is 'Yes' and 17.2 is not 'Pre-birth assessment not yet due'.

CLS staffings must be requested after the case manager completes an FFA-O or Progress Update in the following situations:

- In a non-judicial case, a CLS staffing for judicial action must be requested if there are concerns that the criteria for an in-home safety plan are not met per 65C-30.007(9)(d), F.A.C. CFOP 170-1 9-7
- In a judicial case, a CLS staffing must be requested as follows:
    - Prior to the birth of a child.
    - After the birth of a child or a new child entering the home.
- Documentation must be provided to the CLS attorney prior to the staffing including, but not limited to, the FFA-O or Progress Update. Documentation must include an OPHA if the non-maltreating parent of a new baby is not currently a part of the case.
- Participants at the staffing will discuss the following:
    - The completed FFA-O or Progress Update.
    - The OPHA if there is a new father involved.
    - Recommended case plan modifications.
    - Whether there is a need to seek or continue a shelter of the new child.
    - Whether there is a legal basis to amend any pending dependency petition if there has not yet been an adjudication of dependency.
    - In the case of a dependent minor parent, the requirements in 65C-28.010, F.A.C. and whether a petition for adjudication of the newborn baby would be legally sufficient.
    - Whether to file a supplemental or new dependency petition, whichever is legally appropriate.
- Regardless of the outcome of the staffing conducted, in a judicial case CLS must file the FFA-O or Progress Update completed before a child is expected to be born or to move into a home with the court within 14 days of receipt of the document, and must file the FFA-O or Progress Update completed after the birth of a child or a new child entering the home within 14 days of receipt of the document in accordance with s. 39.701(1)(h)1, F.S.

Response Options:

Yes – A sufficient Legal staffing occurred.

No – A sufficient Legal staffing did not occur.

N/A- No judicial concerns.

Q17.15 if 'No,' check all that apply as relates to in insufficient Legal Staffing:

- No Legal staffing was held when required.
- The completed FFA-O or Progress Update was not provided.
- The OPHA if there is a new father involved was not provided.
- Recommended case plan modifications were not determined.

- Whether there is a need to seek or continue a shelter of the new child was not determined.
- Whether there is a legal basis to amend any pending dependency petition if there has not yet been an adjudication of dependency was not determined.
- In the case of a dependent minor parent, the requirements in 65C-28.010, F.A.C. and whether a petition for adjudication of the newborn baby would be legally sufficient was not determined.
- Whether to file a supplemental or new dependency petition, whichever is legally appropriate was not determined.

Q17.16 Was a post-birth/new child family assessment completed in accordance with policy?

Source:

39.701(1)(h)1 Judicial Review

CFOP 170-1 Chapter 9 Newborns or other new children in households with active investigations or ongoing services

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Supervisory Reviews/Consultations

Factors to Consider:

Evaluated if the response to question 17.1 is 'Yes- a new child was added to the household' or 'Yes- a baby was born'.

An updated family functioning assessment is needed 72 hours upon birth of a new baby or a new child moving into the household of focus. On judicial cases, the updated family assessment is to be filed with the CLS and the court within 14 days of receipt.

Response Options:

Yes – The post-birth assessment was completed in accordance with policy.

No – A post-birth assessment was not completed in accordance with policy (Skip to 17.20).

Q17.17 Was the updated post-birth/new child family assessment sufficient in accurately assessing family dynamics and functioning?

Evaluated if the response to question 17.1 is 'Yes- a new child was added to the household' or 'Yes- a baby was born'.

The case manager documented post-birth assessment information in the FFA-O or Progress Update, whichever is due. The FFA-O or Progress Update documents the following post-birth assessment information in addition to the standard requirements in CFOP 170-1, Chapter 2, paragraph 2-4, Information Domains.

Child Functioning:

The Child functioning domain should be updated to include information regarding the new child's parents, circumstances in which the new child is now residing with the family or how much time they will be in the household of focus, articulate if the child has any special needs and/or diagnosis, if there are any known behavior concerns- especially ones that would warrant a Child Placement Agreement. If the new child has special needs, the family assessment should articulate was additional care or monitoring this requires.

The case manager is to respond to the following information when the new child is a newborn:

- Was the child born full-term?
- Was the newborn within a healthy weight range?
- Was the child substance-exposed at birth? If so, what were the effects?
- What are the ongoing possible effects that the newborn's parent(s) or significant caregivers should monitor?

Adult Functioning:

The child welfare professional is to provide the following information unless it has already been provided in the previous FFA-O or a Progress Update as the result of a pre-birth assessment:

Considerations for this assessment are as follows:

- Current living situations of both parents- do they currently reside together? Do they intend to reside together upon birth of the child? If they do not intend to reside together, how much time with the new child spend in the focus household?
- Was this a planned pregnancy? If not, how does the mother and the father feel about the pregnancy? Does either parent have any concerns? If so, what are they?
- Exploration of pre-natal care and post-natal care
- Exploration of history of postpartum depression in past pregnancies, and any current concerns for "baby blues" or postpartum depression
- How is the care of the new baby/child expected to affect daily household routines and responsibilities of significant caregivers in the home?
- Will the parents or other adult be able to provide or access necessary housing and resources to care for the new child?
- Is there a history for either parent that impact the safety of the new child? If so, what is the history? Case management should analyze these concerns and assess the circumstances that have changed since these concerns were noted.
- Is there any history of family or intimate partner violence? If yes, are there any current indicators of intimate partner violence or a perpetrator's pattern of coercive control?
- Analysis of any current or past mental illness or substance use disorder of either expectant parent. Consideration of current substance abuse and/or mental health treatment and status in treatment is needed, including analysis of drug testing results or need to conduct drug-testing.
    - If the mother has prior substance abuse history, is she currently prescribed any pain medication (example: medication prescribed because of childbirth)
- Exploration of prescribed medication for treatment and compliance of substance abuse and/or mental health treatment.

General Parenting:

The child welfare professional is to provide the following information unless it has already been provided in the previous FFA-O or a Progress Update as the result of a pre-birth assessment:

Considerations for this assessment are as follows:

- What are the expectations of each parent/significant caregiver, if any, for the shared care and financial support of the new child?
    - If a parent is facing incarceration or for other reasons will not be able to care for the newborn, who will care for the child?
- Consideration of who will provide care and supervision of the new child and if there is a shared agreement. Documentation of how to meet the special needs of the new child, if any, should be noted.
- Consideration of how care and supervision of the new child impacts the household, including other children in the household.
- Are there others who will have significant responsibilities for the care of the new child? Exploration of any safety concerns for individuals caring for the new child is warranted.
- Assess plan on how parents intend to meet the special needs or considerations of the new child.
- If the child is a newborn, assess if there were any concerns raised by hospital staff about the infant and parent interactions, and if there were any concerns raised about siblings or other persons visiting.
- What, if any, supports will be needed

The case manager updated the Safety Analysis to determine whether the criteria for an in-home safety plan were met for the new child. The Safety Analysis provides sufficient information about family conditions to determine whether any changes are necessary to the existing safety plan. As appropriate, the case manager reviewed and updated or created Conditions for Return.

For Progress Updates, the case manager is to be responsible for the following:

- Provide information in the domains that describes whether the parent/significant caregiver is making progress towards achieving the outcomes in the case plan.
- Assess the impact of care of the new child on parent/significant caregiver's ability to continue participation in services.
- Describe any changes in the family's change strategies.
- Determine whether any modifications to case plan outcomes, tasks, and services are necessary.

Response Options:

Yes – The case manager sufficiently updated the family assessment.

No – The case manager did not sufficiently update the family assessment.

Q17.18 If no, mark all that apply that were not sufficient:

- Child Functioning,
- Adult Functioning,
- General Parenting,
- Safety Analysis Questions,
- Parent progress towards case plan outcome,
- Assess impact new child has on parent ability to participate in services,
- Modification to family's change strategies,

- Changes to case plan outcomes, tasks, or services, if necessary.

Q17.19 Comment box for 'no' response.

Q17.20 If safety concerns were found for the new child, did the safety plan address those concerns?

Source:

39.01(67) Definitions

39.301(9)(b) Initiation of Protective Investigations

CFOP 170-7 Develop and Manage Safety Plans

Child and Family Service Review Item 3

FSFN Locations:

- Safety Plan
- Chronological Notes
- Supervisory Reviews and Consultations

Factors to Consider:

Evaluated if the response to question 17.1 is 'Yes- a new child was added to the household' or 'Yes- a baby was born'.

Plans address safety threats and how those will be managed and addressed by the caregiver, the caregiver capacity to implement the plan and report safety issues to the agency, and the family's involvement in the implementation of the plan.

A safety plan is sufficient when:

1. It controls or manages the danger threat at the right level of intrusiveness (not too much or too little).
2. Has an immediate effect.
3. Safety services are immediately accessible and available to do what is expected to control the threat.
4. Contains safety actions to control the danger threat and must achieve this action fully each time it is delivered.
5. Is not promissory in nature (i.e., parent promises not to hit their child, parent or legal custodian promises not to let a paramour back in the home, parent or legal custodian promises to stop drinking).

Response Options:

Yes - The safety plan is sufficient to manage identified danger threats or safety concerns.

No – The safety plan is not sufficient to manage the safety threats, caregiver capacity lacking, or not implemented with the family. Provide constructive guidance to the field on what was missing from the supervisory consultation and how it could be improved.

There were no apparent safety concerns for any child in the family home.

Q17.21 Check all that apply if the safety plan is insufficient:

- The Safety Plan does not control the Danger Threat.
- The Safety Plan is more intrusive than indicated.
- The Safety Plan does not have an immediate effect.
- Safety Services were not immediately available.
- Safety Services are unable to control the Danger Threat
- The Safety Plan is promissory in nature.
- Safety Plan does not include new child when warranted.

Q17.22 Comment box for 'no'.

Quality of Visits Block - 18

Q18.1 Is the frequency and quality of the visits between the case manager and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Source:

65C-30.007 Case Management Responsibilities After Case Transfer

CFOP 170-9 Chapter 6 Evaluation Family Progress

Child and Family Services Review Item 14

FSFN Locations:

- Chrono Notes
- Supervisory Consultations
- Progress Updates

Factors to Consider:

Evaluated for all review intervals. ***This is an accountability metric.***

When assessing whether a quality home visit occurred with the children consider the following and rate for each child:

- Consider the frequency of visitation (for example, was the frequency of visitation sufficient to address safety and key issues pertinent of the case). Consider if the frequency was sufficient given circumstances of the case as this may be different from state policy.
- Consider the length of the visit (for example, was it of sufficient duration to address key issues with the child(ren) or was it just a brief visit).
- Consider the location of the visit. For example, was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a courthouse or restaurant?
- Consider whether the caseworker saw the child alone or whether the parent or foster parent was usually present during the caseworker's visits with the child. If the child was older than an infant, and the caseworker did not see the child alone for at least part of each visit, this item is rated 'No.' (Toddlers can be within eyesight range of caregivers, out of hearing range.)
- Consider the topics that were discussed during the visits. Is there some evidence that the case manager addressed issues pertaining to the child's needs, services, and case goals during the visits? Examples would include child's thoughts and feelings regarding the permanency goal, inquiring about their thoughts and feelings about progress being made in counseling.
    - This would be monitoring the child's identified needs and service delivery under CFSR guidance. Assessment of needs and identified services would be considered under question 5.1.
- Policy requires that unannounced home visits are conducted at least every 90 days unless more frequent based on circumstances of the case.

See Reviewer Guide Tool #1. Answer for each child.

Response Options:

Yes – The case manager conducted quality visits with the children.

No – The case manager did not conduct quality visits with the children.

Q18.2 Select reasons for the No rating for the quality of the case manager visits with children (for each child):

- Insufficient frequency of visits,
- Insufficient duration of the visit,
- Unannounced home visits not conducted in accordance with policy or frequency needed to ensure safety,
- Location of visit not conducive to open and honest conversations,
- Child not seen alone for at least part of every visit unless there is an exception,
- Child Safety not discussed,
- Progress on case plan (permanency) not discussed,
- Educational services or progress not discussed as applicable,
- Physical health services or progress not discussed,
- Behavioral health services or progress not discussed,
- No discussion of household interactions.

Q18.3 Comment Box for 'No' Responses.

Q18.4 Is the frequency and quality of the visits between the case manager and the child's mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?

Source:

65C-30.007 Case Management Responsibilities After Case Transfer

CFOP 170-7 Chapter 9 Conditions of Return

CFOP 170-9 Chapter 6 Evaluation Family Progress

Child and Family Services Review Item 15

FSFN Locations:

- Chrono Notes
- Supervisory Consultations
- Progress Updates

Factors to Consider:

Evaluated for progress update intervals. ***This is an accountability metric.***

When assessing whether a quality visit occurred consider the following:

- Consider the frequency of visitation (for example, was the frequency of visitation sufficient to address safety and key issues pertinent of the case). Consider if the frequency was sufficient given circumstances of the case as this may be different from state policy.

- Consider the length of the visit (for example, was it of sufficient duration to address key issues with the parents/caregivers/household members or was it just a brief visit).
- Consider the location of the visit. For example, was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a courthouse or restaurant?
- Were parents/caregivers/household members interviewed individually?
- Consider the topics that were discussed during the visits. Is there some evidence that the case manager discussed case planning, service provision including barriers, child safety, and child well-being?
- Did the case manager document the parent/caregiver/household member's interactions and non-verbal responses to interview questions?
- Did the case manager discuss conditions for return? Conditions for return discussion should include discussions of the five safety analysis questions, why some are assessed as 'no', and what circumstances would need to change each question to a 'yes' rating.

If more than one person can be considered as the mother, the case manager is required to conduct visits with all applicable mothers.

Consider all applicable mothers in this assessment.

Response Options:

Yes – The case manager conducted quality visits with the mother.

No – The case manager did not conduct quality visits with the mother.

No efforts to visit (by the case manager).

No visits occurred despite efforts by case manager.

Not Applicable – (unknown, deceased, rights terminated entire review period, location unknown, etc.).

Q18.5 Select reasons for the No rating for the quality of the case manager visits with the mother:

- Insufficient frequency of visits,
- Insufficient duration of the visit,
- Location of visit not conducive to private conversations,
- Child Safety not discussed,
- Progress on case plan (permanency) not discussed,
- Barriers to service provision not discussed,
- Child's educational needs not discussed as applicable,
- Child's physical health needs not discussed,
- Child's behavioral health needs not discussed,
- Conditions for return not discussed at frequency needed for circumstances of the case.

Q18.6 if NA, Select reasons for the Non applicability for the mother:

- Deceased entire review period,
- Parental rights terminated entire review period,
- Location unknown entire review period,
- Case documentation exists that it is not in the child's best interest to include the parent in case planning,

- During the entire review period the parent has indicated they do not want to be involved in the child's life and this is documented the case record,
- Single parent adoption.

Q18.7 Comment Box if 'No' Responses.

Q18.8 Is the frequency and quality of the visits between the case manager and the child's father sufficient to ensure child safety and evaluate progress toward case plan outcomes?

Source:
65C-30.007 Case Management Responsibilities After Case Transfer

CFOP 170-7 Chapter 9 Conditions of Return

CFOP 170-9 Chapter 6 Evaluation Family Progress

Child and Family Services Review Item 15

FSFN Locations:
- Chrono Notes
- Supervisory Consultations
- Progress Updates

Factors to Consider:
Evaluated for progress update intervals. ***This is an accountability metric.***
When assessing whether a quality visit occurred consider the following:

- Consider the frequency of visitation (for example, was the frequency of visitation sufficient to address safety and key issues pertinent of the case). Consider if the frequency was sufficient given circumstances of the case as this may be different from state policy.
- Consider the length of the visit (for example, was it of sufficient duration to address key issues with the parents/caregivers/household members or was it just a brief visit).
- Consider the location of the visit. For example, was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a courthouse or restaurant?
- Were parents/caregivers/household members interviewed individually?
- Consider the topics that were discussed during the visits. Is there some evidence that the case manager discussed case planning, service provision including barriers, child safety, and child well-being?
- Did the case manager document the parent/caregiver/household member's interactions and non-verbal responses to interview questions?
- Did the case manager discuss conditions for return? Conditions for return discussion should include discussions of the five safety analysis questions, why some are assessed as 'no', and what circumstances would need to change each question to a 'yes' rating.

For in-home cases, the department must engage and assess the legal father, as well as if there is a paramour in the home. If the father is not known, no further action is needed to identify or locate him. If there is no legal father and the mother names an individual as the prospective father, the department is to engage the prospective father if he has been involved or wishes to be involved.

For out-of-home cases, the department is to engage the legal father. Should an alleged father wish to contest paternity, he can be do so by filing a paternity action with the court. The alleged father is responsible for this action. If he is successful in his paternity action, the court will enter an order declaring the legal father has no further rights to the child and the biological father has all parental rights. The department would then cease service for the prior legal father and provide services to the newly established legal father. If there is no legal father but there is an identified perspective father, he will be to be engaged and considered for applicability. Answer Not Applicable if there is no legal father, no biological father, and no named prospective father.

If the children have different fathers, each are rated. If more than one person can be considered the father for a child or children, the case manager should have seen all persons considered father. If the agency made ongoing efforts to contact the parent.

Consider all applicable fathers for this assessment.

Response Options:

Yes – The case manager conducted quality visits with the father.

No – The case manager did not conduct quality visits with the father. Provide constructive guidance to the field on what was missing and how it could be improved.

No efforts to visit (by the case manager).

No visits occurred despite efforts by case manager.

NA- (unknown, deceased, rights terminated entire review period, location unknown, etc.).

Q18.9 Select reasons for the No rating for the quality of the case manager visits with the father:

- Insufficient frequency of visits,
- Insufficient duration of the visit,
- Location of visit not conducive to private conversations,
- Child Safety not discussed,
- Progress on case plan (permanency) not discussed,
- Barriers to service provision not discussed,
- Child's educational needs not discussed as applicable,
- Child's physical health needs not discussed,
- Child's behavioral health needs not discussed,
- Conditions for return not discussed at frequency needed for circumstances of the case.

Q18.10 If NA, select reasons for the Non applicability for the father:

- Deceased entire review period,
- Parental rights terminated entire review period,
- Location unknown entire review period,
- Case documentation exists that it is not in the child's best interest to include the father in case planning,
- During the entire review period the parent has indicated they do not want to be involved in the child's life and this is documented the case record,
- Unknown father or single parent adoption.

Q18.11 Comment Box if 'No' Responses.

Family Made Arrangements Block - 19

Q19.1 Was a family made arrangement used on any safety plan during the review period?

Evaluated at all review intervals.

A family-made arrangement is a safety action initiated by the parent(s)/legal guardian(s) in response to present or impending danger. This safety action is a physical separation of the child and parent(s)/legal guardian voluntarily and temporarily to a responsible adult of his/her choosing to provide daily care and supervision of the child(ren). The parent(s) retain full legal responsibility including decision-making authority and access to the children.

A family made arrangement is an out of home safety plan with an in-home case type.

Response Options:

Yes – CPI generated a family made arrangement as part of the safety plan prior to case transfer (skip to Q19.6).

Yes – Case Management generated a family made arrangement as part of the safety plan.

No – A family made arrangement is not part of the safety plan, if selected the block is skipped.

Q19.2 Was the family made arrangement implemented by case management completed according to Policy?

Source:

CFOP 170-7 Chapter 6 Safety Plan involving family made arrangements

FSFN Locations:

- Safety Plan
- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations

Factors to Consider:

Evaluated if the response to question 19.1 is 'Yes – Case management created a family made arrangement as part of the safety plan.

There are three circumstances in which a family made arrangement may be used as a safety action:

- If it is in place at the time the child welfare professional arrives at the home (CPI)
- If it is in the process of occurring at the time that the child welfare professional arrives at the home (CPI), or,
- If it is in response to open-ended questioning by the child welfare professional of how to provide for the safety of the child(ren) while gathering more information.

Often the family arrangement is documented by the CPI during the investigation; however, if the case manager implements a family made arrangement as part of the safety plan the policy must be followed.

A child welfare professional must evaluate whether the family-made arrangement is sufficient to manage the danger threat. It is not a family-made arrangement if at any time the child welfare professional directs the parent/caregiver as to what the arrangement should be or if the child welfare professional directs that access by the parent/caregiver is to be restricted.

When a relative/non-relative is willing and able to assume the role of a short-term safety management provider in an out-of-home safety plan, the following requirements must be met:

- The safety management provider must be approved per paragraph 6-3 of CFOP 170-7, Chapter 6.
- The danger threat can be managed without restricting the parent(s)/legal guardian(s)' contact with the child(ren) and the parent/legal guardian, and the safety management provider is willing and able to coordinate the parent/legal guardian's contact and access to the child(ren). The agreement that the parent/legal guardian and the safety management provider will be responsible for and will coordinate all contact in the safety plan will be documented in FSFN by the child welfare professional.
- The parent(s)/legal guardian(s) and the safety management provider agree that the arrangement will be for a period until one of the options in paragraph 6-5 of this operating procedure is achieved.
- The parent(s)/legal guardian(s) will maintain all their legal responsibilities and rights including, but not limited to, enrolling the child(ren) in school, making, and attending medical appointments, etc.
- At the completion of the FFA-Ongoing, and at each Progress Update, an evaluation of the continued appropriateness of the family made arrangement must occur, focusing on whether there has been any progress made toward achieving permanency. If no progress has been made, the child welfare professional must complete an assessment of whether more intrusive safety actions are needed.

A family-made arrangement may not be used under the following circumstances and a Multidisciplinary Team or Legal Staffing will be pursued for the purpose of discussing other potential safety plan options when any of the following conditions exist.

- The parent(s)/legal guardian(s) are unable, unwilling or in denial of the need for the child(ren)'s temporary safety using a family-made arrangement.
- The child welfare professional, based on any current information or prior history about the family, believes that that the restriction of parent(s)/legal guardian(s) access is required to effectively manage the safety of the child(ren). ***Restriction of parent(s)' access includes any requirement that visits/contact must be supervised.***

Response Options:

Yes – The family made arrangement was made in accordance with state policy.

No – The family made arrangement was not made in accordance with state policy.

Q19.3 If 'No' select which sections of policy were not followed:

- It was not in place at the time the child welfare professional arrived at the home.
- It was not in the process of occurring at the time that the child welfare professional arrived at the home.
- It was not in response to open-ended questioning by the child welfare professional of how to provide for the safety of the child(ren) while gathering more information.

- Parental access to the children was restricted such as requiring supervised visits.

Q19.4 Did the child welfare professional conduct a sufficient assessment of the family made arrangement safety management provider?

Source:

CFOP 170-7 Chapter 6 Safety Plan involving family made arrangements

FSFN Locations:

- Safety Plan
- Chronological Notes
- Supervisory Consultations

Factors to Consider:

Evaluated if the response to question 19.1 is 'Yes.'

The child welfare professional should have conducted an interview of the family made arrangement safety management provider to affirm their ability to care for and protect the child(ren). The family made arrangement may have been initiated by the CPI. The family arranged caregivers must demonstrate that they:

- Understand and believe the danger threat(s) exist.
- Are aligned with protecting the child(ren).
- Understand and support the safety plan.
- Are able and willing to care for and protect the child(ren).
- Are willing to work with parents to arrange contact.
- Agree to child abuse and background checks for all household members aged 12 and older and provide information as to what records checks will reveal.
- Agree to provide open access to agency staff responsible for monitoring.
- Will allow the child welfare professional access to the home in which the child(ren) will reside. The child welfare professional shall conduct a walk through to assess the safety and accommodations for the child(ren), including sleeping arrangements for the child(ren) and other household members.

Immediately following the interview, the child welfare professional should have initiated a Florida Sexual Offenders and Predators registration check along with a local background check on all household members over the age of 12 using the locally established protocol and gather information necessary to affirm the appropriateness and viability of the parent or legal guardian's safety management provider, which includes:

- Complete a walk-through of the home.
- Review FSFN child abuse history on all household members. If history is present, document if it was disclosed by the safety management provider or household member and if history should or should not preclude their current ability to care for the child(ren).
- Analyze the results of the background checks to determine the relevance to the safety management provider's ability to care for and/or protect the child(ren), including considerations

of major life circumstances that have changed along with sufficient resources to care for the child(ren).

Response Options:

Yes – The child welfare professional conducted a sufficient assessment of the family made arrangement safety management provider.

No – The child welfare professional did not conduct a sufficient assessment of the family made arrangement safety management provider. Provide constructive guidance describing what was missing and what should have been completed.

Q19.5 If 'No' please select all that apply:

- Understand and believe the danger threat(s) exist.
- Are aligned with protecting the child(ren).
- Understand and support the safety plan.
- Are able and willing to care for and protect the child(ren).
- Are willing to work with parents to arrange contact.
- Agree to child abuse and background checks for all household members aged 12 and older and provide information as to what records checks will reveal.
- Agree to provide open access to agency staff responsible for monitoring.
- Will allow the child welfare professional access to the home in which the child(ren) will reside.
- The child welfare professional conducted a walk through to assess the safety and accommodations for the child(ren), including sleeping arrangements for the child(ren) and other household members.

Q19.6 Did the child welfare professional conduct an Ongoing Assessment of the family made arrangement?

Factors to Consider:

Evaluated if the response to question 19.1 is 'Yes.'

At the completion of the FFA-Ongoing, and at each Progress Update, an evaluation of the continued appropriateness of the family made arrangement must occur, focusing on whether there has been any progress made toward achieving permanency. If no progress has been made, the child welfare professional must complete an assessment of whether more intrusive safety actions are needed.

Response Options:

Yes – The child welfare professional conducted an ongoing assessment of the family made arrangement at the required intervals.

No – The child welfare professional did not conduct ongoing assessments of the family made arrangement.

Q19.7 If 'No' please select all that apply:

- FFA Ongoing
- Progress updates

Q19.8 If no Progress has been made, the Child Welfare Professional conducted and assessment of whether more intrusive safety actions are needed.

Factors to Consider:

Evaluated for the *Progress Update* review intervals.

At the completion of the FFA-Ongoing, and at each Progress Update, an evaluation of the continued appropriateness of the family made arrangement must occur, focusing on whether there has been any progress made toward achieving permanency. If no progress has been made, the child welfare professional must complete an assessment of whether more intrusive safety actions are needed.

Response Options:

Yes – The child welfare professional assessed whether more intrusive safety actions are needed.

No – The child welfare professional did not conduct assessments whether more intrusive safety actions are needed.

Family Making Progress.

Placement Change Block - 20

Q20.1 Did any of the children change placements during the review period?

Factors to Consider:

Evaluated for Out-of-Home Judicial service types. Screening question, rate per child.

Reunification is not considered for this block. Baker Acts, hospitalizations, and incarcerations are not considered placement changes. If the child(ren) returns to the same placement following one of these events, this is not considered a placement change.

Yes - Continue

No - Skip the block.

Q20.2 If a placement change occurred during the review period was a quality transition plan created?

FSFN Locations:

- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations
- Meeting Module

Factors to Consider:

Evaluated if the response to question 20.1 is 'Yes.'

Except in emergency situations, the child's parents, unless contrary to court order, licensed out-of-home caregivers and the guardian ad litem or attorney ad litem, if appointed, shall be given at least two (2) weeks' notice prior to moving a child from one out-of-home placement to another and the reason a placement change is necessary. In emergency situations, a change of placement can be made immediately. The child welfare professional shall within 72 hours inform the child's parents, unless contrary to court order, Children's Legal Services and guardian ad litem and child's attorney, if appointed, of the move and the reasons an emergency placement change was necessary.

The child welfare professional shall provide supportive services to the caregiver where the child is residing to avoid a change in placement when possible. When a placement is in danger of disrupting, the child welfare professional shall urge the caregiver to wait to request removal of the child until efforts can be made to remedy the reasons for the child's instability. When efforts to stabilize a placement have not been successful or there are circumstances that preclude the child's continued stay, the child welfare professional will work with the caregiver to reach agreement on a move date that takes into consideration the following needs of the child:

- There is a break in the school year.
- An alternative placement can be located.
- Arrangements for the child's transition to the new setting can be made and implemented.

The caregiver at the new placement shall be prepared and informed prior to placement of the child and shall be given needed support to help the child transition and achieve stability. Out-of-home caregivers shall be given all relevant information about the child in their care while maintaining confidentiality requirements. Specifically, the child welfare professional shall:

- Inform the caregiver of all identified needs of the child.
- Discuss any training the caregiver may need to care for the child, including any special needs of the child and possible reactions to the specific trauma that the child has experienced.
- Discuss any services that the child may need and the role of the out-of-home caregiver about transportation, participation in treatment sessions, communication with treatment provider(s) and potential implementation of treatment recommendations in the home.
- Inform the out-of-home caregiver about available programs that may provide financial and medical assistance for the child.
- Provide the out-of-home caregiver with counseling and information regarding the dependency process and support services available in the community.
- Review with the licensed out-of-home caregivers their roles and responsibilities according to the "Partnership Plan for Children in Licensed Out-of-Home Care," incorporated in paragraph 65C-28.004(6)(c), F.A.C. The child welfare professional shall sign a copy of the Partnership Plan and obtain a signature of the licensed out-of-home caregiver, attesting acknowledgment of the requirements at time of placement which is required to be uploaded into FSFN.
- Provide to the out-of-home caregiver the Child's Resource Record. The Child's Resource Record from the previous placement(s) shall be reviewed with the out-of-home caregiver upon the child's new placement. The child welfare professional shall discuss with the out-of-home caregiver the caregivers' role in maintaining and updating the Child's Resource Record.
- Provide information about the out-of-home caregiver to the child, as age or developmentally appropriate
- Provide any formal assessment of the child to the child's parent, out-of-home caregiver, Children's Legal Services attorney, and guardian ad litem and child's attorney, if appointed.
- Arrange for services for the child and supports for the out-of-home caregiver if a disability is determined and a need for services is identified.
- Provide the caregivers with written, detailed, and complete information regarding the circumstances surrounding the child's behavior so that they can avoid any unwitting replication of those circumstances, if a child who is known to have exhibited any behaviors that may result in harm. Information given provided to caregivers shall include the dates of all known incidents; the nature of the relationship between the child and victim; the types of behavior exhibited; a brief narrative outlining the event; the types of treatment needed or provided; and any current treatment outcomes.

Answer for each child had experienced a change in placements during the review period.

Response Options:

Yes – A quality Transition plan was created for all placement changes during the review period.

No – A quality Transition plan was not created for all placement changes during the review period.

Any placement changes made during the review period were due to an emergency or ordered by the court and no transition plan was required.

No placement changes made during the review period.

Q20.3 Please select all that apply as to why the transition plan was not considered qualitative:

Evaluate if the response to question Q20.2 is 'No.'

A plan was not created.

- Plan did not consider breaks in school.
- A two-week notice was not given to the foster parent.
- The relative was not provided relevant information about the child.
- Visits did not occur when necessary.
- Plan was not trauma informed.
- Information about the out-of-home caregiver was not provided to the child as age or developmentally appropriate.
- Move was not a placement move requiring a transition plan (i.e., Baker Act, hospitalization, incarceration).
- Other: (text box).

Q20.4 Did the Case Manager adhere to the transition plan?

Evaluate if the response to question Q20.2 is 'Yes.'

- Yes, the Case Manager adhered to the transition plan.
- No, the Case Manager did not adhere to the transition plan.

Q20.5 Were all placement changes during the period under review planned by the agency to achieve the child's case goals to meet the needs of the child?

Source:

Child and Family Services Review Item 4

FSFN Locations:

- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations

Factors to Consider:

Evaluate if the response to question Q20.1 is 'Yes.'

Placement changes that reflect agency efforts to achieve case goals include moves from a foster home to an adoptive home, moves from a more restrictive to a less restrictive placement, moves from non- relative foster care to relative foster care, and moves that bring the child closer to family or community. Trial home visits, hospitalizations, respite, or temporary visitation (such as with a sibling or relative), Juvenile Justice settings, and runaway episodes are not considered placements.

Placement changes that do not reflect agency efforts to achieve case goals include moves due to unexpected and undesired placement disruptions; moves due to placing the child in an in appropriate placement (that is, moves based on mere availability rather than on appropriateness); moves to more restrictive placements when this is not essential to achieving a child's permanency goal or meeting a

child's needs; temporary placements while awaiting a more appropriate placement; and practices of routinely placing children in a particular placement type, such as shelter care, upon initial entry into foster care regardless of individual needs.

Placement changes that occur because of unexpected circumstances that are out of the control of the agency (such as the death of a foster parent or foster parents moving to another state) can be considered like those that reflect agency efforts to achieve case goals. Answer for each child.

Response Options:

Yes – All changes were made to achieve the child's permanency goal.

No – Not all changes were made to achieve the child's permanency goal.

Q20.6 Check all that apply regarding placement changes:

Evaluate if the response to question 20.5 is 'Yes'.

- Move from foster home to an adoptive home.
- Move from more restrictive to less restrictive placement.
- Move from non-relative care or foster care to relative care.
- Move that brings the child closer to family or community.
- Other.

Q20.7 Comment Box for 'Other' response.

Q20.8 Did the agency make efforts to stabilize placements when there was indication that the placement was not stable?

Source:

Child and Family Services Review Item 4

FSFN Locations:

- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations
- Filing Cabinet
- Medical Module

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service types.

The child welfare professional shall provide supportive services to the caregiver where the child is residing to avoid a change in placement when possible. When a placement is in danger of disrupting, the child welfare professional shall urge the caregiver to wait to request removal of the child until efforts can be made to remedy the reasons for the child's instability. Example of efforts include:

- Crisis Counseling
- Placement Preservation services

- Mobile Crisis
- Financial Assistance for caregivers
- Transportation
- Ongoing therapy
- Childcare
- Other

Answer for each child.

Response Options:

Yes – The child welfare professional made active efforts to provide services to preserve the child's placement.

No – The child welfare professional did not make efforts to provide services to stabilize the placement.

Placement is stable.

Q20.9 Select all that apply for needed services that were not provided to stabilize the placement:

Evaluate if the response to question 20.7 is 'No'.

- Crisis Counseling
- Placement Preservation services
- Mobile Crisis
- Financial Assistance for caregivers
- Transportation
- Ongoing therapy
- Childcare
- Other

Q20.10 Indicate whether any of the circumstances below apply to the child's current placement:

Evaluate if the response to question 20.7 is 'Yes' or 'No'.

- Placement is temporary.
- Caregiver may not be able to continue to care for the child.
- Unaddressed problems in the placement that are threatening stability.
- Child has run from the placement more than once or is currently on a run episode.

Q20.11 Do any of the children require placement agreements?

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service types.

Response Options:

Yes – At least one child requires a placement agreement (answer questions for each child)

No – No child requires a placement agreement (skips placement agreement questions)

Q20.12 Did the Child Placement Agreement appropriately address the child's needs?

Source:

CFOP 170-11 Chapter 4 Child Placement Agreements for Care Precautions and Behavior Management Plans

FSFN Locations:

- Filing Cabinet
- Chronological Notes
- Family Functioning Assessment/Progress Update
- Case Plan
- Supervisory Consultations
- Child Placement Agreement

Factors to Consider:

Evaluate if response to question 20.10 is 'Yes' for any child.

The child welfare professional will create an Agreement when children that need out-of-home care may pose a significant threat to the safety of other children or themselves. The child welfare professional will attempt to keep siblings together and place children with relatives when possible. Child welfare professionals will provide caregivers with guidance and support. The Child and Family Services Review instrument defines relative by blood, marriage, or adoption. For purpose of this assessment, please utilize federal definition for relative.

The child welfare professional responsible will develop the Agreement in collaboration with the caregiver(s). The child welfare professional should include all persons who will be in a caretaking role, including any respite providers. As appropriate, the child will be included in the development of the plan to provide input as to what house rules will make him/her feel safe and/or help him/her with expressing feelings. Other providers or persons who know the child may be invited to participate in the development of the Agreement. At a minimum, the Child Placement Agreement will document the placement requirements to be followed for a child who needs Care Precautions or a Behavior Management Plan

The child welfare professional will establish a Child Placement Agreement at the time of placement when there are allegations or as soon as it is known that a child has any of the following:

- Problematic Sexual Behavior.
- Victim of Sexual Abuse.
- Victim of Human Trafficking (CSEC).
- Juvenile Sexual Abuse.
- Behavior(s) that are a Significant Threat to Others.

The Lead Agency will determine whether an Agreement is necessary when:

- A child is placed in a facility that is licensed for the specialized treatment, behavior management and protections for other children associated with juvenile sexual abuse, child sexual abuse victims, or children's mental health treatment.

- A child has severe self-harm behaviors that are addressed through on-going treatment with a mental health professional and the child's treatment provider does not recommend the need for Care Precautions or a Behavior Management Plan in the child's placement setting.
- When a child in care is receiving Behavioral Health Overlay Services (BHOS), the treatment team that develops the "resident specific plan" will make a recommendation to the Lead Agency as to whether an Agreement is needed.

Answer for **each child**.

Response Options:

Yes – The placement agreement appropriately addressed the needs of the child.

No – The placement agreement was insufficient to address the needs of the child.

Q20.13 Select all that apply regarding the Child Placement Agreement (per child, only populates if "No" to 20.12):

- If the child was placed in the home longer than five days, the case manager did not obtain caregiver signatures from all caregivers within five business days.
- The Agreement was not signed and uploaded into FSFN into the Child Placement Agreement Page
- A copy of the signed Agreement was not provided to the caregivers.
- Placement agreement not completed when required (skip to end of block).
- No Child Placement Agreement required, or CPA appropriately addresses the child's needs.

Q20.14 Does the Placement agreement sufficiently manage the identified behaviors?

Source:

CFOP 170-11 Chapter 4 Child Placement Agreements for care precautions and behavior management plans

Child and Family Services Review Item 4

FSFN Locations:

- Filing Cabinet
- Chronological Notes
- Family Functioning Assessment/Progress Update
- Case Plan
- Supervisory Consultations
- Child Placement Agreement

Factors to Consider:

Evaluate if response to question 20.11 is 'Yes' for any child.

The child welfare professional reviews a child's behavior(s) and the interventions used by the caregiver in the ongoing care of the child during routine contacts. Information is to be gathered from separate interviews with the child, the caregiver(s), and staff to determine:

- Input as to how the requirements in the Agreement are working or not working.

- The implementation of any new house rules, interventions, or treatment.
- Any new incidents of physical or sexual violence or harm to other children in the home.
- Whether additional support is needed to maintain conditions in the home that provide safety and well-being and manage a child's behavior.

If an incident of severe self-harming behavior, or physical or sexual assault of another child occurs, the caregiver will provide immediate intervention and notification The child welfare professional is to seek an evaluation or recommendations from the child's treatment provider within three business days of such event to determine the need for developing or updating a Behavior Management Plan. Answer for each child.

Response Options:

Yes – The placement agreement sufficiently manages the behavior of the child.

No – The placement agreement does not sufficiently manage the behavior of the child.

NA – The child did not meet criteria for a placement agreement.

Q20.15 If no, check all that apply:

- New house rules are not sufficient based on reviewer judgment,
- A new incident occurred based on a failure of the plan,
- Safeguards are not sufficient based on reviewer judgement (cameras, listening device),
- Child not placed in a separate bedroom, when necessary,
- Treatment not provided as necessary,
- Other.

Q20.16 Were siblings placed together in out-of-home?

Displays for any out-of-home Service Type and there is more than one child.

Source:

CFOP 170-11 Chapter 4 Child Placement Agreements for care precautions and behavior management plans

Child and Family Services Review Item 7

FSFN Locations:

- Filing Cabinet
- Chronological Notes
- Family Functioning Assessment/Progress Update
- Case Plan
- Supervisory Consultations
- Meeting Module

Factors to Consider:

Evaluate for Out-of-Home Care Judicial and non-judicial service types, and the number of children in the household of focus is greater than one.

The child welfare professional will attempt to keep siblings together and place children with relatives when possible. Child welfare professionals will provide caregivers with guidance and support. Siblings in

out of home care should be placed together unless separation was necessary to meet the child's needs. For large sibling groups reviewers should determine if child was places with any of the siblings even if not placed with all, for example if there are six children in the group, and three are placed in one home and three in another, this could be a strength. Siblings separated due to capacity is not considered a strength.

Children placed with parents are not considered in foster care and not included in the rating of this item, such as one child is with his or her father or mother. Answer for each child.

Response Options:

Yes – Child placed with siblings during the entire review period.

No – Child not placed with siblings during the entire review period.

NA – The child had no siblings in out-of-home care.

Q20.17 If no, select all that apply (per child):

- No exceptions noted to placing child with siblings.
- Separation necessary to meet a child's need (specialized treatment).
- Sibling group of at least six children with siblings placed in two placements.
- Siblings placed with a relative not related to the other children.
- Siblings separated due to perpetrating on other siblings.

Q20.18 Select all that apply for reasons siblings not placed together (by child):

Evaluate if the response to question 21.16 is 'No exceptions noted to placing child with siblings.'

- No foster home was available to accept placement of all children.
- No relative was willing to accept placement of all children.
- Sibling group was smaller than six and some siblings placed together.
- Other.

Q20.19 Comment Box for 'No' response.

Q20.20 Were all placement changes during the period under review entered into FSFN timely?

Evaluate if the response to question Q21.1 is 'Yes.'

Source:

Child and Family Services Review Item 19

Yes – All placements made during the review period were entered timely – 2 business days.

No – No, all placements made during the review period were not entered timely.

Q20.21 Is the child's placement current and accurate.

Both the placement name and type need to be correct in FSFN to indicate 'Yes'. As an example, if the placement name is correct but the type (relative, non-relative, foster, etc.) is not, indicate 'No'.

Response Options:

Yes – Placement is current and accurate in FSFN.

No – Placement is not current or accurate in FSFN.

Q20.22 Comment Box for 'No'.

Family Visitation Block - 21

Q21.1 Concerted efforts were made to ensure that visitation (or other forms of contact if visitation not possible) between the child in out of home care and his or her mother was of sufficient quality to maintain or support the continuity of the relationship.

Source:

65C-28.002 Family Time

65C-30.008 Child Welfare Professional Responsibilities to Parents

CFOP 170-7 Chapter 10 Establish Family Time or Visitation Plan

Child and Family Services Review Item 8

FSFN Locations:

- Safety Plan
- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations
- Legal Module for court orders

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service types. ***This is an accountability metric.***

Children who must be separated from parent(s)/legal guardian(s) and siblings should be provided with family time unless there is a court order restricting or preventing visitation. Family time includes visitation and other forms of contact between children and parents, siblings who are separated, and grandparents. "Family time" is meaningful and regular contact which is intended to allow the parent(s)/legal guardian(s) the opportunity to see how their children are doing, gain confidence, demonstrate protective capacities, and practice what they are learning. Family time also allows children the opportunity to be with parents and other family members with whom they have connections.

Answer Not Applicable if (1) contact between the child and the mother was not in the child's best interests and this was documented in the case file or court order, (2) the whereabouts of the mother was not known during the entire period under review, despite documented concerted efforts to locate her or him, (3) the mother's parental rights remained terminated during the entire period under review, or (4) the mother was deceased during the entire period under review.

Determine whether the Quality including frequency of visitation during the period under review was sufficient to maintain the continuity of the relationship between the child and the mother, depending on the circumstances of the case. For example, frequency may need to be greater for infants and young children who are still forming attachments. Frequency also may need to be greater if reunification is imminent. Visitation should be as frequent as possible unless safety concerns cannot be appropriately managed with supervision. The opportunity for visitation should not be used as a consequence or reward for parents or for children.

If, during the period under review, visitation with the mother was not possible (for example, due to incarceration in a facility where visitation is not feasible, or if the parent lives in another state), determine whether there are documented concerted efforts to promote other forms of contact between the child and the mother, such as telephone calls or letters, in addition to facilitating visits when possible and appropriate.

Assess applicability for all mothers in this assessment. Exclusionary criteria include visits not deemed in the child's best interests as ordered by the court, whereabouts of the mother were unknown despite efforts to locate during the entire review period, parental rights terminated, or the mother was deceased during the entire review period. In circumstances where exclusionary criteria are met, answer N/A.

Address the question of appropriateness based on the circumstances of the child and the family, rather than on state policy. Answer for each child.

Response Options:

Yes – Concerted efforts were made to ensure sufficient visits were made to maintain and support the relationship.

No – Concerted efforts were not made to ensure visits were made to maintain and support the relationship.

NA - Indicate exclusionary criteria in 21.2.

Q21.2 If 'NA,' select at that apply to the mother:

- Deceased during entire review period.
- Parental rights were terminated entire review period.
- The whereabouts were not known despite efforts to locate the entire review period.
- Court has ordered no visits.
- Single parent adoption.

Q21.3 Concerted efforts were made to ensure that visitation (or other forms of contact if visitation not possible) between the child in out of home care and his or her father was of sufficient quality to maintain or support the continuity of the relationship.

Source:

65C-28.002 Family Time

65C-30.008 Child Welfare Professional Responsibilities to Parents

CFOP 170-7 Chapter 10 Establish Family Time or Visitation Plan

Child and Family Services Review Item 8

FSFN Locations:

- Safety Plan
- Chronological Notes
- Family Functioning Assessment/Progress Update

- Supervisory Consultations
- Legal Module for court orders

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service types. ***This is an accountability metric.***

Children who must be separated from parent(s)/legal guardian(s) and siblings should be provided with family time unless there is a court order restricting or preventing visitation. Family time includes visitation and other forms of contact between children and parents, siblings who are separated, and grandparents. "Family time" is meaningful and regular contact which is intended to allow the parent(s)/legal guardian(s) the opportunity to see how their children are doing, gain confidence, demonstrate protective capacities, and practice what they are learning. Family time also allows children the opportunity to be with parents and other family members with whom they have connections.

The department is to engage the legal father. Should an alleged father wish to contest paternity, he can be do so by filing a paternity action with the court. The alleged father is responsible for this action. If he is successful in his paternity action, the court will enter an order declaring the legal father has no further rights to the child and the biological father has all parental rights. The department would then cease service for the prior legal father and provide services to the newly established legal father. If there is no legal father but there is an identified perspective father, he will be to be engaged and considered for applicability. Answer Not Applicable if there is no legal father, no biological father, and no named prospective father.

Answer Not Applicable if (1) contact between the child and the father was not in the child's best interests and this was documented in the case file or court order, (2) the whereabouts of the father was not known during the entire period under review, despite documented concerted efforts to locate him, (3) the father's parental rights remained terminated during the entire period under review, or (4) the father was deceased during the entire period under review.

Determine whether the quality including frequency of visitation during the period under review was sufficient to maintain the continuity of the relationship between the child and the father, depending on the circumstances of the case. For example, frequency may need to be greater for infants and young children who are still forming attachments. Frequency also may need to be greater if reunification is imminent. Visitation should be as qualitative and frequent as possible unless safety concerns cannot be appropriately managed with supervision. The opportunity for visitation should not be used as a consequence or reward for parents or for children.

If, during the period under review, visitation with the father was not possible (for example, due to incarceration in a facility where visitation is not feasible, or if the parent lives in another state), determine whether there are documented concerted efforts to promote other forms of contact between the child and the father, such as telephone calls or letters, in addition to facilitating visits when possible and appropriate.

Assess applicability for all fathers in this assessment. Exclusionary criteria include visits not deemed in the child's best interests as ordered by the court, whereabouts of the father were unknown despite efforts to locate during the entire review period, parental rights terminated, or the father was deceased during the entire review period. In circumstances where exclusionary criteria are met, answer N/A.

Address the question of appropriate frequency based on the circumstances of the child and the family, rather than on state policy. Answer for each child.

Response Options:

Yes – Visits were sufficient to maintain and support the relationship.

No – Visits were not sufficient to maintain and support the relationship.

NA - indicate exclusionary criteria in 21.4.

Q21.4 If 'NA,' select all that apply for the father of each child:

- Deceased during entire review period.
- Parental rights were terminated entire review period.
- The whereabouts were not known despite efforts to locate the father the entire review period.
- Unknown father/single parent adoption.
- Court has ordered no visits.

Q21.5 Comment Box for 'No' responses.

Q21.6 Concerted efforts were made to maintain the children's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.

Source:

39.4015(3)(b)4 Family Finding

65C-28.013 Indian Child Welfare Act

65C-28.018(1)4 Meeting the Child's Educational Needs

65C-30.012(3)a Permanency goal selection

CFOP 170-10 Chapter 2 Behavioral Health Care

CFOP 170-10 Chapter 8 Relative-Kinship Caregiver Support

CFOP 170-11. Chapter 6 Normalcy

Child and Family Services Review Item 9

FSFN Locations:

- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations
- Filing Cabinet

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service types.

Determine what the important connections were for the child prior to their placement in foster care and then determine whether concerted efforts were made to maintain those connections during the review period.

For a child enrolled in school, consider whether efforts were made to maintain the child in the same school the child was in before placement in foster care, if remaining in the same school was in the child's best interests.

Do not rate this item based on connections to parents/caregivers from whom the child was removed and/or with whom the child will be reunified, or to siblings who are in out-of-home care. Information about sustaining those connections is captured in other items. However, this item may be rated based on connections with siblings who are not in out-of-home care and other extended family members, such as grandparents, uncles, aunts, or cousins.

Connections to caregivers from whom the child was removed may also be included in this item if the goal is not to reunify the child with those caregivers and it is in the child's best interest to preserve those relationships.

If, prior to placement in foster care, the child had a relationship with a biological parent who was not the caregiver the child was removed from or that they are being reunified with (the parent is not part of the case plan), that connection may be included in this item if it is in the child's best interest to preserve that relationship.

Infants have a presumed connection to extended family.

The agency made concerted efforts to maintain the child's important connections.

Response Options:

Yes – The Child Welfare Professional made efforts to maintain the child's important connections.

No – The Child Welfare Professional did not make concerted efforts to identify and maintain the child's important connections.

NA - The child is in-home or was abandoned as an infant and no connections known. Note: infants not abandoned have a presumed connection to extended family.

Q21.7 If 'No' check all that apply that were missed:

- Neighborhood,
- Community,
- Faith,
- Language,
- Extended family members including siblings not in out of home care,
- Tribe,
- School, and
- Friends

Q21.8 Comment Box for 'No' responses.

Q21.9 Concerted efforts were made to ensure that visitation (or other forms of contact if visitation not possible) between the child in out-of-home care and his or her siblings (also in out-of-home care) was of sufficient quality to maintain or support the continuity of the relationship.

Source:

65C-28.002 Family Time

65C-30.006(5) Case Planning

CFOP 170-7 Chapter 10 Establish Family Time/ Visitation Plan

Child and Family Services Review Item 8

FSFN Locations:

- Safety Plan
- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations
- Legal Module for court orders
- Filing Cabinet

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service types, and the number of children in the household of focus is greater than one. ***This is an accountability metric.***

Children who must be separated from parent(s)/legal guardian(s) and siblings should be provided with family time unless there is a court order restricting or preventing visitation. Family time includes visitation and other forms of contact between children and parents, siblings who are separated, and grandparents. "Family time" is meaningful and regular contact which is intended to allow the parent(s)/legal guardian(s) the opportunity to see how their children are doing, gain confidence, demonstrate protective capacities, and practice what they are learning. Family time also allows children the opportunity to be with parents and other family members with whom they have connections.

Answer Not Applicable if the child has no siblings in out-of-home care or if contact with all siblings who are in out-of-home care was not considered to be in the best interests of the child for the entire review period under (for example, one sibling is a physical threat to the other sibling or has a history of physical or sexual abuse of the other sibling and this concern remained throughout the period under review). Children placed with non-maltreating parents, even if sheltered, are not considered in out-of-home care for this item.

Consider whether the quality including frequency of visits during the period under review was sufficient to maintain the continuity of the sibling relationships. If, during the review period, visitation with the sibling(s) was not possible (for example, siblings were placed far apart), determine whether there were concerted efforts to promote other forms of contact between the child and sibling(s), such as telephone calls or letters, in addition to facilitating visits when possible.

Note: this assessment is solely for siblings that are also in out of home care. Siblings that are not in an out-of-home placement, whether they are open to services or not, are assessed in 22.6.

Response Options:

Yes – Visits were sufficient to maintain and support the relationship.

No – Visits were not sufficient to maintain and support the relationship.

NA - The child in out-of-home care has no siblings in out-of-home care, all siblings are placed together, or visits between the child and siblings were not in the child's best interest as documented in the case record.

Q21.10 if 'NA,' select all that apply:

- No siblings in out of home care.
- It is not in the child's best interest to visit siblings.
- Siblings are placed together.

Q21.11 Comment Box for 'No' responses.

Q22.1 The Child Welfare Professional made concerted efforts to identify, locate, inform, and evaluate relatives as potential placements for the child until ruled out as placement resources due to unwillingness or child's best interest.

Source:

39.001(1)(g) Purposes and intent; personnel standards and screening

39.4015 Family finding

65C-30.002(6)(c)5 Safety Planning and Case Transfer

CFOP 170-1 Ch 5 Completing a unified home study

CFOP 170-1 Ch 14 Completing a Diligent Search for parent or Diligent Efforts to locate relatives

Child and Family Services Review Item 10

FSFN Locations:

- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations
- Legal Module for Court Orders
- Placement Module

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service types.

Reviewers are to consider if concerted efforts were made to identify, locate, inform, and evaluate maternal and paternal relatives as potential placements for the child. If the child is not placed with relatives, were relatives considered and determined not to be appropriate for placement due to fitness, unwillingness, or not in the child's best interest. Reviewers must determine if maternal and paternal relatives were considered. Relatives should be considered on an ongoing basis and re-evaluated as circumstances may change. The Child and Family Services Review instrument defines relative by blood, marriage, or adoption. For purpose of this assessment, please utilize federal definition for relative.

Response Options:

Yes – Child placed with relatives, or Maternal and Paternal relatives were identified, informed, and evaluated for placement until determined not appropriate.

No – Child not placed with relatives and Maternal and Paternal relatives were not evaluated throughout the review period.

NA - Relatives were considered and permanently ruled out as placement resources prior to the review period.

Q22.2 If 'No,' select all that apply for each child:

- Efforts not made to identify maternal relatives (grandparents, aunts, uncles, cousins, etc.).
- Efforts not made to locate maternal relatives (grandparents, aunts, uncles, cousins, etc.).
- Efforts not made to evaluate maternal relatives (grandparents, aunts, uncles, cousins, etc.).
- Efforts not made to identify paternal relatives (grandparents, aunts, uncles, cousins, etc.).
- Efforts not made to locate paternal relatives (grandparents, aunts, uncles, cousins, etc.).
- Efforts not made to evaluate paternal relatives (grandparents, aunts, uncles, cousins, etc.).
- Efforts not made to identify adult siblings.
- Efforts not made to locate adult siblings.
- Efforts not made to evaluate adult siblings.

Q22.3 Comment Box for 'No' responses.

Q22.4 Concerted efforts were made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in out of home care and his or her mother (other than visits).

Source:

65C-30.008 Child Welfare Professional Responsibilities to Parents

CFOP 170-7 10 Establish family Time or visitation plan

Child and Family Services Review Item 11

FSFN Locations:

- Safety Plan
- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations
- Legal Module for court orders

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service types.

Because the focus of Item is to promote, support, and maintain the child's relationships with the parents/caregivers from whom the child was removed, do not include in this item a parent who did not have a relationship with the child prior to the child's entry into foster care, even if the goal is to reunify with that parent.

The question should be answered Not Applicable if (1) contact between the child and the mother was not in the child's best interests and this was documented in the case file or court order, (2) the whereabouts of the mother was not known during the entire review period, despite documented concerted efforts to locate her or him, (3) the mother's parental rights remained terminated during the entire review period, or (4) the mother was deceased during the entire review period.

Foster parents' activities are considered for purposes of this question. For example, if the foster parent provided transportation so that the mother could attend the child's school event or medical appointment, that would be considered as contributing toward concerted efforts.

Do not answer this question based on efforts (or lack of efforts) to ensure the frequency or quality of visitation between the mother that information is captured under another item. This question pertains to additional activities to help support, strengthen, or maintain the parent-child relationship. Address the question of appropriate frequency based on the circumstances of the child and the family, rather than on state policy. If more than one person can be considered the mother, the case manager must make efforts to ensure connections are maintained with each. Consider for all applicable mothers.

Response Options:

Yes – Agency encourages parent participation in school activities, case conferences, attendance at physician appointments, or engagement in after-school activities.

No – Agency did not encourage the parent to attend activities throughout the review period.

NA - If contacts were not in the child's best interest as documented in the case record, the whereabouts of the mother were not known despite efforts to locate her, the parental rights were terminated, or she was deceased during entire review period and if the mother did not have a relationship with the children prior to their removal.

Q22.5 Displays if Q22.4 is 'Yes.' Check all that apply:

- Encouraged the mother's participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after-school or sports activities?
- Provided opportunities for therapeutic situations to help the mother and child strengthen their relationship?
- Provided or arranged for transportation or provided funds for transportation so that the mother could attend the child's special activities and doctors' appointments?
- Encouraged the foster parents to provide mentoring or serve as role models to the mother to assist her in appropriate parenting?
- Encouraged and facilitated contact with a mother not living near the child?
- Other (describe other concerted efforts made).

Q22.6 Comment Box for 'No' response.

Q22.7 Concerted efforts were made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in out of home care and his or her father (other than visits).

Source:

65C-30.008 Child Welfare Professional Responsibilities to Parents

CFOP 170-7 Chapter 10 Establish family Time or visitation plan

Child and Family Services Review Item 11

FSFN Locations:

- Safety Plan
- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations
- Legal Module for court orders

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service type.

Because the focus of Item is to promote, support, and maintain the child's relationships with the parents/caregivers from whom the child was removed, do not include in this item a parent who did not have a relationship with the child prior to the child's entry into foster care, even if the goal is to reunify with that parent.

The department is to engage the legal father. Should an alleged father wish to contest paternity, he can be do so by filing a paternity action with the court. The alleged father is responsible for this action. If he is successful in his paternity action, the court will enter an order declaring the legal father has no further rights to the child and the biological father has all parental rights. The department would then cease service for the prior legal father and provide services to the newly established legal father. If there is no legal father but there is an identified perspective father, he will be to be engaged and considered for applicability. Answer Not Applicable if there is no legal father, no biological father, and no named prospective father.

The question should be answered Not Applicable if (1) contact between the child and the father was not in the child's best interests and this was documented in the case file or court order, (2) the whereabouts of the father was not known during the entire review period, despite documented concerted efforts to locate him, (3) the father's parental rights remained terminated during the entire review period, or (4) the father was deceased during the entire review period.

Foster parents' activities are considered for purposes of this question. For example, if the foster parent provided transportation so that the father could attend the child's school event or medical appointment, that would be considered as contributing toward concerted efforts.

Do not answer this question based on efforts (or lack of efforts) to ensure the frequency or quality of visitation between the father that information is captured under another item. This question pertains to additional activities to help support, strengthen, or maintain the parent-child relationship. Address the question of appropriate frequency based on the circumstances of the child and the family, rather than on state policy. Answer for the father of each child. If more than one person can be considered the father of a child or children, the case manager must make efforts to maintain connections to each. Consider all applicable fathers.

Response Options:

Yes – Agency encourages parent participation in school activities, case conferences, attendance at physician appointments, or engagement in after-school activities.

No – Agency did not encourage the parent to attend activities throughout the review period.

NA - No father applicable for this assessment

Q22.8 Evaluate if the response to question Q22.7 is 'Yes.' Check all that apply:

- Encouraged the father's participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after-school or sports activities?
- Provided opportunities for therapeutic situations to help the father and child strengthen their relationship?
- Provided or arranged for transportation or provided funds for transportation so that the father could attend the child's special activities and doctors' appointments?
- Encouraged the foster parents to provide mentoring or serve as role models to the father to assist him in appropriate parenting?
- Encouraged and facilitated contact with a father not living in close proximity to the child?
- Other (describe other concerted efforts made)

Q22.9 Comment Box for 'No' response

Q22.10 Did the agency make concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry or re-entry (after reunification) into Out of Home care?

Source:

65C-30.009 Least Intrusive Interventions

65C-30.011 Placement Responsibilities of the Child Welfare Professional

CFOP 170-9 Chapter 6 Evaluating Family Progress

Child and Family Services Review Item 17

FSFN Locations:

- Safety Plan
- Chronological Notes
- Family Functioning Assessment/Progress Update
- Supervisory Consultations
- Legal Module for court orders

Factors to Consider:

Evaluate for In-Home Judicial and In-home non-judicial service types. ***This is an accountability metric.***

The child welfare professional shall determine if, with the provision of appropriate and available safety management services, the child could safely remain at home to prevent a removal. This is also to be considered for families in post-reunification. If at any time it is determined the child's safety and well-being are in danger, the safety plan shall be modified to control for the danger, which may include increasing the level of intrusiveness.

Least Intrusive means the combination of interventions that will be the most effective, cause the least disruption to the children and family's normal routine, and will be fully aligned feasible with the family's preference, culture, and values.

Concerted efforts refer to facilitating a family's access to needed services and working to engage the family in those services. Child Welfare Professional must make efforts to utilize the non-maltreating parent, either as a safety monitor or as a residence, to prevent removal.

If any child was removed from the home without providing or arranging for services, the action was necessary to ensure the child's safety. If an emergency results due to a delay or lack of providing safety services, the No rating is used. Answer for each child. This question is applicable to children in out of home care if the removal was during the review period. If the removal was not during the review period, rate as Not Applicable.

Response Options:

Yes – Services were provided to prevent removal or re-entry into out-of-home care.

No – Services were not provided that could have prevented the removal or re-entry into out-of-home care.

Only a safety plan was needed.

An emergency existed that could not be managed in the home.

Not Applicable (no child under in-home supervision during any of the review period).

Q22.11 The children's health records are up to date, in the case file, and the case plan addresses any identified issues.

Source:

Social Security Act 475(1)(C)

39.6012 Case Plan tasks; services

65C-28.003(8) Medical Treatment

CFOP 170-9 Chapter 5 Case planning to support family change

FSFN Locations:

- Medical tab
- Filing Cabinet
- Supervisory Consultations
- Progress Updates
- Case Plan worksheet
- Case Plan

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service types.
Reviewers must consider:

- To the extent available and accessible, the child’s health records are up-to-date and included the case file.
- The case plan addresses the issue of health and dental care needs.

Health records include names and addresses of the child's heath care providers a record of the child's immunizations, the child's known medical problems, the child's medications, and any other relevant health information. FSFN should be updated within two business days.

All actions taken to obtain medical history and parental consent for medical screening, treatment, medications, or immunizations shall be documented in FSFN and a copy provided to the out-of-home caregiver for placement in the Child's Resource Record.

The child's medical history and providers are to be documented in the case plan along with services to meet the identified needs.

Answer for each child.

Response Options:

Yes – Current medical records are in FSFN and included in the case file.

No – Medical information is not kept up to date in FSFN or is not included in the case file.

No - Plan to address identified needs not in the case plan.

NA – no records due such as at case transfer and there is no case plan yet and we would not expect for there to be medical records in the file.

22.12 If 'No' Check all that Apply.

- Current medical records for the child(ren) not in file.
- Current dental records for the child(ren) not in file.
- Medical History in FSFN is not current for the child(ren).
- The names of the child's medical providers not included in the current case plan.
- No plan to address needs in case plan.

Q22.13 Are any children currently prescribed psychotropic medications?

Factors to Consider:

Evaluate for Out-of-Home Care Judicial service types.

This is a screening question for the next item, answer per child, including if the psychotropic medication was prescribed for other reasons such as seizure control. Answer for each child.

Response Options:

Yes – Continue

No – skips the block

Q22.14 The agency provided appropriate oversight of prescription medication for mental/behavioral health issues.

Source:

39.407(3) Medical, psychiatric, and psychological examination, and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody

65C-35 Psychotropic medication for children in out of home care

CFOP 170-9 Chapter 5 Case Planning to support family change

CFOP 170-18 Chapter 3 Psychotropic Medications

Child and Family Services Review Item 18

FSFN Locations:

- Medical tab
- Filing Cabinet
- Supervisory Consultations
- Progress Updates

Factors to Consider:

Evaluate if the response to question 21.13 is 'Yes.'

Much of the guidance from 65C-35 is included below; however, not all. Reviewers are encouraged to review the administrative code to re-familiarize themselves with requirements for children in out-of-home care prescribed psychotropic medications. Reviewers must be cognizant that at times psychotropic medications are prescribed for other medical purposes such as seizure control for young children; however, psychotropic medication procedures must be followed regardless of the purpose of the prescription.

The child protective investigator (CPI) or case manager shall facilitate the attendance of the child's parent (where parental rights are intact) or legal guardian at all medical appointments. The CPI or case manager shall make the following minimum efforts to assist the prescribing physician or psychiatric nurse in obtaining expressed and informed consent from the child's parent or legal guardian:

- Attempt to invite the parent or legal guardian to the doctor's appointment and facilitate transportation to the appointment, if necessary
- Facilitate telephone or tele-medicine participation between the prescribing physician or psychiatric nurse and the parent or legal guardian when unable to attend in person.

If the parent or legal guardian is unable to attend medical appointments, the CPI or case manager shall:

- Attempt to contact the parent or legal guardian upon learning of the recommendation for psychotropic medication by the prescribing physician or psychiatric nurse and provide specific information on how and when to contact the physician or psychiatric nurse; and
- Provide a copy of the Medical Report, incorporated by reference in Rule 65C-35.001, F.A.C., to the child's parent or legal guardian, which includes the prescribing physician's or psychiatric nurse's contact information.

When the court has authorized the provision of psychotropic medication, the CPI or case manager must continue to try to involve the parent or legal guardian in the child's ongoing medical treatment planning, and shall continue to facilitate the parent or legal guardian's communication with the prescribing

physician or psychiatric nurse so that the parent or legal guardian has the opportunity to consider whether to authorize the provision of any new medications or dosages, unless the parent or legal guardian's rights have been terminated.

The caregiver's schedule must be taken into consideration when scheduling appointments. The caregiver must make every effort to attend medical appointments and obtain the information about medications, possible side effects, and provide information about the child to the prescriber as requested. Caregivers do not have the authority to provide expressed and informed consent for psychotropic medication. However, nothing in this rule prohibits caregivers from expressing their concerns regarding prescribing psychotropic medication to children.

The caregiver shall monitor the child and report to the prescribing physician or psychiatric nurse and the CPI or case manager any behavior or other incident that could indicate an adverse reaction or side effect. The caregiver must seek emergency medical care for the child if the presence of an adverse reaction or side effect to the medication is affecting the child's health or safety.

The prescribing physician or psychiatric nurse must discuss the proposed course of treatment with the child, in developmentally appropriate language the child can understand. The physician or psychiatric nurse must explain the risks and benefits of the prescribed medication to the child:

The physician or psychiatric nurse will discuss with the child the following:

- The medication proposed,
- The reason for the medication,
- The signs or symptoms to report to caregivers,
- Alternative treatment options,
- The method of administering the medication,
- An explanation of the nature and purpose of the treatment,
- The recognized side effects, risks, and contraindications of the medication,
- Drug-interaction precautions,
- Possible side effects of stopping the medication,
- How treatment will be monitored,
- The physician or psychiatric nurse plan to reduce and/or eliminate ongoing administration of the medication.

The caregiver and CPI or case manager are responsible for implementing the medication plan developed by the prescribing physician or psychiatric nurse. The case manager or child protective investigator shall ensure any additional medical evaluations and laboratory tests required are completed. The CPI or case manager shall add all information to the child's Resource Record and report the results of evaluations and tests to Children's Legal Services, all parties, and the prescribing physician or psychiatric nurse.

Psychotropic medications will be administrated only by the child's caregivers. Children who are age and developmentally appropriate must be given the choice to self-administer medication under the supervision of the caregiver or school personnel. Children assessed as appropriate to self-administer medication must be educated by the physician or psychiatric nurse or caregiver on the following:

- The method of administering the medication,
- The recognized side effects, risks, and contraindications of the medication,
- Drug-interaction precautions,
- Possible side effects of stopping the medication,

- How medication administration will be supervised by the caregiver.

The Department, community-based care agency or its contracted service provider will develop locally approved medication logs for documenting the administration of psychotropic medications and any side effects or adverse reactions.

- The caregiver is responsible for filling out the medication administration logs.
- The case manager shall obtain the medication logs at each home visit and include the medication logs in the child's FSFN record.

If the parent or caregiver is unable to attend the medical appointment, the prescribing physician or psychiatric nurse must complete, review, and sign the Medical Report form. When court authorization is needed to provide psychotropic medication, the CPI or case manager must document efforts made to enable the prescribing physician or psychiatric nurse to obtain express and informed consent from the child's parent or legal guardian on the Medical Report form. Efforts to enable the prescribing physician or psychiatric nurse must include:

- Dates and times the CPI or case manager attempted to contact the parent or legal guardian by phone or other means upon learning of the recommendation for psychotropic medication by the prescribing physician or psychiatric nurse.
- Dates, times, and methods used to attempt to contact the parent or legal guardian and provide them with specific information for how and when to contact the physician or psychiatric nurse.
- Efforts to facilitate transportation arrangements to the appointment and/or telephone calls between the parent or legal guardian and the prescribing physician or psychiatric nurse.

The Prescribing Psychotropic Medication Children in Out of Home Care Medical Report form (5339) must be uploaded in FSFN within (3) business days of receipt of the completed document. Answer for each child.

Response Options:

Yes – Psychotropic medication procedures were followed.

No – Psychotropic medication procedures were not followed and please describe what was missed.

Q22.15 If no, check all that apply for actions not taken (for each child):

- The Prescribing Psychotropic Medication Children in Out of Home Care Medical Report form (5339) could not be located.
- If consent was included in the shelter order it was not updated prior to disposition or within 28 days from removal.
- Initial parental consent obtained by CPI was not updated within 28 days from removal.
- Psychotropic medications were administered without a court order or consent without an emergency (child hospitalized, or physician reports delay would harm the child on the medical report).
- Parental Rights were terminated, and court order was not obtained.
- The Prescribing Psychotropic Medication Children in Out of Home Care Medical Report form (5339) was not signed by the prescribing physician.
- Parent was not invited to the appointment with the prescribing physician.
- Parent not offered transportation to the appointment if that was identified as a barrier.

- A written report documenting efforts of physician to obtain parental consent was not provided to CLS to obtain a court order if parents are not cooperative.
- The Prescribing Psychotropic Medication Children in Out of Home Care Medical Report form (5339) was not submitted to CLS within three days of receipt from the physician to obtain court order to administer psychotropic medication.
- If age appropriate, the child was not included in the decision for psychotropic medication.
- CLS was not notified to request an attorney be appointed for the child if the child refuses to take prescribed psychotropic medication.
- Psychotropic medications were not provided to the new caregiver if placement changed.
- Medication Management did not occur unless not required by physician.
- Medications were not recorded in the medication log.
- Child reaction and/or progress was not discussed during home visits with the caregiver.
- If child suffered adverse side effects, the physician was not notified within 3 days.
- If the child suffered adverse side effects, CLS was not notified within 3 days.
- Details of Psychotropic medications were not entered into FSFN within three business days from the action.
- Court was not notified of the child's mental and behavioral status at each Judicial Review hearing.
- Updated medical information including the Medical Report was not attached to the Judicial Review.
- The pre-consent hotline was not contacted for children prescribed at least two psychotropic medications unless the parent waives the pre-consent.
- FSFN medication section was not accurately updated.
    - Name of medication,
    - Medication used for psychotropic purposes,
    - Quantity,
    - Dosage,
    - Number of Refills,
    - Precautions and warnings,
    - Date of consent or court order,
    - If emergency administration, an explanation and deadline to obtain authorization,
    - Name of prescribing health care professional,
    - Description of why the medication is needed (symptoms, etc.),
    - Date of prescription,
    - Date prescription ended, if applicable,
    - Blank psychotropic medication fields,
    - Child's Diagnoses was not entered (in the behavioral health section).
- Medical report (5339) could not be located within the case file.

Independent Living- Block 23

Q23.1 Was the formalized independent living needs assessment used to identify a youth's strengths and needs?

Source:

39.701 Judicial Review

65C-28.009 Transition to Adulthood

170-17 Chapter 1 Life Skills and Independent Living needs assessments

FSFN Locations:

- Independent Living Case Note under IL Assessment category
- Academic and Life Skills progress tab in the Youth and Young Adult Tab
- File Cabinet

Factors to Consider:

Formalized independent living needs assessments should be completed annually beginning at age 16 and are designed to take inventory of the child or young adults in out-of-home care strengths and needs regarding independent living skills competency. The assessment should be the basis for an individualized life skills plan which shall be documented in the Florida Safe Families Network, included in the case plan, and when applicable in the independent living transition plan. The assessment shall be discussed collaboratively with the youth, caregiver, guardian, and anyone else that the youth selected to be a supportive adult on their transition to adulthood. If the youth or young adult has an impairment due to a physical, intellectual, emotional, or psychiatric condition that limits his or her ability to participate, the child welfare professional shall collaborate with the caregiver, supportive adults, service providers, and school personnel to complete the assessment.

Examples of some life skills assessments include:

- Casey Life Skills Assessment
- Daniel Memorial Independent Living Skills Assessment

Response Options:

Yes- Formal assessment was completed.

No- Formal assessment was not completed.

Q23.2 Was a quality independent living transitional plan completed when the child or young adult reached 16 years of age?

Source:

39.6035 Transition Plan

65C-28.009 Transition to Adulthood

FSFN Locations:

- Meetings Module using the meeting type of "Transition Planning – Initial or Ongoing"
- File Cabinet
- Independent Living Case Note

Factors to Consider:

At 16 years of age, the department, and the community-based care provider, in collaboration with the caregiver and any other individual whom the child would like to include, shall assist the child in developing an independent living transition plan, using the "My Pathways to Success Plan" form.

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, workforce support, and employment services, and include information on independent living services and programs The transitional plan must also include tasks to establish and maintain naturally occurring mentoring relationships, and other personal support services.

Response Options:

Yes- A quality independent living transitional plan was completed.

Yes- An independent living transitional plan was completed but not quality.

No- An independent living transitional plan was not completed.

Q23.3 Was a judicial review hearing held within 90 days after the youth's 17th birthday?

Source:

39.701 Judicial Review

FSFN Locations:

- Legal Tab
- File Cabinet
- Case Notes

Factors to Consider:

The court shall hold a judicial review hearing within 90 days after the child's 17th birthday that gives the child the opportunity to address the court and provide any information relevant to the child's best interest, particularly in relation to independent living transition services. The foster parent, legal custodian, or guardian ad litem may also provide any information relevant to the child's best interest to the court.

If the youth entered less than 90 days prior to the review interval and was already 17 years of age, or if the youth turned 17 less than 90 days ago and the judicial review is not yet due, indicate NA. These responses will be captured in the next review interval.

Response Options:

Yes- The judicial review hearing was held timely.

No- The judicial review hearing was not held timely.

NA- The youth was 17 years old upon entering care less than 90 days ago, or the youth turned 17 less than 90 days ago.

Q23.4 Did the judicial review 90 days after the youth's 17th birthday include all required independent living documents related to the transition into adulthood?

Source:

39.701 Judicial Review

FSFN Locations:

- Legal Tab
- File Cabinet
- Case Notes

Factors to Consider:

The judicial review hearing must include written verification of the following or include a plan to obtain the following pertinent information in preparation in the transition to adulthood:

- Current Medicaid Card,
- Certified copy of a birth certificate,
- Social security card,
- Information related to social security benefits if eligible,
- Information on Independent Living programs and eligibility requirements,
- An open bank account,
- Information on public assistance,
- A clear understanding of where he/she will be residing on his or her 18th birthday,
- Jurisdiction letter,
- Financial aid documentation,
- Education records,
- Health Records,
- Process for the child to access his or her case file,
- A statement encouraging the child to attend judicial review hearings,
- Information on how to obtain a driver's license or learner's license,
- Appointment information of a guardian or guardian advocate if applicable.

Response Options:

Yes- The judicial review did include written verification regarding independent living.

No- The judicial review did not include written verification regarding independent living.

The judicial review did not occur.

Q23.5: If no, select all independent living documentation missing:

- Current Medicaid Card,

- Certified copy of a birth certificate,
- Social security card,
- Information related to social security benefits if eligible,
- Information on Independent Living programs and eligibility requirements,
- An open bank account,
- Information on public assistance,
- A clear understanding of where he/she will be residing on his or her 18th birthday,
- Jurisdiction letter,
- Financial aid documentation,
- Education records,
- Health Records,
- Process for the child to access his or her case file,
- A statement encouraging the child to attend judicial review hearings,
- Information on how to obtain a driver's license or learner's license,
- Appointment information of a guardian or guardian advocate if applicable.

Safe Closure Block – 24

Q24.1 Did a child's case close during this review interval?

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Supervisory Reviews/Consultations

Factors to Consider:

Select all children whose case has closed during this review interval.

Q24.2 Indicate permanency goal achieved for each child whose case closed and the date of closure.

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Supervisory Reviews/Consultations
- Legal Module for court orders

Factors to Consider:

Evaluated for each child indicated in 24.1. **Select permanency goal achieved for each child whose case closed this review interval and indicate the date of closure.**

The permanency goal for each child who closed can be different from one another depending on the circumstances of the case and the family. Indicate the permanency goal that was achieved through case closure for each child.

Ensure that all children who have a judicial case have an Order from the court terminating protective supervision. Adoptive placements can be made while still requiring formal supervision depending on case circumstances. Likewise, a child permanency goal can be permanent guardianship while not yet finalized due to length of time needed to provide supervision and/or ensuring Guardianship Assistance Program benefits are implemented. Permanency goals of Another Planned Permanent Living Arrangement and Placement with a Fit and Willing Relative do not judicially close until the child reaches the age of 18.

All judicial cases that are successfully closed will have an Order Terminating Protective Supervision.

Utilize the 'other" option to indicate alternative situations that can result in the child's termination of protective supervision. This can include Motions to Intervene (Chapter 63), court assigned permanency goal not being achieved before the youth reaches age of 18, or death of the child prior to their 18th birthday. If other option is selected, provide explanation in comment box.

<u>Utilize the date on the Order Terminating Protective Supervision for all judicial cases. Utilize the date indicated on the termination summary for non-judicial cases.</u>

Response Options:

Maintain and Strengthen – Case closed with the child remaining in their home or upon successful reunification.

Adoption – Case closed with a finalized adoption and Order Terminating Protective Supervision and Terminating Jurisdiction.

Permanent Guardianship – Case closed with finalized permanent guardianship with an Order Termination Protective Supervision.

Placement with a Fit and Willing Relative – Child's permanency goal was Placement with a Fit and Willing Relative, child remained with that relative, and the case closed upon youth's 18th birthday with an Order Terminating Protective Supervision and Termination.

APPLA – Case closed upon youth's age out.

Extended Foster Care- Youth's has signed agreement for Extended Foster Care Services upon reaching their 18th birthday and youth is assigned for ongoing services case management through EFC.

Other-

Q24.3 Comment box if permanency goal is identified as other.

Q24.4 Was the child in the reunified with a parent or caregiver whom they were removed from?

Source:

39.521 (7) Disposition hearings; powers of disposition

CFOP 170-7 Chapter 12 Implement reunification and post-placement supervision

FSFN Locations:

- Family Functioning Assessment
- Chronological Notes
- Case Plan
- Supervisory Reviews/Consultations
- Legal module for court orders

Factors to Consider:

Evaluated for each child indicated having achieved permanency goal of maintain and strengthen at case closure.

A parent with whom the child was removed from would be listed in the shelter petition and/or adjudication orders, having been ordered to complete case plan tasks, even if they were not the parent the child was residing with at the time of removal.

The court may enter an order ending its jurisdiction over a child when a child has been returned to the parents, provided the court shall not terminate its jurisdiction or the department's supervision over the child until six months after the child's return. The department shall supervise the placement of the child after reunification for at least 6 months with each parent or legal custodian from whom the child was removed. The court will determine whether its jurisdiction should be continued or terminated at closure

based on a report of the department or agency and/or the child's guardian ad litem, and any other relevant factors. The court's order will indicate whether jurisdiction is retained or terminated at the time of terminating protective supervision.

Response Options:

Yes- The child was reunified with a maltreating parent.

No- The child was placed with non-maltreating parent.

N/A- No removal occurred.

Q24.5 Did the child's placement with the reunified parent occur for at least six consecutive months prior to case closure?

Response Options:

Yes- The child was reunified for at least six months prior to closure.

No- The child was reunified for less than six months prior to closure.

Q24.6 Was the child assessed by the agency to be safe at the time of case closure?

Source:

CFOP 170-5 Chapter 20 Safety Determination

CFOP 170-7 Chapter 11 Manage Safety Plans

CFOP 170-7 Chapter 13 Discontinue Safety Plan

CFOP 170-9 Chapter 9 Safe Case Closure

65C 30.022 Termination of Services

FSFN Locations:

- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations
- Judicial Review Court Orders
- Permanency staffings
- Meeting Module
- Case Plan
- Intake and Investigation Module

Factors to Consider:

Evaluated for each child whose in-home case closed this review interval.

Reviewers will assess based on professional judgement given the circumstances of the case. Thorough assessment should be utilized to decide regarding the caregiver's ability to protect the child from negative

or harmful family conditions. The child is determined to be unsafe if conditions in the home are unrestrained, unpredictable, chaotic, and cannot be controlled by a parent or legal guardian.

A Supervisor Case Consultation must be conducted when a family is no longer willing to support a safety plan or to participate in a case plan. The purpose of the consultation is to help the case manager remain objective and analytical about case dynamics. The focus should be on the case manager's perceptions and behaviors, and role as a helper to facilitate family change.

A staffing with CLS, the primary child welfare professional responsible and the supervisor must be conducted in circumstances where CLS has determined that there is not legal sufficiency to file a petition, or a petition was filed but denied by the court. The staffing with CLS should help determine the best options to re-engage the family and determine whether there needs to be additional information gathering to improve understanding of danger threats/caregiver protective capacities. Further strategies and options to develop and implement an in-home safety plan should also occur. All reasonable efforts to engage the parents or legal guardian must be made prior to pursue termination of supervision.

If the court proceeds with closure involving an unsafe child, case consultation between the supervisor and the case manager is needed to determine the most appropriate way to communicate with family and team members as to the court's decision. All activities to communicate and implement the court's decision should be clearly documented in FSFN.

When the case manager is unable to locate a family that is open to services, a progress update is prepared which clearly documents all efforts made by the agency to locate the family. If judicially involved, a written order from the court is needed releasing the department from further supervision must be received prior to terminating court-ordered supervision.

The case manager shall also determine whether there is an open or pending child protective investigation or whether within the previous three months a child abuse, neglect or abandonment report has been received on any child in the case. For both judicial and non-judicial cases, the supervisor of the case manager supervisor is required to review and approve the case closure before a non-judicial case may be closed or a recommendation may be made to the court to close a judicial case.

Response Options:

Yes- The child is assessed to be safe at the time of closure and there were no abuse reports open or within three months of closure.

No- The child is assessed to be unsafe at the time of closure based on case circumstances.

Q24.7 Were sufficient steps completed to resolve the safety issue prior to closure? Mark all that apply.

- A family was unable to be located. A report was filed with the court outlining efforts documented to locate the family and the court released the Department from further efforts.
- Family refused to participate in services and supervisory consults provided ongoing sufficient guidance to the child welfare professional to further engage family and address refusal.
- Family refused to participate in services and supervisor provided sufficient support to the child welfare professional to engage the family and remedy their resistance.
- Family was non-compliant with services and staffing with CLS provided no further strategies or options to engage the family and encourage participation/compliance.
- Family was non-compliant with services and staffing with CLS indicated no legal sufficiency or a dependency petition was denied by the court.

- Safety concerns were appropriately escalated between the agency and CLS through dispute resolution until consensus was achieved.
- None of the above.

Q24.8 Was the agency's assessment of safety at the time of case closure, correct?

Response Options:

Yes- The agency correctly assessed the child to be safe at the time of closure.

No- The agency did not correctly assess the child to be safe at the time of closure based on case circumstances.

Q24.9 Comment box for No.

Q24.10 Was there an open abuse report/investigation at the time of case closure?

FSFN Locations:

- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations
- Intake and Investigation Module

Factors to Consider:

Evaluated for each child whose case closed this review interval.

Assess if there was an open abuse report and investigation at the time of closure pertaining to the child and the party in which they achieved permanency with.

In circumstances where there was an open abuse report regarding the child and a parent, but permanency was achieved via permanent guardianship or adoption (as examples), indicate no.

Response Options:

Yes- There was an open abuse report pertaining to the child and the party in which they achieved permanency with at the time of case closure.

No- There wasn't an abuse report pertaining to the child and the party in which they achieved permanency with at the time of case closure.

Q24.11 Was there an abuse report/investigation within three months prior to case closure?

FSFN Locations:

- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations
- Intake and Investigation Module

Factors to Consider:

Evaluated for each child whose case closed this review interval.

Assess if there was an abuse report and investigation with three prior month of case closure pertaining to the child and the party in which they achieved permanency with.

In circumstances where there was an abuse report regarding the child and a parent, but permanency was achieved via permanent guardianship or adoption (as examples), indicate no.

Response Options:

Yes- There was an abuse report pertaining to the child and the party in which they achieved permanency with within three months of case closure.

No- There wasn't an abuse report pertaining to the child and the party in which they achieved permanency with within three months of case closure.

Q24.12 Did the supervisor of the case management supervisor approve the case closure?

Source:

65C 30.022 Termination of Services

FSFN Locations:

- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations
- Termination Summary
- Judicial Review Court Orders
- File Cabinet

Factors to Consider:

Evaluated if 24.10 and/or 24.11 have a 'yes' response.

When there is an open abuse report, or one within three months, of case closure pertaining to the child and the individual(s) in which they achieved permanency with, there is a concern that needs to be escalated to ensure it is both safe and appropriate to close the case. **This requires a 2nd level approval- a supervisor above a case management supervisor to review and approve**.

A supervisor of a case management supervisor has varying titles depending on the Region and Circuit. Consider any Program Manager, Director, Assistant Program Director/Manager, or similar individual. This provide an additional layer of oversight to a potential closure when there may be a safety concern.

This may be documented in a multitude of areas; a supervisory consult being the most likely. Ensure a thorough review as it may also be documented on the termination summary, with the supervisor of the case management supervisor attending court indicating a review and approval of case closure, or approval of the progress update by the supervisor of the case management supervisor.

Response Options:

Yes- Case closure was approved by a supervisor of the case management supervisor.

No- Case closure was not approved by a supervisor of the case management supervisor.

Q24.13 Was the safety plan terminated with appropriate compelling reasons?

Source:

CFOP 170-7 Chapter 13 Discontinue a Safety Plan

65C-30.022 Termination of Services

FSFN Locations:

- Safety plan
- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations
- File Cabinet
- Permanency staffings
- Meeting Module
- Judicial Review Court Orders

Factors to Consider:

Evaluated for each child whose case closed this review interval.

Supervision of a child should be terminated unless: a Lead Agency managed safety plan is determined to still be necessary to safeguard the child, the court has ordered supervision, or the child reaches the age of 18 but remains in extended foster care.

For children who have been reunified and/or residing with a parent/legal guardian, assess whether the child is safe based on the parent/legal guardian having substantially achieved all outcomes in the case plan pertaining to improve caregiver protective capacities and a safety plan is no longer needed. Progress updates should include information and justification for basis on discontinuing the safety plan, involvement of the parent/legal guardian and child in discontinuation of the safety plan, and verification of successfully change/enhanced protective capacities. This can include written input and comments from services providers regarding proposed termination of supervision.

If the parent or legal guardian has not achieved outcomes in their case plan, a relative or non-relative has demonstrated a history of protecting the child from danger threats associated with the parent and that individual has obtained Temporary Custody or the child has achieved permanency through permanent guardianship.

When the case manager has been unable to locate the family, using all available sources of information, a Progress Update is prepared which documents all efforts made to locate the family. A written order from the court releasing the Department from further supervision must be received prior to terminating court-ordered supervision/services.

Consider if a safety plan was needed based on circumstances of the case. If the child's parental rights were terminated and there were no danger threats to safety plan, select 'safety plan not needed based on circumstances of the case'. If a current safety plan was not located in the file, indicate 'no safety plan located'.

Response Options:

Yes- The safety plan was terminated with appropriate compelling reasons.

No- The safety plan was terminated without appropriate compelling reasons.

No safety plan located.

Safety plan not needed based on circumstances of the case.

Q24.14 If 'Yes' response, mark all that apply.

- Child achieved permanency under dependency court proceedings or relative/non-relative has obtained temporary custody.
- Child, caregiver/parent input on discontinuation of services was documented.
- Input from services providers was noted, including their position on case closure.

Q24.15 Comment Box for 'No' response.

Q24.16 Was a sufficient progress update completed that addresses the closure?

Source:

CFOP 170-7 Chapter 13 Discontinue a Safety Plan

CFOP 170-9 Chapter 9 Safe Case Closure

65C-30.022 Termination of Services

FSFN Locations:

- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations
- File Cabinet
- Judicial Review Court Orders

Factors to Consider:

Evaluated for each child whose case closed this review interval.

A progress update at the time of closure is to document the progress and safety status of a family as justification for termination of supervision. Information contained within the progress update should include information on parent's functioning, child functioning, and any safety concerns. Justification of why the case closed and how the child will remain safe should be documented within.

A sufficient Progress Update includes information and analysis that caregiver's protective capacities are adequate and danger threats have been eliminated or are being managed by the parent(s)/legal guardian(s).

In all cases, judicial or non-judicial progress updates are to include reasons for department involvement, progress towards resolving the issues that resulted in department involvement, status of safety, explanation of case plan outcomes that were met or not met, and the reason for termination.

In cases involving court supervision, a progress update should also include the involvement of the parents(s), legal guardian(s), child if appropriate in making decisions regarding termination.

Response Options:

Yes- Progress update was sufficient to justify the recommendation for case closure.

Yes- Progress update was sufficient to document circumstances leading to case closure if the family was unable to be located or were non-compliant.

No- Progress update was not sufficient to justify recommendation for case closure.

No progress update completed.

Q24.17 If 'No', select all items not indicated in progress update:

- Documentation of caregiver's protective capacities.
- Justification of caregiver's ability to consistently meet the child's needs.
- Justification of caregiver's ability to protect the child from danger threats.
- Services that will remain open to the family upon closure.
- Safety analysis- whether present/impending/no danger was identified.
- Other:

Q25.18 Comment Box for 'Other' response.

Q24.19 Does the child(ren) reside out of state via Interstate Compact?

Source:

CFOP 170-7 Chapter 13 Discontinue a Safety Plan

CFOP 170-9 Chapter 9 Safe Case Closure

FSFN Locations:

- Family Functioning Assessment/Progress Update
- Chronological Notes
- Supervisory Reviews/Consultations
- File Cabinet
- Judicial Review Court Orders

Factors to Consider:

Evaluated for each child whose judicial case closed this review interval.

Termination of services in those cases where a Florida child has been legally placed into another state (the receiving state) pursuant to the Interstate Compact on the Placement of Children requires the prior written concurrence of the receiving state Compact office before any action to terminate supervision and/or jurisdiction can be accomplished. Receiving state's written concurrence must, when received, be placed in the case record and a copy attached to the appropriate report to the court.

Concurrence from the receiving state must be filed with the court prior to termination of supervision. If concurrence is no located within case notes or the file cabinet, they may be embedded in Judicial Review Reports submitted to court.

Response Options:

Yes- Child resided out of state via Interstate Compact.

No- The child did not reside out of State.

Q24.20 If yes, did the receiving state concur with termination of supervision?

Response Options:

Yes- Written concurrence from the receiving state was received and located within the file.

No- Concurrence from the receiving state was not granted.

Written Concurrence from the receiving state was not located.

Q24.21 Was the assigned Guardian ad Litem notified when supervision was terminated or recommended to be terminated?

Source:

CFOP 170-7 Chapter 13 Discontinue a Safety Plan

FSFN Locations:

- Chronological Notes
- File Cabinet
- Supervisory Reviews/Consultations
- Permanency Staffings
- Meeting Module

Factors to Consider:

Evaluated for each child whose judicial case closed this review interval.

In cases where other agencies or persons, such as the guardian ad litem or citizen review panels, are involved with the family, these agencies or individuals must be provided with written notification when supervision is to be terminated or such recommendation is to be made to the court. This written notification must be documented in the case record.

If the recommendation to close a case is documented in a court-filed Judicial Review and the GAL and/or Citizen Review panel were served with a copy of this report, this can be considered written notification.

Response Options:

Yes- The assigned GAL and/or Citizen Review panel was notified after termination.

Yes- The assigned GAL and/or Citizen Review panel was notified prior to recommending termination of services to the court.

No- The assigned GAL and/or Citizen Review panel was not notified based on case documentation.

GAL and/or Citizen Review Panel was not assigned at the time of closure.

Q24.22 Was a staffing with CLS completed and documented in FSFN addressing termination of services?

Source:

CFOP 170-7, Chapter 1 Develop and manage Safety Plans- General Requirements

CFOP 170-7 Chapter 13 Discontinue a Safety Plan

FSFN Locations:

- Chronological Notes
- File Cabinet
- Supervisory Reviews/Consultations
- Permanency Staffings
- Meeting Module

Factors to Consider:

Evaluated for each child whose judicial case closed this review interval.

Staffings with CLS must be held to determine that the level of evidence for the court proceeding is adequate and that all court requirements are addressed. Progress updates shall be completed prior to staffing with CLS and provided to CLS for their review prior to the staffing, unless under emergency circumstances. Sufficient staffings should address caregivers, any danger threats, reason for department involvement, safety analysis and justification for the analysis.

In an ongoing services case involving an in-home safety plan, the child welfare professional with primary responsibility for the case, must request a staffing with CLS to determine legal actions if the family no longer meets the criteria for an in-home safety plan. Staffings with CLS are also required for families who are not compliant with services prior to recommending case closure, as well as families that cannot be located.

Participants in the staffing should reach consensus. When a dispute arises between participants that cannot be resolved at a CLS staffing, the issues must be escalated to the next of level supervision until resolution is achieved. Participants will follow any local procedures established for resolution of disputes. The Regional Director for Children's Legal Services and the Regional Managing Director for the department must serve as the final arbiters for disputes when necessary.

Response Options:

Yes- A staffing with CLS was completed and a consensus, with or without escalation, was documented in FSFN

Yes- A staffing with CLS was completed, but a consensus was not reached, and escalation was not documented

No- A staffing with CLS was not documented in FSFN

Q24.23 Was the permanent guardian(s) a Level 1 (relative/non-relative) Licensed foster parent(s)?

Source:

CFOP Chapter 170-15 Chapter 1 Federal and State Funding Eligibility- General Requirements

CFOP Chapter 170-15 Chapter 8 Guardianship Assistance Program (funding)

CFOP Chapter 170-10 Chapter 13 Guardianship Assistance Program (Services)

39.6225 Guardianship Assistance Program

65C-44 Guardianship Assistance Program

FSFN Locations:

- Chronological Notes
- File Cabinet
- Supervisory Reviews/Consultations
- Permanency Staffings
- Meeting Module
- Provider Module

Factors to Consider:

Evaluated for each child whose judicial case closed in permanent guardianship in this review interval.

Title IV-E Guardianship Assistance Program provides federal funds for the care of children placed in permanent guardianship with their relative or kin

. Eligible children receive Medicaid and a monthly guardianship assistance payment designed to assist the caregiver in meeting the child's needs. Caregivers may also be eligible for a capped reimbursement of nonrecurring expenses to help offset the cost of obtaining guardianship.

In order to determine if a relative or non-relative is eligible for Guardianship Assistance Program (GAP), all of the following must be met: child's placement with guardian has been approved by the court, court has granted legal custody to guardian, guardian has been licensed to care for the child (Level 1), and the child is eligible for foster care room and board payments for at least six consecutive months while the child resided in the home of the licensed guardian.

Once licensed, the relative/non-relative has an ongoing Level 1 Licensing specialist assigned. Benefits will need to be applied for with the assistance of the licensed worker/GAP unit. Guardianship Assistance Payments shall be negotiated based on the needs of the child and supporting documentation shall be included and uploaded into FSFN using the link on the page should the family request any amount over $333. A GAA (form CF-FSP 5437) shall be executed between the guardian(s) and Department designee prior to legal case closure and a payment being made to the guardian(s).

Response Options:

Yes- Permanent guardian(s) is a Level 1 licensed foster parent.

No- Permanent guardian(s) is not a Level 1 licensed foster parent.

Q24.24 If 'Yes' to 24.23, was the child in placement for a minimum of six consecutive months after caregiver was Level 1 licensed?

Response Options:

Yes- The child was legally placed with Level 1 caregiver for six consecutive months from the date of licensure.

No- The child was placed less than six consecutive months from the date of licensure.

Q24.25 If 'Yes' response to 24.24, were Guardianship Assistance Program (GAP) benefits applied for

Response Options:

Yes- Benefits were applied for prior to termination of services.

No- Benefits were not applied for prior to termination of services.

Not documented

Q24.26 If 'Yes' response to 24.24, was Guardianship Assistance Program Unit/licensing worker notified of impending/planned closure?

Response Options:

Yes- Documentation supports GAP Unit and/or licensing worker was notified of anticipated closure in permanent guardianship.

No- GAP Unit and/or licensing worker was not notified of anticipated closure in permanent guardianship.

Not documented.

Q24.27 Were parent(s) and legal guardian(s) made aware of visitation responsibilities at the time of closure?

Source:

39.6221(2) Permanent guardianship of a dependent child

FSFN Locations:

- Chronological Notes
- Safety plan
- File Cabinet
- Supervisory Reviews/Consultations
- Permanency Staffings
- Meeting Module
- Judicial Review Court Orders

Factors to Consider:

Evaluated for each child whose judicial case closed in permanent guardianship this review interval.

As part of safeguards upon termination of supervision, caregivers/legal guardians and parents should be made aware of ongoing visitation, if any, upon closure. This includes but is not limited to supervision

status of the legal parent(s) (supervised, unsupervised, overnights), frequency of visitation between the child and the legal parent(s), duration of visitations, location specifics if any. Legal guardians are often given discretion to change some visitation to include more, but not less than ordered. As an example, legal guardians may be given discretion to increase visitation from once a week to three times per week. This allows the legal guardian(s) and the parent(s) to make safe decisions on what is best for the child without going back to court.

Discussions regarding visitations upon closure can be in closure staffings, home visit notes with the caregivers and parents, but should always be indicated in the Order Placing the Child in Permanent Guardianship.

Case managers are to ensure that all parties are fully aware of expectations upon closure.

Response Options:

Yes- Parent(s) and legal guardian(s) were counseled on visitation responsibilities and expectations upon closure.

No- Visitations responsibilities and expectations not addressed in court order and no documentation noted with parent(s) and/or legal guardian(s).

Court order not yet available.

Q24.28 Was a sufficient supervisory consult completed documenting that the child welfare professional and supervisor recommending termination of services?

Source:

CFOP 170-9 Chapter 9 Safe Closure

FSFN Locations:

- Chronological Notes
- File Cabinet
- Supervisory Reviews/Consultations
- Permanency Staffings
- Meeting Module

Factors to Consider:

Evaluated for each in-home closure this interval.

A sufficient supervisory consultation explores issues and provides feedback regarding progress and/or challenges in achieving case plan outcomes and/or permanency goals. In the circumstances when a parent is refuses services or not compliant, the supervisor will exhaust efforts to engage the family with the case manager, consistently providing feedback and additional strategies and options to engage the family.

After a case consultation is completed, a supervisor may approve case closure. The supervisor must ensure that cases in which the court has ordered supervision are not closed until an order has been entered by the court terminating supervision and a copy has been placed in the case record. Local procedures may allow the Living Arrangement/Placement to be end dated and the child system

information “deactivated” as the child and family are no longer receiving services; however, the case cannot be formally closed until the order is received and placed into the file.

Response Options:

Yes- Sufficient supervisory consult was completed.

No- Supervisory consult was not sufficient.

No Supervisory Consult or Review documented.

Q24.29 If ‘No’, select all items not indicated in supervisory consult:

- Documentation of caregiver’s increased protective capacities.
- Documentation of efforts to engage the family in services.
- Documentation of guidance provided to case manager with strategies to engage the family.
- Documentation of efforts to locate the family as unable to locate.
- Documentation of staffings with CLS and recommendations from staffings.
- Documentation of caregiver’s ability to consistently meet the child’s needs.
- Documentation of caregiver’s ability to protect the child from danger threats.
- Services that will remain open to the family upon closure.
- Safety analysis- whether present/impending/no danger was identified.
- Recommendation of closure.

Q24.30 Termination Summary

Include summary of case circumstances, including case participants and notable case facts. Summarize the reason for case closure and if there were any concerns (safety or otherwise) noted at the time of closure.

Supervisor Guidance Block - 25

Q25.1 Is the supervisor providing quality oversight and guidance to the case manager to support the achievement of safety, permanency, and well-being outcomes during the review period?

Source:

CFOP 170-9 Chapter 10 Supervisor Consultation and approval requirements

FSFN Locations:

- FSFN Meeting Module Transition Planning – Initial and Transition Planning - Closure
- Filing Cabinet
- Chronological Notes
- Family Functioning Assessment/Progress Update

Factors to Consider:

Evaluate for all review intervals.

Supervisor consultation is required for the approval of FFAOs; safety plans; and case plans and progress assessment. The reviewer must determine if the supervisor is providing the necessary guidance and oversight to the case manager to support the achievement of safety, permanency, and wellbeing outcomes during the PUR. Guidance and oversight can be provided through field support (by phone or in person), through direct observations of case management interviews, consultations in the office, active modeling and/or coaching. Guidance and oversight should include topics such as parent engagement, assessment, permanency planning, safety planning, child needs, case planning and service provision.

Supervisor consultation should be provided more frequently based on the case manager's request for assistance, when the supervisor has identified that more support with a complex case is needed regarding progress, critical junctures, and/or challenges in achieving outcomes. Supervisors should recommend actions when concerns are identified and ensure the case manager urgently completed the actions.

Response Options:

Yes – The supervisor provided oversight and guidance to the case manager at a frequency that supports the achievement of safety, permanency, and well-being outcomes for this case.

No – The supervisor did not provide sufficient consultations and field support.

Q25.2 If 'No' Check all that Apply that were missing that contributed to the rating:

- No guidance provided.
- Did not provide field support (by phone or in person).
- Did not provide consultations in the office.
- Did not provide active modeling and/or coaching.
- Did not provide recommended actions.
- Did not ensure actions were completed with appropriate urgency.
- Did not provide sufficient guidance prior to approving Safety Plans.
- Did not provide sufficient guidance prior to approving Ongoing Family Functioning Assessments/ Progress Updates.

- Did not provide sufficient guidance prior to approving Case Plans.
- Did not provide sufficient guidance surrounding parent engagement.
- Did not provide sufficient guidance surrounding permanency planning.
- Did not provide sufficient guidance surrounding service provision.
- Other Please describe.

Q25.3 Was guidance provided by the primary supervisor?

Response Options:

Yes – The primary supervisor provided the guidance.

No – The primary supervisor did not provide guidance.

No guidance provided during the review period.

Q25.4 Comment Box.

Office of Quality and Innovation Supervisory Guidance Block - 26

Supervisor Approval and Immediate Safety Actions Required cases*:*

Q26.1 Reviewer Signature

Q26.2 Is an immediate Child Safety Action Required?

If the reviewer determines an immediate safety action is required, the case should be discussed with the supervisor and sent to the manager for review and concurrence. If the manager concurs, the completed instrument is sent to the point of contact for immediate action. If it is determined that there is not an immediate safety action required, the completed instrument will be sent to the point of contact following normal protocols.

- **Yes**
- **No**

Q26.3 Identifies all that apply for the immediate safety action required:

- Safety Planning
- Information sufficiency
- Other (please describe using a one or two words in the short text box.

Describe the immediate child safety actions required in the comment box.

Q26.4 Comment Box

Q26.5 Second-level review and manager approval

Reviewer selects the supervisor for review if a safety concern has been identified and an Immediate Child Safety Action is being Required.

Q26.6 Is this tool ready to be sent for second-level review *(Yes, unless advised by supervisor to select 'No.')*

The reviewer indicates if the review is ready to be sent to secondary review, Yes, or No. If No is selected the reviewer can continue to work in the instrument. Once Yes is selected, the instrument is sent to the supervisor for review.

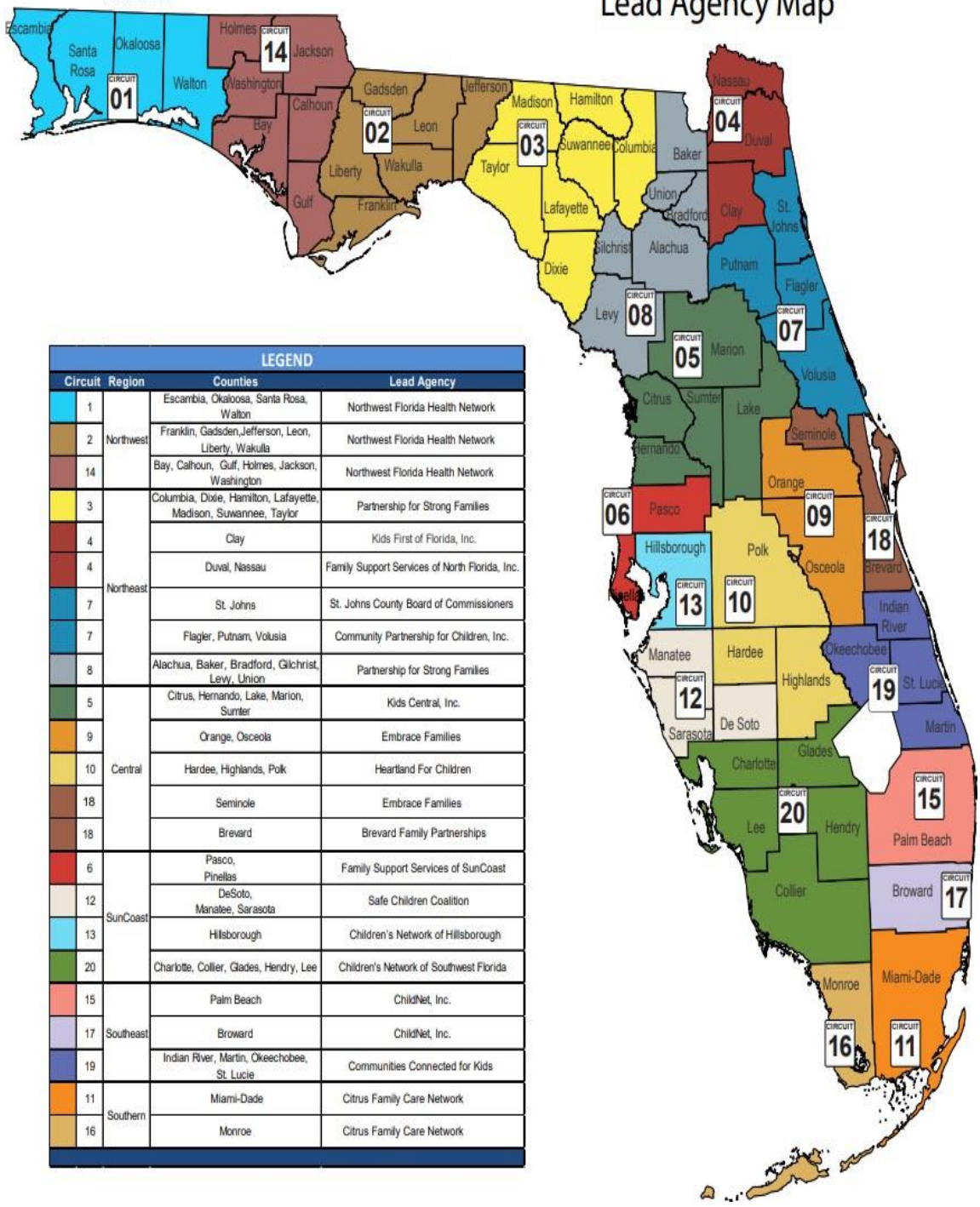
- **Yes**
- **No**

Q26.7 If 'Yes,' select who will conduct the second level review.

Reviewer selects the supervisor for review.

Community-Based Care

Lead Agency Map



LEGEND

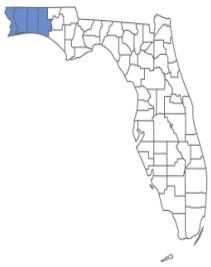
Circuit	Region	Counties	Lead Agency
1	Northwest	Escambia, Okaloosa, Santa Rosa, Walton	Northwest Florida Health Network
2		Franklin, Gadsden,Jefferson, Leon, Liberty, Wakulla	Northwest Florida Health Network
14		Bay, Calhoun, Gulf, Holmes, Jackson, Washington	Northwest Florida Health Network
3	Northeast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

https://www.myflfamilies.com/sites/default/files/2023-06/lead_agency_map_0.pdf

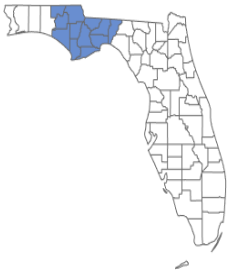
Protective Investigations and Children's Legal Services provided by DCF for all counties.

Northwest

Counties	Escambia, Okaloosa, Santa Rosa, Walton	Case Management
Judicial Circuit	1	Families First Network
DCF Region	Northwest	
Lead Agency	Northwest Florida Health Network- West	

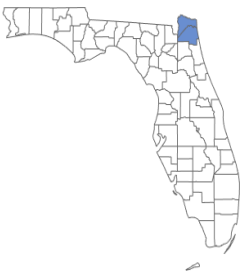


Counties	Franklin, Gadsden, Liberty, Wakulla, Leon, Jefferson, and Bay, Calhoun, Gulf, Holmes, Jackson, Washington	**Case Management**
Judicial Circuit	2 and 14	DISC Village (Franklin, Gadsden, Liberty, Wakulla), Camelot Community Care (Leon, Jefferson), Twin Oaks Juvenile Development (Bay, Gulf), and Anchorage Children's Home (Calhoun, Holmes, Jackson, Washington)
DCF Region	Northwest	
Lead Agency	Northwest Florida Health Network- East	

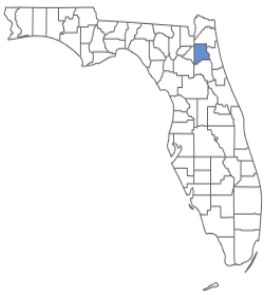


Northeast

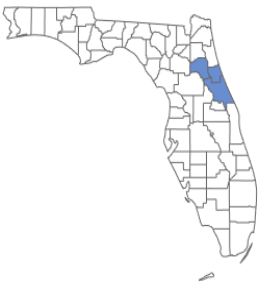
Counties	Duval, Nassau	**Case Management**
Judicial Circuit	4	
DCF Region	Northeast Region	**Duval:** Daniel Memorial, Jewish Family & Community Services, National Youth Advocate Program. **Nassau**: Lead Agency
Lead Agency	Family Support Services- Duval and Nassau Counties	



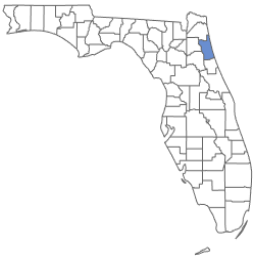
Counties	Clay	**Case Management**
Judicial Circuit	4	Camelot Community Care
DCF Region	Northeast	
Lead Agency	Kids First of Florida	

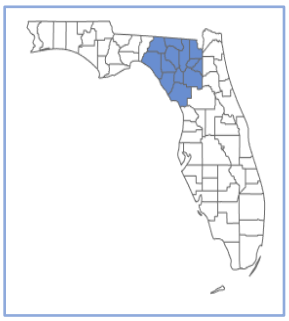


Counties	Flagler, Putnam, Volusia	**Case Management**
Judicial Circuit	7	The Lead Agency and Neighbor to Family (parts of Volusia) perform case management functions
DCF Region	Northeast	
Lead Agency	Community Partnership for Children	



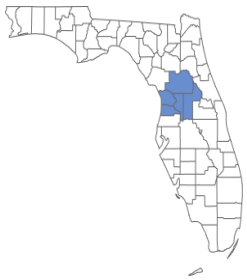
Counties	St. Johns	**Case Management**
Judicial Circuit	7	The Lead Agency performs the case management function
DCF Region	Northeast	
Lead Agency	St Johns County Board of County Commissioners	



Counties	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwanee, Taylor, and Alachua, Baker, Bradford, Gilchrist, Levy, Union	**Case Management**	
Judicial Circuit	3 and 8	Lutheran Services of Florida (Columbia, Dixie, Gilchrist, Levy) and Camelot Community Care (remaining service area)	
DCF Region	Northeast		
Lead Agency	Partnership for Strong Families		

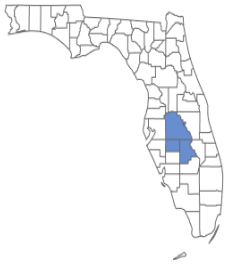
Central

Counties	Citrus, Hernando, Lake, Marion, Sumter	**Case Management**
Judicial Circuit	5	KCI (Marion), Youth and Family Alternatives (Hernando & Citrus), and Lutheran Services of Florida (Lake & Sumter)
DCF Region	Central	
Lead Agency	Kids Central, Inc.	

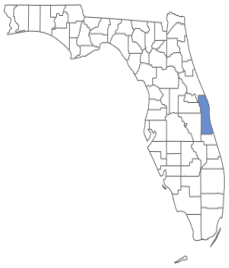


Counties	Orange, Osceola, Seminole	**Case Management**
Judicial Circuit	9 and 18 (Seminole only)	Camelot Community Care (Orange, Seminole), One Hope United (Orange), Gulf Coast Jewish Family and Community Services, (Osceola)
DCF Region	Central	
Lead Agency	Embrace Families of Central Florida	

Counties	Polk, Highlands, Hardee	**Case Management**
Judicial Circuit	10	One Hope United (Hardee, Highlands), Children's Home Society (Polk), and Lutheran Services of Florida (Polk)
DCF Region	Central	
Lead Agency	Heartland for Children	

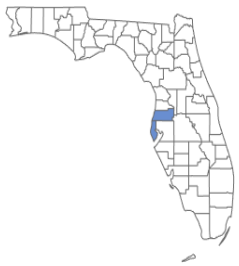


Counties	Brevard	**Case Management**
Judicial Circuit	18	The Lead Agency DBA/Family Allies
DCF Region	Central	
Lead Agency	Brevard Family Partnership	

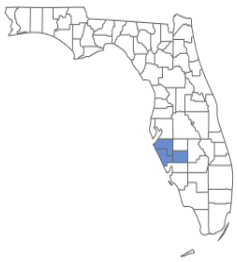


Suncoast

Counties	Pasco, Pinellas	**Case Management**
Judicial Circuit	6	Youth & Family Alternatives (Pasco), Lutheran Services of Florida and the Lead Agency (Pinellas).
DCF Region	Suncoast	
Lead Agency	Family Support Services of Suncoast – Pasco & Pinellas	

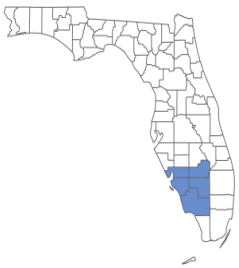


Counties	Manatee, Sarasota, DeSoto	**Case Management**
Judicial Circuit	12	The Lead Agency (All), Lutheran Services Florida (Manatee), and The Florida Center for Early Childhood (Manatee & Sarasota)
DCF Region	Suncoast	
Lead Agency	Sarasota Safe Children Coalition	



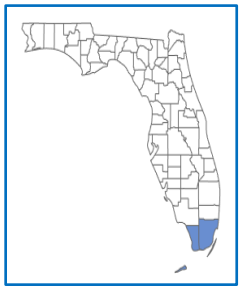
Counties	Hillsborough	**Case Management**
Judicial Circuit	13	Camelot Community Services, Gulf Coast Jewish Family and Community Services, Thompson, One Hope United, and Lutheran Services of Florida
DCF Region	Suncoast Region	
Lead Agency	Children's Network of Hillsborough	

Counties	Charlotte, Collier, Glades, Hendry, Lee	**Case Management**
Judicial Circuit	20	Lutheran Services Florida (Lee), and Camelot Community Care (remaining service area).
DCF Region	Suncoast	
Lead Agency	Children's Network of Southwest Florida, L.L.C	



Southern

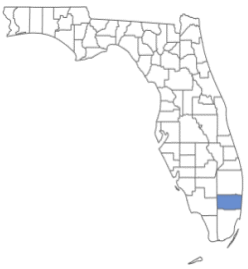
Counties	Miami-Dade, Monroe	**Case Management**
Judicial Circuit	11 and 16	Center for Family & Child Enrichment, Children's Home Society, Family Resource Center, and Wesley House Family Services (Monroe)
DCF Region	Southern	
Lead Agency	Citrus Health Network	



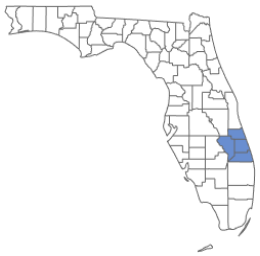
Southeast

Counties	Palm Beach	**Case Management**
Judicial Circuit	15	The Lead Agency
DCF Region	Southeast Region	
Lead Agency	ChildNet-Palm Beach	

Counties	Broward	**Case Management**
Judicial Circuit	17	The Lead Agency and SOS Children's Villages of Florida
DCF Region	Southeast Region	
Lead Agency	ChildNet- Broward	



Counties	Indian River, Martin, Okeechobee, St. Lucie	**Case Management**
Judicial Circuit	19	Lead Agency (St. Lucie), Children's Home Society (Remaining service area)
DCF Region	Southeast	
Lead Agency	Communities Connected for Kids	



Appendix F: Regional Coordination Efforts with Tribes

Region	Efforts
Northwest	In the geographical landscape of the Northwest Region, the presence of tribal communities is not notably concentrated, resulting in the absence of formalized relationships between the Agency and any indigenous tribe. Despite this, stringent adherence to the Indian Child Welfare Act (ICWA) mandates remains paramount within the department's operational framework. ICWA inquiries are diligently conducted by the Department preceding or concurrently with every shelter intervention, ensuring compliance with legal protocols and preservation of tribal rights. Moreover, upon case transfer, the ICWA inquiry process is reiterated, underscoring the departments and its partners commitment to upholding the rights and heritage of Native American or Alaskan families involved in child welfare proceedings. In instances where families self-identify as having Native American or Alaskan heritage, meticulous steps are taken to engage with the pertinent tribal entities or the Bureau of Indian Affairs. These proactive inquiries serve to foster cultural sensitivity and ensure that the unique needs and considerations of indigenous communities are duly recognized and respected throughout the child welfare continuum. Thus, while the Northwest Region may not harbor a concentrated tribal presence, the Agency remains steadfast in its dedication to upholding the principles of ICWA and honoring the cultural heritage of all families under its purview.
Southeast	In Circuit 17, the Dependency court continues to work with the Seminole Tribal Court in forming a collaborative approach to ICWA cases. Tribal court continues to be held monthly and has been able to continue remotely during the COVID pandemic. There were not significant changes to this approach made during this reporting period. Broward County Sheriff's Office has an executed memorandum of understanding (MOU) with the Seminole Tribe of Florida (STOF) and the Department of Children and Families. The MOU was executed in April 2018 which automatically renews for consecutive one-year terms unless terminated by any party. This three-party MOU outlines the importance of the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. ("ICWA"), a federal statute that was enacted by Congress in 1978 to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which reflect the unique values of Indian culture. Additionally, the MOU outlines the collaborative effort of duties and responsibilities among the three parties (BSO, STOF Center for Behavioral Health, and DCF) as it relates to implementation of ICWA. To further assist, to the extent possible, an intake report involving STOF children will be assigned to a CPI who has enhanced training or experience with the STOF and ICWA.
Suncoast	The SunCoast Region has a solid relationship between tribes and the systems of care. The region primarily works with the Seminole Tribe. There are 3 reservations that are interacted with in Collier, Hendry, and Glades Counties. These are: Big Cypress, Brighton, and Immokalee. Each case that comes in has an ICWA waiver signed if they are non-tribal. For tribal families in Hendry/Glades, we have one dedicated CWCM that

	interacts with the families and their tribal advocate. In Collier County, there is also a dedicated CWCM for tribal cases, however, currently, the majority of cases are coming from the Big Cypress and Brighton Reservations in Hendry/Glades. The coordination and consultation between the state and the tribes protects the best interests of these children promoting their stability and security. Investigations continue to comply with the ICWA requirements by inquiring about status at the onset of investigation. When the CPI is aware that a participant is registered locally, the CPI contacts the specific tribe, and a joint response is coordinated when able. The tribe will either physically respond with the CPI or participate in the commencement via phone. If a participant is registered with a tribe out of state, the CPI will attempt to reach the tribe prior to commencement. If a child is removed, the necessary paperwork is sent to the tribe, and they are verbally notified. Monthly Tribal meetings are also held to discuss any open dependency cases involving tribal families as deemed necessary by the number of tribal families involved in the local system of care. The Regional Program Office collaborates with the Seminole tribe for ongoing training on ICWA for staff. In the areas of the region that have tribal reservations joint responses are coordinate with the identified points of contacts. The identified Tribe point of contacts also participate in multi-disciplinary staffings involving any families subject to ICWA to ensure information sharing and joint decision making relating to implementation of services and placement of children, if warranted. Each CBC conducts ongoing training and education on ICWA compliance. Permanency activities and hearings include the Tribe representative.
Southern	The Region continues to collaborate with the Tribes through the work of the Department's regional Point of Contact, who attends all conferences and summits related to ICWA. During this year, the POC attended meetings at the Dependency Summit. The knowledge and updates gained during those sessions is passed on to Child Protective Investigators and Case Managers. The Region's POC has delivered trainings for Child Protective investigations and Case Managers during this year. She has also trained and assists CLS on searches on federally recognized tribes. She also supports investigators when a case is received with participants identified as possible tribal members. The Department's POC is contacted by investigators immediately when an investigation is received believed to involve a tribe member, the information is immediately sent and coordinated with the Tribe. The POC also trains the staff on completion of the ICWA form and proper process.
Northeast	CPC understands the need for collaboration, consultation and coordination between State and Tribes and follows CFOP 170-1, Florida Statute 39.0137 and Florida Administrative Code 65C-28.013. All cases are reviewed at the time of shelter for potential eligibility for the protections of ICWA. Family Integrity Program recognizes the importance of timely and consistent identification of children eligible for the protections of ICWA to comply with federal mandates regarding American Indian and Alaskan Native children. We are dedicated to following this process as it prevents harmful disruption, inappropriate placements, and

	avoidable delays in permanency planning for children. FIP has not had cases with active involvement from local tribes within this reporting period. Kids First of Florida did not have any specific ICWA related cases during the reporting period but remained prepared to meet requirements of the ICWA in accordance to Florida Statutes, Florida Administrative Code, and in operating procedures. Partnership for Strong Families endeavors to maintain a positive relationship and clear communication with Children's Legal Services, the CMAs, and with CPIs. Most Indian Child Welfare Act (ICWA) cases are identified initially during the child protective investigation phase. This information is communicated to case management through the case transfer process facilitated by PSF. CLS takes the lead on needed inquiries to the Tribes and shares information with PSF and case management regarding Tribal responses and case involvement. CLS is a statewide law firm within DCF that can leverage expertise in this area from those in parts of the state with regular involvement with various Indian Tribes. PSF ensures it engages in frequent meetings with CLS and case management, and this provides a regular forum and open lines of communication beyond these meetings where issues involving ICWA can be addressed. PSF further provides training for case management on ICWA, its requirements, and case management's role. ICWA legal considerations are also considered in PSF's policies and procedures.
Central	In Circuit 10, at initial contact with any child potentially entering protective custody, a CPI or Case Manager, must inquire if the child, the child's parents, or grandparents are identified with or are an enrolled member of an American Indian tribe, band, or nation, or are an Alaskan Native. Additional inquiry should be made into any information regarding potential American Indian ancestry or lineage on the paternal or maternal family lines to comply with 25 U.S.C. 1901 et seq., and Rule 65C-28.013, F.A.C. This eligibility information is documented on the Indian Child Welfare Act (ICWA) form and in FSFN in accordance with applicable Florida Statutes and Administrative Code. During the Case Transfer Staffing, CBC staff review whether the ICWA form has been completed and notated in FSFN by the CPI. If not, the case manager will complete the form with the parents. If the family is not of American Indian or Alaskan Native Ancestry, then the case manager will document that information on the ICWA form and upload in FSFN. Once an American Indian or Alaskan Native ancestry has been established or alleged, the child welfare professional will immediately notify and submit the ICWA form to Children's Legal Services (CLS) as the tribe must be notified immediately. The case manager, in consultation with CLS, will locate the Designated Tribal Agency for service of notice received by the Bureau of Indian Affairs, Human Service Division. A letter is sent to the tribal agency and to the Secretary of the Interior through the Eastern Regional Office of the Bureau of Indian Affairs to verify the child, parent, or grandparent's enrollment or eligibility for enrollment under ICWA. Upon receipt of written response from the designated tribal agency, the letter will be filed with the court and documented in FSFN. If the child, parent, or grandparent is eligible and/or enrolled, the tribal agency should also note their interest in assuming jurisdiction. Heartland for Children understands the importance of timely and consistent identification of children eligible for the protections of ICWA to comply with federal mandates regarding American Indian and Alaskan Native children. They are committed to following this process as it prevents harmful disruption, inappropriate

	placements, and avoidable delays in permanency planning for children. There are no reservations located in Circuit 10 in Hardee, Highlands, and Polk Counties. Kids central continues to work collaboratively with local tribes while meeting the requirements for compliance with the mandates of the Indian Child Welfare Act (ICWA). BFP complies with the Indian Child Welfare Act to protect the best interests of Indian children and to promote the stability and security of Indian tribes. Placement requests include ICWA eligibility determination and BFP makes every effort to place such children in foster or adoptive homes that reflect the unique values of Indian culture and to assist Indian tribes in the operation of child and family service programs.