

ANNUAL PROGRESS AND SERVICES REPORT

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

June 30, 2022 Approved



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EXECUTIVE SUMMARY

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

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

MOMENTS OF IMPACT ACTION PLAN

Secretary Shevaun L. Harris and her leadership team have embarked on a realignment and transformation of the Department. The Department's leadership team identified the need for a structure that supports the shift to focus on culture, program effectiveness, and accountability. The development of the "Moments of Impact" action plan focuses the Department on three critical goals:

A CULTURE OF "WE" THROUGH INCREASED ENGAGEMENT AND INTENTIONAL COLLABORATION.

Department team members are passionate about the people we serve, and the Department can work collectively to bring to bear a seamless wide array of services for our customers. To create a culture of "we" and foster engagement and collaboration, the Department will work to build an environment that demonstrates value to one another.

ENHANCE PROGRAM EFFECTIVENESS TO IMPROVE CUSTOMER EXPERIENCE.

The Department will work to deepen its impact by not only focusing on proactively providing services upstream, but also integrating offerings to ensure seamless resource navigation.

The Department continues to expand our Care Navigation program through our Office of Economic Self Sufficiency by including the First Lady's Hope Florida initiative and the Office of Continuing Care within OFCW. The purpose of care navigation is to enhance the delivery of services and supports and to improve outcomes as early in the customer's journey as possible.

BUILD A SYSTEM OF ACCOUNTABILITY, TRANSPARENCY, AND ALIGNMENT.

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

To honor public trust, the Department and its partners must be aligned, transparent, and accountable to one another and the public. The Department must provide the best return on investment and service delivery for our customers, the citizens of Florida.

As part of the Moments of Impact plan, the former Office of Child Welfare has been renamed as the **Office of Child & Family Well-Being (OCFW)**, and regional operations have been given new reporting structures to meet the goals of the Moments of Impact plan. These changes bring realignment in structure and culture to ensure the Department focuses on maximizing “moments of impact” in every area that the Department serves customers along their journey, including going further upstream by engaging with sister programs, other state agencies, and other systems of care. It is also the goal that this will provide greater opportunities for team members to learn new skills and service areas to optimize the efficiency of the Department and, ultimately, the customer experience. This plan and vision are propelled by building upon existing strengths, being bold and intentional in implementation, and tapping the unmatched passion embodied by the Department’s team members to maximize each moment of impact.

In addition to the realignment of the Office of Child and Family Well-Being, the Department created the **Office of Quality and Innovation** to continue with a culture change through increased engagement and collaboration. The Office of Quality and Innovation comprises the Innovation team and a licensing enterprise, which includes the licensure of child and family well-being programs (foster homes, child-caring agencies, and child placing agencies), substance abuse and mental health facilities, and child care regulations (daycares). The alignment of a licensing enterprise allows for uniform and structured oversight and consistent guidance from the Department. a. By streamlining the Department’s licensing activities into one cohesive structure, the Department will be able to ensure uniformity and consistency for applicants and licensees related to common standards. This allows the Department to identify and reduce inefficiencies and ensure that customers and clients receive the highest level of service. This effort will help create uniform licensing standards across Department programs to gain efficiencies, improve IT system infrastructure, streamline systems, and improve transparency of information for customers.

Moments of Impact 2021-22 Action Plan

Our Vision
To empower Floridians with opportunities that support and strengthen resiliency and wellbeing.

The **Moments of Impact** strategic plan reflects the strategic vision, direction and focus across the Department for the upcoming year.

All contacts with customers, partners and the community will be an opportunity to create a positive and prevention-focused **moment of impact**.

We have three major goals to focus our efforts:

Goal 1: A Culture of “We” — Engagement and Intentional Collaboration
To create a culture of “we” and to foster engagement and collaboration, we will work to build an environment that demonstrates value to one another.

Goal 2: Enhance Program Effectiveness to Improve the Customers’ Experience
The Department will work to deepen its impact by not only focusing on proactively providing services upstream, but also integrating offerings to ensure seamless resource navigation.

Goal 3: Build a System of Accountability, Transparency and Alignment
To honor public trust, the Department and its partners must be in alignment, transparent and accountable to one another.

OFFICE OF CHILD & FAMILY WELL-BEING

Collectively, the Office of Quality and Innovation seeks to enhance program effectiveness with internal and external partners to improve customer experience.

GOVERNOR AND FIRST LADY DESANTIS' 2022 INITIATIVES

First Lady Casey DeSantis has continued her commitment to support and advocate for Florida's families, children, and environment by furthering the goals of the administration. Over the last year, First Lady DeSantis has:

- Developed a program to help families realize economic self-sufficiency through community collaboration (Hope Florida – A Pathway to Prosperity).
- Reinvented and rethought the way substance abuse is taught in schools (The Facts. Your Future.).
- Created more than 100 social clubs in middle and high schools to focus on volunteerism and mentoring (Hope Ambassadors).
- Worked with the State Board of Education to emphasize resilience, especially as it pertains to character development and mental wellness (Resiliency Initiative).
- Advocated for a substantial increase in funding for cancer research and care.
- Passionately put a spotlight on Florida's environment as the lifeblood of the state.
- Launched an initiative to recruit Veterans to fill critical positions like child protective investigators and adult protective investigators.

"I am proud of the work we have done over the past year, and I look forward to our state doing even more in 2022 to help Floridians respond to and triumph over life's challenges."

– First Lady Casey DeSantis

SUPPORTING MENTAL WELLNESS AND PROVIDING RESOURCES FOR FLORIDIANS STRUGGLING WITH SUBSTANCE ABUSE

In June of 2021, Governor Ron DeSantis and First Lady DeSantis reinforced their unwavering commitment to strengthening Florida families through significant funding in the 2021-2022 budget to provide life-changing behavioral health services:

- \$158.4 million for the State Opioid Response Grant, which addresses the nationwide opioid epidemic and provides access to treatment for those struggling with opioid abuse.
- \$120 million for the Mental Health Assistance Allocation to support school mental health programs, an increase of \$20 million.
- \$1.4 million to provide behavioral health services for those rebuilding from Hurricane Michael.
- \$3 million to allow Florida's 211 provider network to expand mental health supports.

In July of 2021, First Lady DeSantis announced an expanded Hope for Healing website that makes it easier for Floridians to access help for mental health and substance abuse. The updated Hope for Healing website includes resources from several state agencies, including the Florida Department of Children and Families (Department), the Florida Department of Education, the Florida Department of Elder Affairs, the Florida Division of Emergency Management, and the Florida Department of Health. For more information about Hope for Healing, visit www.hopeforhealingfl.com.

Following the tragic Surfside Building Collapse, First Lady DeSantis worked with state, local, federal, and non-profit organization partners to launch Surfside Strength, a webpage to support families and first responders, and help them receive emotional support. First Lady DeSantis and Governor DeSantis met with many of the impacted families to offer support and appreciation to the first responders who performed rescue operations

24 hours a day for 29 days.

In December of 2021, First Lady DeSantis announced \$12 million to expand peer-to-peer mental health services available for first responders through the Department. First Lady DeSantis made the announcement at the Tampa Firefighters Museum while highlighting providers in the Tampa Bay Area who are already engaging in the peer-to-peer model of support. In addition to expanding peer-to-peer services, the Department has launched the [First Responder Resiliency](#) resource page, which directs first responders to available resources and gives organizations access to the application to apply for funding.

EMPOWERING FLORIDA'S STUDENTS

In July 2021, First Lady DeSantis announced that an additional 100 schools will receive \$500 each to launch Hope Ambassadors clubs. By December, all 100 clubs had formed across 39 school districts. Hope Ambassadors clubs create a setting where students can volunteer, mentor their peers, and help foster kind and compassionate environments. In the 2020-2021 school year, 25 schools started clubs. For more information about Hope Ambassadors, visit www.fldoe.org/hopeambassadors/. The State Board of Education adopted new student performance standards that will strengthen Florida's already nationally recognized education standards. The standards approved include Character Education and Substance Abuse Prevention.

In November 2021, First Lady DeSantis and Governor DeSantis announced the launch of the anti-drug campaign, THE FACTS. YOUR FUTURE. This statewide initiative directly engages youth in Florida to improve their understanding of the life-altering effects of drug abuse and empowers teens to reach their full potential. Through a series of school assemblies, THE FACTS. YOUR FUTURE. will provide an interactive space for schools to educate their students on the consequential impacts of substance abuse. For more information about THE FACTS. YOUR FUTURE., visit www.fldoe.org/thefactsyourfuture/.

LAUNCHING HOPE FLORIDA – A PATHWAY TO PROSPERITY

In September 2021, Secretary Harris and First Lady DeSantis launched Hope Florida – A Pathway to Prosperity. This new initiative, spearheaded by First Lady DeSantis and implemented by the Department, utilizes Care Navigators to guide Floridians on an individualized path to prosperity by focusing on community collaboration between the private sector, faith-based community, nonprofits, and government entities to break down traditional community silos, maximize resources, and uncover opportunities. Services are available to Floridians statewide, including children aging out of foster care, pregnant mothers contending with substance abuse disorder and other families in need of assistance. Hope Florida – A Pathway to Prosperity is now available in every county in Florida.

In December 2021, First Lady DeSantis hosted a roundtable with the faith-based community to discuss collaborating through Hope Florida – A Pathway to Prosperity to help Floridians overcome barriers, find hope, and realize economic self-sufficiency. At the event, First Lady DeSantis recognized five organizations with the First Lady's Medal for Courage, Commitment, and Service for their roles in helping Floridians who are struggling.

As a part of Hope Florida – A Pathway to Prosperity, the Department launched a hotline (850-300-HOPE) and website (www.HopeFlorida.com) available 24 hours a day, 7 days a week for those who are seeking help and

hope.²

FAITH AND COMMUNITY BASED INITIATIVE

Governor DeSantis began the Governor's Faith and Community Based Initiative in August of 2019 with three objectives:

1. Thank the faith institutions and community organizations around our state for the work they do on the front lines for our vulnerable populations.
2. Open a healthy line of communication between the state, our state agencies, and Florida's faith institutions and community organizations.
3. Enhance care for the children and families of our state through cooperation and collaboration.

Over the last two years, the Governor's objectives have become realities with the following accomplishments:

THANK YOU, FLORIDA'S FAITH AND COMMUNITY ORGANIZATIONS

- Through the initiative, the Governor has sent out more than 40,000 thank you letters to the faith institutions and community organizations of our state.
- The Governor has appointed many incredible faith and community leaders to Florida's Faith-Based and Community-Based Advisory Council to provide invaluable expertise and feedback.
- The Governor and First Lady continue to travel the state recognizing the incredible work being done by our faith and community organizations.

OPEN COMMUNICATION

- In the past two years, the Governor's Faith and Community Based Initiative has hosted several calls with faith and community leaders where they have heard directly from the Governor, the First Lady, the Lieutenant Governor, the State Surgeon General, and others.
- More than 5,000 faith institutions and community organizations visited faithandcommunityflorida.com to sign up to be part of the initiative and share the vulnerable populations they serve. This information has been used to assist in building healthier collaborations between the state agencies and faith and community organizations that are serving the same vulnerable populations.

ENHANCE CARE FOR THE CHILDREN OF FLORIDA

- Although the expanding role of the Governor's Faith and Community Based Initiative is to enhance care for all of Florida's vulnerable populations, our primary focus has been and will continue to be the children of Florida.
- Through the initiative's work with the Department of Children and Families, we set out to further engage our faith and community partners in caring for the more than 23,000 children in Florida's foster care system. The results were incredible.
- **In the past 2 ½ years, Florida has:**
 - Launched Florida's Foster Information Center (FFIC) – A first impressions center for people interested in fostering that is staffed entirely by current and past foster parents ready to help interested people navigate through the fostering process. To date, FFIC has received nearly 10,000 inquiries, and 5,000 of those prospective foster parents were ready to take the next step with their local Community Based Care Agency (CBC).

² DCF Newsroom, December 29, 2021. In Case You Missed It: First Lady Casey DeSantis Strengthens Florida's Resiliency Through 2021 Accomplishments

- Launched MyFloridaMyFamily.com and partnered with national non-profit partners to bring resources to the state’s faith and community organizations at no expense to the state.
- Began a proactive upstream prevention approach by launching Care Portal statewide, an app-based program that allows faith institutions and community organizations to see real-time needs of our state’s vulnerable children and families. Just last year, 3,108 children were served through Care Portal.
- The initiative also worked closely with the First Lady on the creation and launch of Hope Florida – A Pathway to Prosperity for the deepening care of children and single parents. To date the Hope Florida care navigators have served more than 25,000 people.

Through Governor DeSantis’ bold actions, perseverance, and commitment to this initiative, our great state of Florida has become a national leader in building healthy relationships between state government and the state’s faith and community organizations. In this work, everyone benefits— children and vulnerable populations receive collaborative enhanced care, state dollars are saved by the incredible frontline work of our faith and community partners, and all Floridians become stronger together.

CHAPTER 1. COLLABORATION

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 strong and economically self-sufficient families, and advance personal and family recovery and resiliency (section 20.19, Florida Statutes). 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.

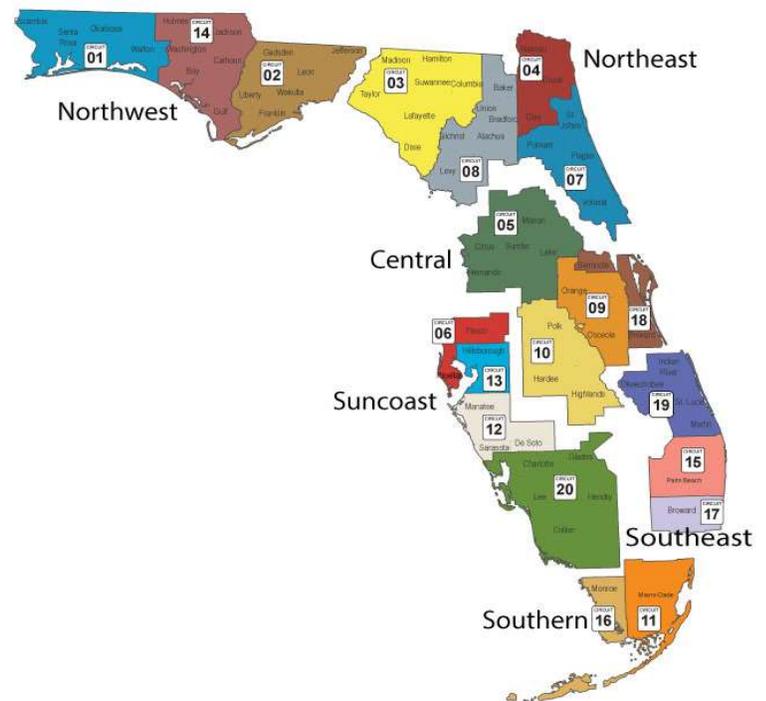
Florida’s progress with implementing the Child and Family Services Plan 2020-2024 (five-year plan) is influenced by the Family First Prevention Services Act (FFPSA). FFPSA provides the opportunity for Florida to deepen its commitment to prevention by enhancing the service array in local communities to address mental health and substance abuse needs, proactively reducing the need for crisis intervention services, and building parent and caregiver skills to promote strong, resilient families.

The Department and its stakeholders are engaged in ongoing analysis and planning to facilitate the transition from the Statewide Automated Child Welfare Information System (SACWIS), Florida Safe Families Network (FSFN), to a Comprehensive Child Welfare Information System (CCWIS). FSFN provides a complete record for each child and young adult served, a method for documenting all licensing records, a payment system for foster care providers, and electronic reporting to national databases that track data on the populations served and outcomes.

A comprehensive CCWIS Transition Research Initiative, FSFN Comprehensive Child Welfare Information System (CCWIS) Transition, to plan for FSFN modifications to support CCWIS requirements was launched in SFY 2018-2019 and culminated in SFY 2019-2020 with the first CCWIS Data Quality plan for Florida, as well as a Legislative Technology Budget request to support the CCWIS transition for SFY 2020-2021. This budget request envisioned a migration to enterprise-wide data management but was not approved by the legislature. This suspended enterprise-wide activities during SFY 2020-2021 and 2021-2022.

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

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



STATE AGENCY RESPONSIBLE

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

1. Deputy Secretary

The Assistant Secretaries of the OCFW, the Office of Operations, the Office of Substance Abuse and Mental (SAMH), and the Office of Economic Self-Sufficiency (ESS) report to the Deputy Secretary. The [Table of Organization](#) is available on the Department of Children and Families website, www.myflfamilies.com.

2. Office of Child and Family Well-Being

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

Within the OCFW there are ten service lines between two units:

- Operations
 - Hotline and Background Screening
 - Child Protection
 - Adult Protection
 - Special Programs
 - Family Well-Being

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

3. 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 (Hillsborough, Pinellas, and Pasco counties) and the Attorney General in Broward County with responsibility for dependency proceedings in those counties.

4. Office of Quality and Innovation

The Assistant Secretary of Quality and Innovation is responsible for administering policy and practices within quality assurance, innovative processes and support, and licensing throughout the state of Florida.

COLLABORATION

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

CARE NAVIGATION

The Department continues to enhance the use of care navigators through the Hope Florida- A Pathway to Prosperity initiative and collaborates with statewide agencies and organizations, as well as local social service providers to provide services and supports to children and families as quickly as possible when a need is identified and assessed. The goal of care navigation and the Hope Florida initiative is to stabilize households and families before they need more intensive supports and services.

FAMILY NAVIGATION

In March of 2022, Secretary Harris announced an exciting new initiative at the Department—the Family Navigation Program. This program is being developed to include some of the best practices around teaming and multidisciplinary (MDT) team staffings to begin the process of “early detection—early connection,” and to support and follow a family from assessment of need through service linkage and beyond to enhance the safety and well-being of Florida children after a report of potential child abuse or neglect.

After reviewing past child welfare cases and reports to determine commonalities and further evaluating current practices, the Department developed this new model aimed at addressing deficiencies in the child welfare system, including enhanced engagement, and ensuring families receive the right supportive services at the right time. This new model will enhance the Department’s engagement efforts with families, further promoting safe, resilient families.

The Department has worked with child protection and behavioral health leaders across the state to form a new strategy, which will improve supports for child protective investigators (CPI) to enhance outcomes for Florida’s families. The new Family Navigator will promote access, engagement, and coordination of services for families in the child welfare system with enhanced behavioral health or other special identified needs supports. This position will also identify service needs, coordinate service intervention, and collaborate with system of care partners, including the child protective investigator, child welfare case manager, and other subject matter experts.

“Building on the recent momentum of historic funding for Florida’s child welfare system, the Department has gathered industry leaders from all parts of our system to help create supports to enhance the well-being of Florida’s families. With the deployment of Family Navigators, the Department will meet families where they

are to help parents and children heal from trauma and overcome mental health and substance abuse challenges to help promote safe, resilient families.”

- Secretary Shevaun Harris.

COLLABORATION WITH EXTERNAL SYSTEM PARTNERS

The OCFW collaborates with stakeholders through various advisory bodies, workgroups, ongoing information-sharing, solution-focused meetings, and other forms of communication. The following list provides a summary of the various major organizational partners with whom the Department actively engages. This list is not all inclusive in terms of collaborative partners or the description of activities with each partner. Information about collaboration to inform the development of the APSR is described in the next section of this chapter. Collaboration with Florida’s Native American Tribes is described in Chapter 6.

- The [Florida Children and Youth Cabinet](#) is charged with promoting and implementing collaboration, creativity, increased efficiency, information sharing, and improved service delivery between and within state agencies and organizations. The Secretary of the Department of Children and Families is a member, along with the agency heads of the Department of Juvenile Justice (DJJ), Agency for Health Care Administration (AHCA), Department of Education (DOE), Agency for Persons with Disabilities (APD), and Department of Health (DOH). Additional members include the executive leadership of the Statewide Guardian ad Litem Office (GAL), Governor’s Office of Adoption and Child Protection (OACP), the Office of Early Learning (OEL), and other appointed representatives from various advocacy and specialized groups.
- The [Office of Adoption and Child Protection](#) was created within the Executive Office of the Governor for the purpose of establishing a comprehensive statewide approach to promote adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect. The duties and responsibilities of the OACP are detailed in section 39.001, Florida Statutes. The Department partners with the OACP to raise the awareness levels of the public and to implement meaningful practice around prevention activities. The OACP coordinates Florida’s Child Abuse Prevention and Permanency (CAPP) Plan in collaboration with the CAPP Advisory Council and 20 circuit taskforces to implement strategies and initiatives that address the state and local priorities.

The OCFW provides ongoing technical assistance and supports the OACP’s many activities, particularly the development and implementation of the state’s five-year plan for Child Abuse Prevention and Permanency. Several other agencies, including the Department of Education (DOE), Health (DOH), Juvenile Justice (DJJ), Law Enforcement (FDLE), and the Agency for Persons with Disabilities (APD), are partners.

Department staff from each of the six regions participate on the Local Planning Teams that work under the guidance of OACP. Local Planning Teams are convened in each of the twenty judicial circuits around the state. Representation on these Local Planning Teams are aligned geographically with the judiciary and the Department’s operational circuits and is consistent with the make-up of the statewide Advisory Council. The Department continues to develop and participate in public awareness campaigns that target the preventable causes of child death in conjunction with the OACP and other state level partners.

- The [Child Welfare Task Force \(CJA Taskforce/PIP/CFSP Steering Committee\)](#) guides the administration of the Children’s Justice Act (CJA) Grant and is responsible to lead, guide, direct, and advise on statewide implementation of major initiatives. The CJA Grant mandates that a Task

Force be created to advise the Department on the spending of the grant funds to improve child protection initiatives in Florida. The Task Force was engaged in the implementation of the CFSP, APSR, and implementation of Florida's PIP. The Task Force members act as vocal and visible ambassadors throughout the state and as representatives of their specific fields of expertise. The Task Force meets quarterly.

- [The Child & Family Well-Being Council](#) was recently established to advance the well-being of Florida's children and families and help fulfill the Department's statutory mission and purpose of working in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The Council was created out of the CJA/Child Welfare Task Force, as the number of stakeholders wanting to participate in that venue has grown over the years. The Council advances the Department's vision and strategy to invite multiple stakeholder groups, including non-traditional stakeholders, parent and lived-experience voices, and sister agencies to the same discussions. As the Child & Family Well-Being council is being built over the second quarter of FFY 2022-2023, there is intent to create a collaborative policy development and recommendation system for stakeholders to better inform the Department's direction.
- [Agency for Health Care Administration \(AHCA\)](#) is responsible for the administration of the Florida Medicaid program. The Department collaborates with AHCA on implementation and amendments to the Health Care Oversight and Coordination Plan (refer to Attachment 2) to ensure the timely enrollment of eligible children in the Medicaid Managed Care Program and the ongoing delivery of quality health and behavioral health services.
- [Independent Living Services Advisory Council \(ILSAC\)](#) is legislatively mandated under subsection 409.1451(7), Florida Statutes, to review and make recommendations concerning the implementation and operation of independent living transition services. The Department's Secretary appoints members who submit an annual report that summarizes the Council's findings and recommendations.
- [Florida Youth SHINE \(FYS\) \(Striving High for Independence and Empowerment\)](#) is a peer-run, youth-driven organization that engages current and former foster youth, ages 13-24, from across the state. Youth members receive leadership and advocacy training to address system of care issues and make recommendations for improvement. Member advocacy spans from speaking directly to the Governor, the media, legislature, and Department leadership to provide educational training to the general public on the needs of this population. Local chapters convene where members identify and prioritize system issues that need improvement, collaborate with their peers to develop leadership, public speaking, and advocacy skills, and meet with key stakeholders, such as the CBC decision-makers, to share their experiences in the system.
- [Foster and Adoptive Parent Association \(FAPA\)](#) operates a statewide program of technical assistance and support to twenty local associations. FAPA has been actively involved in the Quality Parenting Initiative (QPI), the Annual Child Protection Summit, ILSAC, and the Dependency Court Improvement Program (DCIP). Members of FAPA, along with the Community International and Domestic Adoption Liaison, are involved in the Adoption Call to Action Initiative. As community stakeholders, member prospective has assisted in shaping Florida's strategies to achieve permanency for waiting children.

OCFW has participated in monthly Board of Director calls with FAPA to answer questions and to provide policy updates and support. OCFW has participated in statewide FAPA educational meetings to provide training and updates to statutes and policies pertaining to foster home licensure.

- [Adoption Advisory Board](#) is a statewide group of adoptive parents, biological parents, adoptees, private adoption attorneys, and private adoption agencies. Current members include the Statewide Adoption Policy and Program Specialist, past Adoption Managers, and the Reunion Registry Specialist. It is the objective of the Adoption Advisory Board to convene members of the adoption community to provide adoption-related policy and procedures consultation and to promote adoption-related initiatives.
- [Quality Parenting Initiative, Florida \(QPI\)](#), focuses on strengthening foster care and excellent parenting for all children in Florida’s child welfare system. QPI is “a philosophy and a network of sites that share information and ideas about how to improve parenting, as well as recruit and retain excellent families. It is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the expectations of and support for caregivers.” The Department collaborates at all levels with QPI to expand the network and embed the approach in day-to-day practice. The OCFW continued a contract with QPI to assist in the implementation of new statutory requirements as a result of 2021 legislation. QPI was contracted to develop a statewide life skills training for caregivers of children between the ages of 13-17. QPI collaborated with key stakeholders to include the Department, Community-Based Care Lead Agencies, former foster care youth, and Florida FAPA. Additionally, the training will be pre-recorded, which will provide caregivers with on demand access.
- [Florida Coalition for Children and Families \(FCC\)](#) is a membership organization of CBC lead agencies, Case Management Organizations, the Foster and Adoptive Parent Association, group care providers, and other child and family well-being providers. The FCC maintains a committee structure to study various challenges faced by the system of care and to develop solutions. FCC advocates for legislation and funding to improve outcomes for children and families. The Department and FCC developed and maintain a statewide strategic planning process, monthly leadership meetings, and multiple ways of collaborating to improve safety, permanency, and well-being outcomes.
- [Office of Substance Abuse and Mental Health \(SAMH\)](#) continues to be a significant partner with the child welfare system to develop policies for the integration of child welfare and behavioral health services, implement innovative programs and approaches, and contract with Managing Entities (ME) and includes contract standards and provisions for services involving child welfare clients.
- [Florida Institute for Child Welfare \(FICW, Institute\)](#), located in the School of Social Work at Florida State University (FSU), was established by the Florida legislature in section 1004.615, Florida Statutes. The FICW operates under a strategic plan that describes how the Institute is governed and includes its mission and vision. Researchers from across the state dedicated to improving the safety, permanency, and well-being outcomes for children in Florida’s child welfare system are [Institute Affiliates](#) to help the Institute achieve its goals. The Institute provides ongoing support to the Department on multiple issues, including the child welfare workforce, the Results-Oriented Accountability program, human trafficking, pre-service and in-service training evaluation, and

parental behavioral health services integration. In addition, FICW serves as the Department's contracted evaluation provider for two statewide Kinship Navigation Providers.

- [Dependency Court Improvement Program \(DCIP\)](#), located within the Office of Court Improvement (OCI), provides training and technical assistance to dependency judges, magistrates, and court staff, and provides staff support to the multidisciplinary Dependency Court Improvement Panel (Panel). The Panel plays a pivotal role in advancing promising dependency court practices throughout the state on issues such as Early Childhood Courts, transitions, placement stability, visitation, and child safety. Currently, the Panel is addressing quality legal representation, quality hearings, and best practices within problem-solving courts. The Deputy Secretary of the Department of Children and Families, the Assistant Secretary for Child Welfare, and the CLS Director serve on this Panel. The OCFW meets monthly with the DCIP team.
- [Florida Guardian ad Litem \(GAL\)](#) is supported by a Program Office within the Justice Administration Commission, which has oversight responsibilities and provides technical assistance to all GALs and attorneys ad litem programs in Florida's twenty judicial circuits. The GAL represents the best interests of children involved in court proceedings, advocating for what the law says the child is entitled to and working to ensure child-centered decisions are made by having a thorough understanding of the facts and the child. The Department collaborates with the GAL on a statewide and local basis to promote teamwork, transparency, and communication.
- [Florida Center for Prevention and Early Intervention Policy \(CPEIP\)](#) operates under the administrative arm of Florida State University's Institute for Science and Public Affairs. CPEIP focuses on vulnerable infants and toddlers who can be positively affected through nurturing relationships, strong maternal and child health, and quality early childhood care and education. The CPEIP leads the state's development and implementation of infant mental health services, including training for infant mental health specialists who provide evidence-based infant mental health services, such as Child-Parent Psychotherapy.
- [Ounce of Prevention Fund of Florida, Inc. \(The Ounce\)](#) identifies, funds, supports, and tests innovative programs to improve the life outcomes of children, preserve and strengthen families, and promote healthy behavior and functioning. The Ounce is one of 50 state chapters of Prevent Child Abuse America (PCA America). The Department continues to contract with The Ounce through funding from the federal Community-Based Child Abuse Prevention Program (CBCAP) grant for activities related to the annual child abuse prevention campaign, family support services, and parent support services.
- The Florida Department of Health (DOH) is a partner with the Department across the full continuum of child welfare services that include outreach to families, infants affected by substance use, statewide prevention campaigns, [Child Protection Teams](#), and an array of other programs under [Children's Medical Services](#) for children in foster care. The current major collaborative efforts with DOH include the following programs under their purview.
- [Child Abuse Death Review Committee \(CADR\)](#) operates under the purview of DOH. The CADR, established in [section 383.402, Florida Statutes](#), provides statewide and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths that were accepted for investigation by the Florida Abuse Hotline (Hotline). CADR's duties extend to all deaths reported to the Hotline. The goal of these reviews is

to eliminate preventable child deaths. More information about CADR and collaboration with the Department is in Chapter 5, Update on Services Continuum.

- [Florida's Division of Early Learning/Early Learning Coalitions \(DEL\)/\(ELC\)](#) administers federal and state funding and partners with 30 local early learning coalitions and the Redlands Christian Migrant Association to deliver comprehensive early learning services statewide. DEL oversees four programs: school readiness, the Voluntary Prekindergarten Education Program, Child Care Resource and Referral services, and the Gold Seal Quality Care Program. The Gold Seal Program was transferred to DEL in 2021 from the Department through legislation. The Department continues to conduct the health and safety inspections for licensed and licensed-exempt programs that are utilized for the administration of the Gold Seal Program. The Department and ELCs collaborate on an ongoing basis to develop and implement policy to provide “at-risk” child care as a safety management service for parents with children under protective supervision, as well as “at-risk childcare subsidies” to eligible relative caregivers.
- The [Florida Head Start Association](#) (FHSA) provides infants, toddlers, and preschool-aged children from low-income families accessibility to school readiness services, including early learning and development, health services, and family well-being programs. This program is available at no cost to children from birth to 5 years and can be offered in child care facilities, family child care homes, and the family’s home. The Department collaborates with FHSA regarding statewide communication and updates that are sent and reciprocated between agencies.
- [Department of Children and Families/Department of Juvenile Justice \(DJJ\) Crossover Team and Local Champions](#). One Department and one DJJ Crossover Champion serves in each circuit as the point of contact for crossover-related matters to champion local collaboration efforts and education of staff and community partners. The Crossover Champions develop local collaboration plans to address the needs of crossover youth and their families. Department/DJJ Headquarters’ Team holds quarterly calls with Crossover Champions, develops specialized training, and disseminates information through a SharePoint Crossover Page. More information is provided in Chapter 5, Description of Child and Family Services Continuum.
- The Department of Education, Agency for Persons with Disabilities, Department of Juvenile Justice, Agency for Health Care Administration, Department of Health, Guardian ad Litem, Office of Elderly Affairs, and the Department of Children and Families collectively developed an [Interagency Agreement to Coordinate Services for Children Served by More Than One Agency that is in effect 2017 through 2022](#). The coordination of services and supports across agencies ensures necessary local and statewide resources for children being served by more than one agency.
- The Department participates in several workgroups and committees within DOE, including the State Secondary Transition Interagency Committee for students with disabilities, the Now is the Time Project for Advancing Wellness and Resiliency in Education (AWARE), State Management Team for student mental health services, and Every Student Succeeds Act (ESSA). The Department also collaborates on an ongoing basis with DOE, the Florida College System, State University System, and the Board of Governors regarding campus-based coaching initiatives to improve postsecondary outcomes for former foster youth. In addition, the Department continues to collaborate with DOE to discuss any barriers that impact children in Florida’s child welfare system on a statewide level. The local school districts and Community-Based Care lead agencies have

educational liaisons in each county. The liaisons collaborate to address educational concerns that are specific to their area regarding children in the child welfare system.

- [The Florida Department of Law Enforcement \(FDLE\)](#) is a long-standing partner in developing and updating methods to obtain background criminal history information. The Department provides a co-located position in the FDLE Missing and Endangered Persons Information Clearing House to ensure that all children missing from the care and supervision of the state are properly reported with local and state law enforcement and the National Center for Missing and Exploited Children. FDLE also partners on human trafficking strategies and task forces throughout the state, along with local law enforcement and federal agencies.
- [Department of Revenue \(DOR\), Child Support Program](#) is a partner with the Department to develop and implement policies for the use of the Parent Locator Service to find absent parents or to locate relatives for potential child placements and child support in child welfare cases.
- [Children’s Services Councils \(CSCs\)](#) are established by a county commission through a local ordinance. Voters approve taxing authority or other funding for a Children’s Services Council. Section 125.901, Florida Statutes, governs the creation and operation of CSCs. Florida is the only state in the nation with laws that allow local county leaders and the residents of those counties to create a special government entity that’s sole purpose is to invest in the well-being of children and families. In the counties where CSCs are currently established (Alachua, Broward, Duval, Hillsborough, Leon, Manatee, Martin, Miami-Dade, Palm Beach, Pinellas, and St. Lucie), the CSC and the CBC often collaborate to provide special studies and evaluations, various types of outreach, and interventions and other innovative initiatives that are locally designed and driven.

STAKEHOLDER INVOLVEMENT IN IMPLEMENTATION OF THE CFSP

OCFW and regional liaisons engaged in different collaborative efforts with stakeholders and partners to establish a foundation for the annual report. Stakeholders and partners included, but were not limited to, staff from other divisions within the Department, CBC providers, local sheriff liaisons, members of the FCC who provide leadership for multiple strategic initiatives and workgroups, youth from Florida Youth SHINE, parents, relative caregivers, Florida foster parents, members of the QPI, GAL, and the Dependency Court Improvement Program.

Region liaisons collaborated with various stakeholders and partners to implement the CFSP and provided updates with input from across the local child welfare spectrum throughout the State of Florida. The planning, reviewing, and drafting of the APSR began in mid-January. Each Region worked with their local staff (including Child welfare professionals), community partners, stakeholders, and those with lived experience to provide an update on areas of strength and needs, review if changes or modification of goals were needed, and to share the great work occurring to support goals. The updating of the APSR is shared throughout the child welfare community, through various councils. See Regional Annual Updates beginning on page 22. The involvement of organizations as outlined above in the Department’s planning and other activities is described through the APSR.

A team from the Department and community stakeholders conduct monthly meetings with Florida’s Office Family Courts/DCIP. These collaborative calls allow for the opportunity to share, to discuss rising issues, DCIP Panel activities, recent Casey Foundation work with courts, discuss needs for joint input on initiatives, topics, and goals. The Department reaches out and engages the Office of Family Courts to assist in the updating and

drafting of the annual APSR. Discussion about the APSR is a standard topic that occurs frequently throughout the meetings. Office of Family Courts set partner and always participates in the planning and execution of the Annual Joint Planning Meeting.

TRAUMA-INFORMED CARE EFFORTS

The Office of Child Care Regulation designed and implemented new courses regarding trauma-informed care, including an online 5-hour Trauma-Informed Care for Child Care Professionals course and an instructor-led 40-hour Trauma-Informed Care of Child Care Directors course. These professional development courses offer early childhood educators and professionals an overview of the impact of trauma on children and families, how to incorporate inclusive strategies into the classroom setting and tools to implement trauma-informed care for the families being served. A Trauma-Informed Care of Child Care Program Director Credential Endorsement may also be earned by a program director upon completion of the courses mentioned. To date, 9,881 students have completed the 5-hour Trauma Informed Care course, 3,088 instructor hours have been dedicated to the 40-hour director's course, and 855 Trauma Informed Care Director Credential endorsement have been earned.

PRESCHOOL DEVELOPMENT GRANT PARTNERSHIP (PDG)

In partnership with the Department of Education's Division of Early Learning, the Department of Children and Families' Office of Child Care Regulation utilizes the PDG to help support and enhance healthy and safe environments for children under the care of a child care provider. During State Fiscal Year 2020-2021, the Office of Child Care Regulation utilized \$752,488 in PDG funds to complete various system enhancement projects and started the Differential Monitoring Key Indicator project.

Region liaisons collaborated with various stakeholders and partners to implement the CFSP and provided updates with input from across the local child welfare spectrum.

REGIONAL ANNUAL UPDATES

Florida's community-based child welfare system is comprised of a partnership between the Department of Children and Families (DCF), other state agencies, the courts, law enforcement agencies, service providers, and local communities. There are 17 Community-Based Care (CBC) lead agencies that each provide coverage to specific geographic areas within the 20 Judicial Circuits in Florida. Several lead agencies cover more than one geographic area and areas may include one or multiple counties. Although services vary among CBC lead agencies, they have a shared role in participating and ensuring safety, permanency, and well-being for all children in the state.

SUNCOAST REGION HIGHLIGHTS

Over the past year, the SunCoast Region undertook two major transitions of the CBC Lead agencies in circuits 6 and 13. An emergency procurement was issued for the CBC Lead Agency in Circuit 6 in November 2021 with the new Lead Agency, FSS, taking over the contract effective January 1, 2022. In January 2022, a procurement was issued for the CBC Lead Agency in Circuit 13 with the new CBC being selected in March 2022, and they will begin services effective July 1, 2022. In both instances, the Department heavily engaged the local community alliances, foster parents, staff, judiciary, Guardian ad Litem (GAL) and other stakeholders throughout the process and is providing heavy on-site assistance during both transitions.

In February 2022, CNSWFL partnered with SelfLess Love Foundation and One Voice IMPAACT (OVI) to form a local Youth Council named The Youth in Us. The council comprises youth in foster care, foster care alumni with lived experience including young adults and adopted youth, and adult champions. Child welfare staff and those familiar with the child welfare system guide the youth and young adults through the process of self-advocacy and uplifting their voices to help improve the child welfare system.

"One Voice IMPAACT (OVI) is a youth engagement initiative powered by Selfless Love Foundation that provides current and former foster youth opportunities to:

- **DEVELOP** skills for leadership and life
- **ADVOCATE** for changes to policy
- **JOIN** a network of youth leaders across the state of Florida to improve the system of care

Together, our network of young people and child welfare system professionals are giving youth voices center stage to raise awareness about the value of youth participation in decisions that impact their future."
[https://selflesslovefoundation.org/ovi/#:~:text=One%20Voice%20IMPACT%20\(OVI\)%20is,improve%20the%20system%20of%20care](https://selflesslovefoundation.org/ovi/#:~:text=One%20Voice%20IMPACT%20(OVI)%20is,improve%20the%20system%20of%20care) "

Furthermore, OVI has formed a high-level advocacy council of youth leaders with have an interest in child welfare policies and procedures. These individuals participate in quarterly calls with Department leadership and CBC CEOs to represent a collective voice in the development of policy and practice improvements.

SOUTHERN REGION

Important collaborations in the region include partnerships with Domestic Violence Advocates who cross train, collocate, and staff cases with child protective investigators making sure that children and families are safe and receiving the right supports and services in domestic violence cases, as well as an ongoing collaboration with Quality Parenting Initiative, a partnership with the Hialeah Housing Authority with a grant providing Section Eight housing to families in the dependency system or EFC youth in need that meet requirements of the program, ELC extending day care services to children in

care or temporary assistance for those parents during an open investigation, partnerships with hospitals by colocation of investigators.

In recognizing the importance of family connections Citrus FCN has added to the family finders' team and as of 2022, two-family finders are assigned to the case management agency 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. One permanency specialist as to assists Monroe County and another coming on board to assist the FCMA located in the south. The family finding team has also maintained 2-3 social work interns trained in the necessary processes to assist in the family finding efforts, including family searches and contacts.

In addition, Children's Home Network received funding for two family finding positions and has agreed to partner with Citrus FCN. Children's Home Network has agreed to align with Citrus FCN's family finding policy and processes.

The Department has hired family finders to locate non-licensed placements at removal, and the Department and Citrus FCN will compare search systems outcomes and align processes.

A newly developed unit at Citrus FCN, the Medical Care Coordination Department, assists families by connecting them to any medical and dental services needed in alignment with Department guidelines. This is accomplished by the dental team making sure that all children are seen for their routine dental exams and for any special recommendations. The medical team focuses on the medical needs starting with the initial medical evaluation and ongoing medical assessment, which include all HEDIS measures such as well child checkups and immunizations to ensure that all children are at optimum health. 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 medical foster care 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 facility. Additionally, the Medical Care Coordination department collaborates with the early intervention team to discuss referrals for the Young Parents Project, 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.

SOUTHEAST REGION

The Department participates in the Safety and Justice Action Team, which has helped to launch in October 2021 an enhanced mentoring initiative for court-involved youth ages 11- 19. The Department also participates in the Becoming a Trauma Sensitive Community Action Team, which has led to widespread training on Adverse Childhood Experiences and the effects of trauma on brain development.

The Florida Department of Juvenile Justice has implemented the **Juvenile Detention Alternatives Initiative** (JDAI) in conjunction with the Annie E. Casey Foundation:³ "Applying JDAI core strategies and decision-making based on data-driven policies and practices will establish system accountability to reduce secure detention placements and promote long-lasting productive outcomes for youth development and public safety."

³ <https://www.djj.state.fl.us/research/latest-initiatives/juvenile-detention-alternatives-initiative-jdai>

Implemented this year, CPIS created a Field Support Aide position to play a supportive role in aiding the Child Protective Investigators. The Field Support Aide position is a Certified CPI yet provides administrative and field assistance such as completing follow-up interviews and visits, emergency home studies, collateral contacts, completing referrals, and/or requesting records. This support to the CPIs is assisting with lowering caseloads and providing an opportunity for CPIs who are contemplating resigning.

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.

In Circuit 17, Broward Behavioral Health Coalition (BBHC) 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.

The Southeast Region piloted and 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 Circuit 19.

Efforts below have been made during this year and will continue:

- In two 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. Circuits have achieved and maintained over 40% of kinship placements being licensed.
- 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.
- Work continued this year, with SOS Children's Villages and Place of Hope to transition their group home settings to neighborhood foster homes or large family foster homes. The first foster home for four difficult to place young men was opened by One Hope United.
- Two circuits have grants from the Wendy's Wonderful Kids program to provide additional recruiters assigned to children available for adoption.
- Oak Street, a pilot program for four youth males, 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. In Circuit 17, after a procurement the year prior, three homes were opened 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 four girls, as well. Outcomes at these Circuit 17 placements have been similarly positive to those first seen at Oak Street in Circuit 15.

CENTRAL REGION

Kids Central partnered with Partnership for Strong Families, the Community Based Care Lead Agencies in Circuits Three, Five, and Eight, and Well-Florida Council to provide home visiting services to at-risk pregnant women, fathers, and/or caregivers using substances and infants affected by substances. Services are provided in Alachua, Dixie, Gilchrist, Levy, and Marion and Hernando Counties, using specially trained home visiting nurses using the evidence-based intervention, Nurse Family Partnership (NFP).

Each year, Kids Central holds a unique educational conference to address the emotional and practical challenges foster parents face when caring for abused and neglected children. In addition to the valuable educational component, Kids Central hosts the HALO Awards to recognize and reward the dedicated foster parents. It is vitally important to provide these unsung heroes with the training and recognition they need and deserve.

Kids Central worked in collaboration with the Ocala Housing Authority to implement the Family Unification Program (FUP) is a program under which Housing Choice Vouchers (HCVs) are provided to two different populations:

- Families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child or children in out-of-home care or the delay in the discharge of the child or children to the family from out-of-home care.
- For a period not to exceed 36 months, otherwise eligible youths who have attained at least 18 years and not more than 24 years of age and who have left foster care or will leave foster care within 90 days and is homeless or is at risk of becoming homeless at age 16 or older.

Heartland for Children (HFC) has developed a structured reunification practice that begins at case inception. Under this model, the family is invited to participate in a Family Team Conference (FTC) during the earliest stages of the case. This conference is often used to develop case planning strategies with the family at the table to help us understand the underlying factors within the family that need to be resolved. As the case progresses toward reunification, the family is invited to participate in a reunification FTC. As the case moves toward closure, the family is again invited to participate in a closing FTC. All these connections to the family are intended to reduce the number of families that return to the dependency system after case closure.

Parent Advisory Council: In May 2021, HFC began the Parent Advisory Council to elevate the parents' perspective and voice and integrate it into system improvement. The Council meets monthly and consists of parents who have either a closed or open child welfare case. Some outcomes of the Parent Advisory Council input are the creation of a Parent Portal on the HFC website to help navigate the dependency process, integration of their feedback in HFC's annual parent survey, expanded drug screening opportunities to have flexibilities for location, date, and time, and plans to integrate a parent panel into pre-service case management training in the near future.

Youth Advisory Council: HFC has restarted its Youth Advisory Council for the 21-22 fiscal year. Their members are youth currently in care or former foster youth who have aged out of care. The Youth Advisory Council has noted three areas of concern they want to add their voice to for consideration. In one area, group home cell phone policies, the Youth Advisory Council completed focus groups of youth in group homes, which has resulted in a report that will be shared with HFC's stakeholders.

HFC has incorporated primary prevention services into the front end of the System of Care by providing Circuit 10 with community engagement opportunities, offering prevention training opportunities, access to the resource website, Aunt Bertha, access to the HFC website, and other social media opportunities. This includes outreach to the general public through community awareness campaigns, training presentations, involvement in community events through building partnerships with local agencies, schools, and faith leaders.

Human Trafficking: Brevard Family Partnership has strengthened its focus and support on the identification, prevention, and treatment of survivors. Clinicians in the provider network have engaged in cross-sector collaboration, professional development, training, and trauma-informed crisis intervention and therapeutic services to meet the complex needs of commercially sexually exploited and trafficked survivors. Trauma healing and recovery initiates a restorative process, encouraging survivors to build resiliency, restore dignity and experience their own transformation.

Expansion of the Adoption Team: Due to the increased numbers of adoption finalizations in the last two years, BFP has added two additional Adoption Support Coordinators and a Recruiter to the IMPOWER adoption. Effective January 1, 2020, post adoption services were transitioned to IMPOWER for a more seamless continuum of care.

Early Childhood Court: Effective April 1, 2022, Brevard County Dependency Judge will implement Early Childhood Court (ECC). One of the key differences in Early Childhood Court and traditional dependency court is the team's multidisciplinary input into key decisions, such as visitation parameters and readiness for reunification. While the judge is the ultimate decision-maker in the process, the Early Childhood Court is a problem-solving Court that relies on input from the court team to work collaboratively toward achieving permanency. Families who participate in ECC are reunified an average of 4.5 months sooner than traditional modalities.

Substance Exposed Newborn (SEN) Units: In the BFP SOC, Specialized SEN Units were added consisting of staff specially trained to assist this population. These staff were trained in substance abuse/mental health services and recovery supports and other evidence-based approaches for this special population.

Home-Visiting Program: BFP was awarded a grant for an evidence-based model for a home-visiting prevention program that is focused on serving at-risk pregnant women and infants who are prenatally affected by controlled substances. The main goal of the program is early intervention. BFP received permission from the Department to use Home Visiting Grant funds for two Substance Exposed Newborn (SEN) Family Time Coordinators to support the new SEN units. These positions will provide enhanced visitation to promote expedited reunification.

NORTHEAST REGION

Family Support Services of Northeast Florida's (FSS) Child Welfare Early Education Program (CWEED) committee went through a redesign in 2021 and to ensure continued support of this population, the Early Learning Coalition quarterly meeting was created. Early education and school readiness availability is discussed ongoing. FSS

ensures CMO partners have the training they need in Early Education ongoing. FSS coordinates with Early Steps and provides a training twice a year on Ages and Stages Questionnaire and Typical Growth and Development. With Senate Bill 80, the FSS 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. FSS partners with ELC from several different departments. ELC is a lead contributor to the CWEEN steering committee.

The Northeast Region continues to house Behavioral Health Coordinators, Domestic Violence Advocates, and mental health and substance abuse providers with Child Protective Investigations staff for continued collaborative and supportive casework. Additions to this network include the MDT (multidisciplinary team) Coordinators and the new Family Finder Specialists.

One significant support recently incorporated is the Substance Exposed Newborn Initiative. Consistent with the Department's goal of transforming the Department from a crisis-response agency into a prevention organization, this statewide initiative and regional pilot focuses on the unique and highly complex needs of the 0-12-month substance-exposed newborn (SEN) population. The initiative has the simultaneous goals of promoting safety, fostering recovery, and preventing removal where possible. The intent is to work towards creating higher rates of reunification within the SEN population by strengthening the efficiency and effectiveness of existing service networks and increasing coordination and consistency of approach statewide. Collaboration includes the Department, CBC and Managing Entity agencies, and community providers to enhance service delivery and reduce shelters for this population.

NORTHWEST REGION

The Northwest Region sought input/contributions specific to the implementation of the Child and Family Services Plan for 2020-2024 (CFSP) and progress during the report period through virtual meetings, telephonic, electronic, and email avenues. The collaborators included the two CBC lead agencies, Managing Entity, substance abuse/mental health, Department Investigative staff, and Sheriff Office investigation and training teams. The CFSP closely aligns with ongoing region-wide strategies and objectives. The plan for the upcoming year is to continue ongoing discussion, collaboration, leadership, alliance, and system of care meetings.

Families First Network (FFN) is currently part of a research and development project with the University of Washington School of Social Work and the following partners: Spaulding for Children, NACAC, Child Trauma Academy, National Council for Adoption, and The Center for Adoption Support and Education. This is a 5-year agreement with the goal to develop and evaluate a training program for foster and adoptive parents to also parent children exposed to trauma, and to provide ongoing skills for these same families. The Agency has reached the required number of participant hours and now the research project will evaluate the successes for those parts of the pilot project, as well as those who participate in a control group. In 2020 and 2021, all foster parent pre-service trainings were provided under this model with the hope that this change in educational opportunity will provide children with placement stability and will retain foster parents for longer terms of service.

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. Current training in the Northwest Regions include 148 staffing trained with FFN, 82 with DCF, 38 legal personnel, 70 volunteers with GAL, and 52 foster parents. Further they created a Conditions for Return (CFR) unit in July 2021. The unit currently is compiled of a Conditions for Return Supervisor and four Conditions for Return Specialist. The unit started tracking cases with removals as of September 1, 2021. As of January 1, 2022, the FFN CFR Unit is tracking 106 cases and has

completed 445 consultations on cases. Specific action items to address this goal include FFN Safety Practice Consultants or Conditions for Return Specialists providing a consultation to review the post-reunification safety plans and safety plans that have not been updated within the last 180 days. Safety practice consultants are further available for Field Support to assist the Child Welfare Case Manager (CWCM) with the certification process. Safety practice consultants meet with provisional certified CWCM at 3 months, 6 months, 9 months, and 10 months to ensure all field supervision hours are being completed and provide support to ensure their certification.

Northwest Florida Health Network (NWFHN) and FFN's virtual preservice classes have continued. Feedback on the process has been very positive from both staff and foster parents. As a result of the added convenience and frequency, participation in Foster Parent preservice (QPI) training has been phenomenal. NWFHN's foster home recruitment for FY 2019-2020 exceeded its 15 percent growth target, ending the fiscal year with a 27 percent increase in the number of traditionally licensed foster homes (207) and a 27 percent increase in foster home capacity for child placements (up to 357 children). These activities have continued into FY 2020-2021 with ongoing success. Foster home recruitment had increased an additional 5 percent for foster homes and 7 percent for foster home capacity by the end of January 2021.

NWFHN staff have worked diligently to increase caregivers' capacity to access technology to access resources and supports virtually whenever possible and to meet safely when technology isn't available. When the pandemic lockdown began (March 2020), NWFHN had licensed 29 Level-1 family foster homes and had 59 children placed in those homes (accounting for 9.7 percent of agency children in Out-of-Home Care). Despite the pandemic, agency Kinship staff have increased those numbers to 120 Licensed Level 1 homes and 204 children placed by the end of February 2021 (accounting for 35 percent of agency children in Out-of-Home Care).

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 decreased residential group care. Executive leaders facilitate group home staffings to identify children who can step down to a less restrictive placement. During this staffings when barriers are discovered that prohibit or delay a child's move, leaders are able to solve problems immediately help staff make decisions.

FFN Caregiver and Resource Entry Support (CARES) Teams in Circuit 1 developed as a supportive initiative to address multiple concerns regarding the gap between shelter and case transfer. Concerns being addressed include relative searches, orienting children with caregivers, linking children with trauma-informed clinical services, completion of referrals (e.g., daycare), and school enrollments. Additionally, "Comfort Calls" are facilitated by the CARES to facilitate contact between the caregiver and biological families. These calls are made soon after a child enters out of home care and serve as an icebreaker between the caregivers and parents. Topics such as the child's routine, likes and dislikes, and any other information the parent would like to share are discussed.

FFN is partnering with the Department to address the utilization of relative placements. A workgroup was formed and there is ongoing discussion regarding the transfer of information gathered regarding relatives and important connections for children entering out of home care. These efforts are resulting in increased utilization of relative and level 1 (kinship) foster homes; over the last five months, the percentage from

children in out of home care who are living with a relative or non-relative care from 57.95 percent to 61.96 percent.

NWFHN’s Foster Parent Mentoring Project pairs experienced foster parents with new foster parents as mentors. Foster Parent Mentors assist newly licensed foster parents as they navigate their first placements. Feedback from mentored parents continues to be extremely positive, NWFHN has exceeded State placement stability targets for the last three quarters and foster parent retention is consistently high.

FLORIDA ENTRY TRENDS AND DISPARITY IN ENTRY RATES

Florida analyzes data on entry trends and disparity in entry rates. The review found that the number of children entering out-of-home care in Florida continues to drop each year and is currently at 18-year lows.

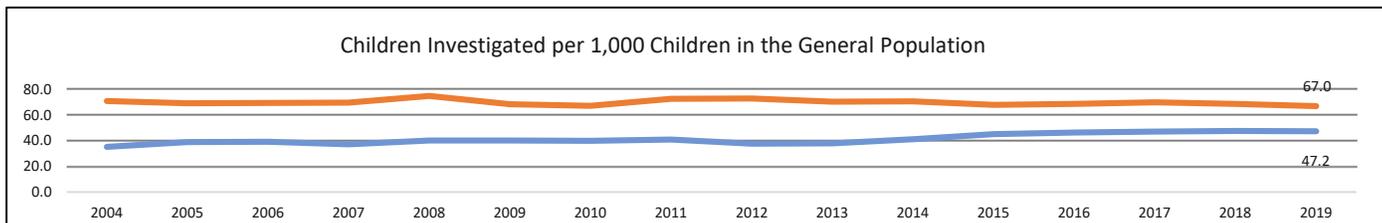
Race/ethnicity	Number of Entries by FFY				
	17A17B	18A18B	19A19B	20A20B	21A21B
American Indian/Alaskan Native	14	9	10	33	20
Asian	23	35	33	15	22
Black or African American	4,659	4,495	3,978	3,428	3,659
Native Hawaiian/Other Pacific Islander	5	3	7	6	0
Hispanic (of any race)	2,803	2,713	2,554	2,263	2,304
White	7,361	7,134	6,628	6,091	5,681
Two or More	1,064	1,077	968	847	873
Unknown/Unable to Determine	86	67	99	122	198
Missing Race/Ethnicity Data	5	5	7	1	5
Total Entries	16,020	15,538	14,284	12,806	12,762

Source: Florida Child Welfare Dashboard /Child Welfare Dashboard Children Entering Out-of-Home Care Listing - Report #1246

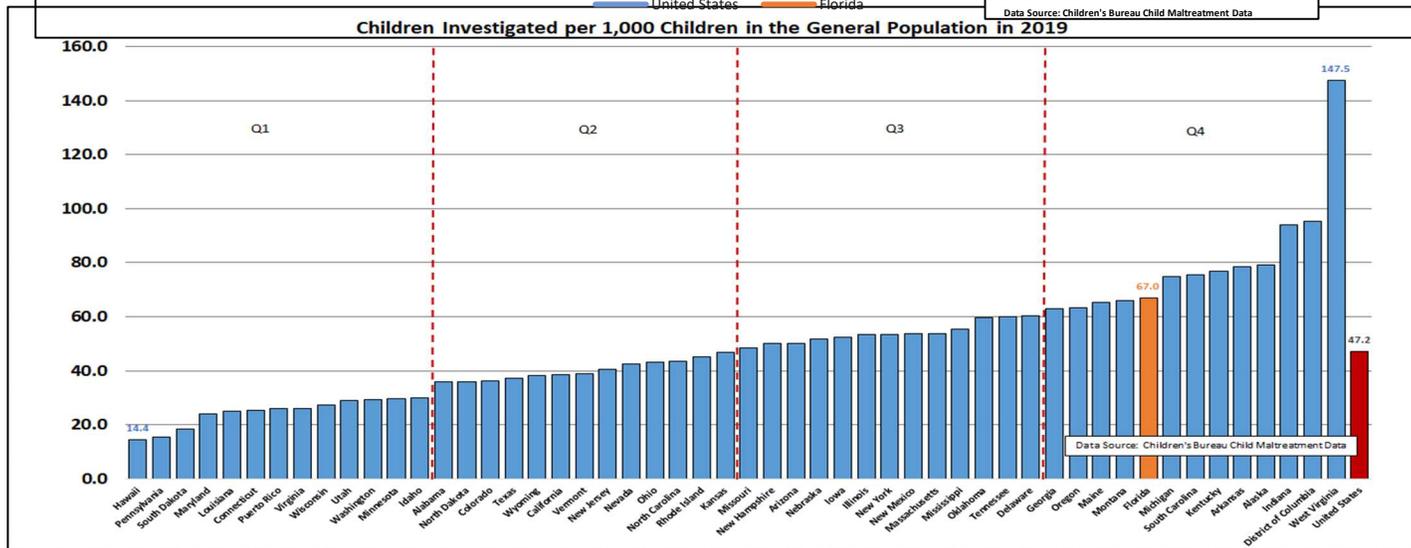
Race/ethnicity	Entry rates per 1,000 Children in the General Population				
	17A17B	18A18B	19A19B	20A20B	21A21B
American Indian/Alaskan Native	1.56	1.03	1.16	3.82	2.32
Asian	0.20	0.30	0.28	0.13	0.19
Black or African American	5.46	5.27	4.67	4.04	4.31
Native Hawaiian/Other Pacific Islander	1.78	1.09	2.50	2.05	0.00
Hispanic (of any race)	2.20	2.09	1.94	1.70	1.73
White	4.09	3.99	3.73	3.43	3.20
Two or More	6.88	6.81	6.00	5.13	5.28

Source: Florida Child Welfare Dashboard/Child Welfare Dashboard Children Entering Out-of-Home Care Listing - Report #1246 and Florida Office of Economic and Demographic Research (EDR) Child Population Estimates

Florida’s investigation rate has been flat to declining for over a decade, but far exceeds the national average. Florida’s investigation rate was the ninth highest in the nation in FFY 2019.



Source: Children’s Bureau Child Maltreatment Data

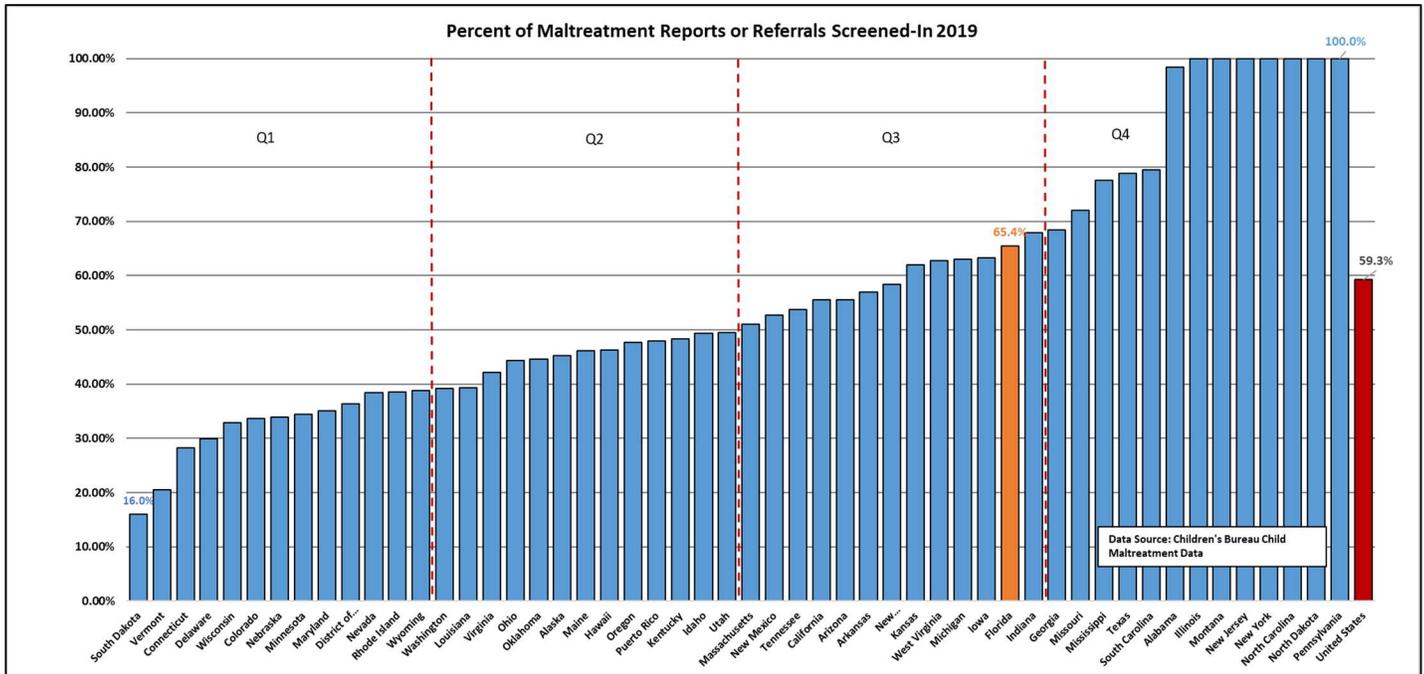


Source: Children’s Bureau Child Maltreatment Data

The first decision point in Florida’s child welfare system is the decision as to whether a reporter’s allegation(s) of maltreatment meets the criteria to be accepted for investigation. Caution should be used in comparing states, due to varying laws, reporting mechanisms, and information systems.

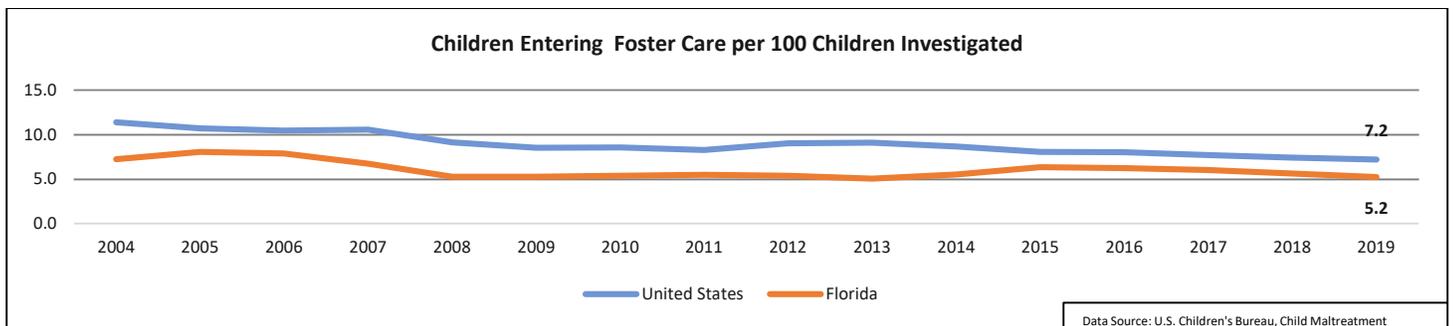
FLORIDA COMPARED TO OTHER STATES

The most recent national data for the percentage of reports screened-in is for FFY 2019. Florida’s rate was above the national average and in the second highest quartile in FFY 2019. However, Florida’s screen-in rate has dropped significantly in the last four fiscal years.

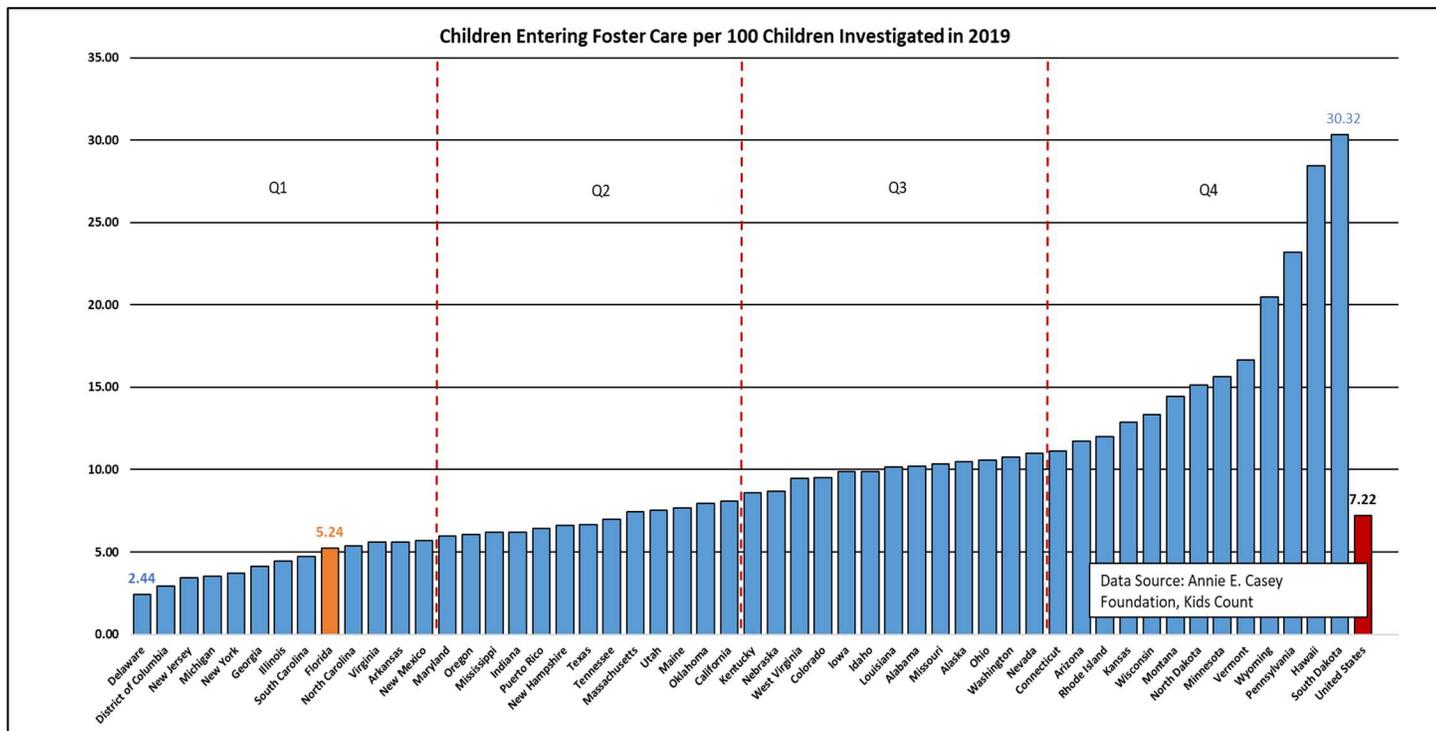


Source: Children's Bureau Child Maltreatment Data

When looking at entry rate per 100 children investigated, Florida's rate is historically much lower than the national rate. Florida ranked ninth in 2019 (the most recent year available) in children entering care per 100 children investigated. Differences in state policies and practices—including variations in the legal definitions of maltreatment—affect rates, so interpretation of trends and state-by-state comparisons should be made with caution. Some differences in rates are related to differences in other indicators. For example, states with very low reporting rates (e.g. Pennsylvania) tend to have a relatively high removal rate; states with a very high reporting rate (e.g. Florida) tend to have a relatively low removal rate.



Source: Children's Bureau Child Maltreatment Data



Source: Children’s Bureau Child Maltreatment Data

Child Protective Investigators (CPIs) can only remove those children which they encounter as part of a child abuse investigation. The removal rate per 100 alleged victims within closed investigations data indicates that CPIs have removed a lower proportion of African American children as compared to their white counterparts when analyzed through the lens of removal rate per 100 alleged victims. This observation holds for all age groupings under the age of 11.

Removal Rate by Race All Ages				
Race	2017	2018	2019	2020
African American	5.21	4.78	4.77	4.61
White	5.61	5.39	5.41	5.61
Other	5.48	5.15	4.75	5.15
All	5.48	5.18	5.14	5.25
Combined Black and Other	5.27	4.88	4.77	4.76

Data Source Child Welfare Dashboard, Removal Rate per 100 Alleged Victims within Closed Investigations

African American children are more likely to have a report presented to the Hotline when compared with their white counterparts. Screen-in percentages are similar for African American and White children. Note that the percentage of screened-in intakes for African Americans tends to align with the proportion of African-American children in out-of-home care.

From this analysis, African American children are over-represented in entry numbers and in out-of-home care compared to their representation in the general population. However, African American children are removed at a lower rate than their white counterparts per every 100 children investigated, except in the case of older

teens. African American children are over-reported to the Florida abuse hotline, so despite no observed bias in screen-in rates, a higher percentage of African American children are investigated than their representation in the general population. The higher percentage of African American children investigated (due to over-reporting) leads to African American children being over-represented in entry numbers, despite being removed at a lower rate per 100 children investigated.

Florida is a high-volume reporting state, with broad statutes defining child abuse which leads to higher numbers of screened-in abuse reports, and further compounds the issue of over-reporting.

There is minimal variance between older African American teens ages 15-17 and White teens within the same age cohort. The 2017 rate was 3.70 to 3.36, 2018 rate was 2.93 to 2.87, 2019 3.04 to 2.97, and 2020 3.14 to 2.94. While removal rates for African American teens ages 15-17 were higher across all four years the spread the difference is not statistically significant and doesn't appear to indicate an explicit bias within the Florida child welfare system.

CHAPTER 2: UPDATE TO THE ASSESSMENT OF PERFORMANCE IN IMPROVING OUTCOMES

OUTCOMES AND PERFORMANCE

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

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

The Department's Contract Oversight Unit (COU) conducts administrative reviews of CBC contracts to address requirements in [section 402.7305, Florida Statutes](#), for monitoring CBC contracts. The Office of Quality and Innovation monitors and evaluate performance on quantitative and qualitative outcomes, and leading indicators are reviewed with each region, circuit, contracted sheriff's offices, and CBC during the newly implemented Quarterly Quality events. The Quarterly Quality events are intended to facilitate participation from the Department, CBCs, and stakeholders for each community. The events were originally planned to be in-person; however, they were held virtually due to the pandemic. The Department will have held four quarterly events during this reporting period.

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

PREVENTION

Protecting children from abuse and neglect is both a federal and state outcome that measures protection from abuse and neglect during and after the provision of child welfare services. The CB encouraged child welfare

systems to bring greater attention to prevention services that protect children from future abuse and neglect. To rise to that challenge, the following information shows Florida’s results from programs to prevent children from experiencing child maltreatment and formal entry into the child welfare system.

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 currently provided in all 67 Florida counties. FSFN is used to determine whether any children served have a verified maltreatment within 12 months after their family participated in services.

Family support services are provided by CBCs and/or their subcontractors to families who have been investigated, have children determined to be safe, and who have a high or very high-risk score based on a Risk Assessment completed by the CPI. At CBC 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. The implementation of HOPE Florida—A Pathway to Prosperity and the Moments of Impact Strategic Plan creates an environment that prioritizes prevention work with families, long before they need more invasive services, by creating a system that can recognize and address family stressors and barriers before they overcome a family’s protective capacities and build and enhance those capacities.

Table 2.1: Number of Children in Families Receiving Family Support Services

2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
22, 827 children	20,676 children	17,051 children	15,352 children	15,997 children	15,981 children

Source: FSFN Children and Young Adults Receiving Services by CBC Lead Agency and type of service Florida’s State Fiscal Year (July 1st through June 30th)

In addition to the previously mentioned services, the Department is currently incorporating feedback from the Children’s Bureau in the redraft of its IV-E Prevention Plan. Florida began implementing a Community-Based Care model in 2005 to support the long-standing vision that services are best delivered when developed and driven by local communities. Florida has seen improved outcomes for children and families since this transition that includes a reduction of children placed in out-of-home care from a historic pre-Title IV-E waiver high of 28,444 children on October 31, 2003, to 22,334 children on December 31, 2020. Florida’s child welfare system is comprised of an allegation intake and child protective investigation process conducted by Department staff and seven (7) Sheriff Offices and supported by a privatized case management system provided by Community-Based Care lead agencies (CBCs).

The Department is striving 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 quicker. The Department will operationalize and integrate prevention into practice as we build 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 the families of Florida. This prevention effort represents a collaboration between the Department, CBCs, 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. This collaborative model will **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 will support focused post-intervention and aftercare support to build **Resilience** for families who have been in crisis and to prevent re-entry.



The framework will be used to integrate and expand the state's historic child welfare prevention lens, developed under the IV-E waiver, by helping communities build an array of evidence-based programs and a network of providers for coordinated, wrap-around care to meet the holistic needs of children and families. Florida families will have "no wrong door" to access community-based, coordinated, quality, and evidence-based services at the right time to meet their unique and specific needs and to support long term well-being.

SAFETY DATA

The percent of children with no recurrence of maltreatment in 12 months was at 93.47 percent for FY 2020-2021 and continues to be a strength for Florida. The table below shows steady, incremental improvement over the last four (4) state fiscal years. The rate of abuse per 1,000 days in foster care is showing a rate of 6.79 for FY 2020-2021: a substantial improvement from a high of 8.84 in FY 2018-2019 and well below the 8.5 target.

Table 2.2: Percentage of Children Served with No Recurrence of Maltreatment

	State Target	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Absence of Maltreatment Recurrence	90.9% or higher	91.96%	92.54%	93.05%	93.47%	93.06%
Rate of abuse per 100,000 days in foster care	8.5 or lower	8.77	8.84	6.67	6.79	6.91

Source: Florida Child Welfare Dashboard/Federal Indicators
Florida's State Fiscal Year (July 1st through June 30th)

The Child and Family Services Review (CFSR 3) Data Profile shows recurrence of maltreatment, not the absence, so the numbers were converted for easier comparison. The Risk Standardized Performance (RSP) is calculated by the CB. Both the RSP and observed performance is shown, as Florida does not risk adjust, which allows for a direct comparison. In addition, the data profile shows performance for three prior fiscal years, not the most recent. Florida meets the observed performance and RSP for Absence of Maltreatment Recurrence, and the observed performance for Rate of Abuse per 100,000 days in foster care with continual steady improvement in both the observed and risk standardized performance.

Table 2.3: Florida Recurrence of Maltreatment Compared to National Performance

	National Performance	Type	Florida FY 15/16	Florida FY 16/17	Florida FY 17/18
Absence of Maltreatment Recurrence	90.5% or higher	RSP	89.8%	89.9%	90.8%
		Observed	92.1%	92.2%	92.9%
Rate of abuse per 100,000 days in foster care	9.67 or lower	RSP	14.71	12.33	11.31
		Observed	11	9.16	8.38

Source: CFSR 3 Data Profile February 2021; RSP - Risk Standardized Performance Federal Fiscal Year (October 1st through September 30th)

Florida continues to exceed its target for children with no verified maltreatment while receiving in-home services and within six-months of termination of in-home or out-of-home services. Florida’s performance continues to be slightly under its target for children not re-entering foster care after a reunification in the last 12 months.

Table 2.4: Children with No Recurrence of Verified Maltreatment During and After Services

Scorecard Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Percent of Children with No Verified Maltreatment During In-Home Services	95.0%	94.28%	94.94%	95.52%	95.42%	95.27%
Percent of Children with No Verified Maltreatment within 6 months of receiving In-Home or Out-of-Home Services	95.0%	96.51%	96.75%	96.63%	96.29%	96.58%
Percent of Children who do not re-enter care within 12 months of moving to a permanent home	91.7%	89.89%	89.99%	90.05%	89.25%	90.67%

Source: Florida Child Welfare Dashboard CBC Scorecard Florida’s State Fiscal Year (July 1st through June 30th)

The CFSR 3 Data Profile shows the rate of re-entry rather than the rate for children who do not re-enter foster care, so data has been converted for easier comparison. The Risk Standardized Performance (RSP) is calculated by the CB. Both the RSP and observed performance is shown as Florida does not risk adjust, which allows for a direct comparison. In addition, the data profile shows performance for four prior years. Florida is meeting both the observed and RSP for children who do not re-enter foster care within 12 months of reunification.

	National Performance	Type	Florida 2016	Florida 2017	Florida 2018	Florida 2019
Percent of Children who do not re-enter care within 12 months of moving to a permanent home	91.9% or higher	RSP	92.1%	92%	92.3%	92.5%
		Observed	93%	93.2%	93.5%	91%

Federal Fiscal Year (October 1st through September 30th)

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

Performance for this outcome is a strength. Improvement has been noted over the last three state fiscal years after the state increased its internal target from 85 percent to 90 percent.

- The qualitative data from the Florida CQI cases shows that the agency made concerted efforts to see children timely with greater than 94 percent of the cases reviewed rated a strength for Item 1 and Safety Outcome 1 last year and this year to date.
- The performance on the PIP monitored cases met 95% of cases rated a strength in PIP measurement period 9, achieving the target for item 1 and Safety Outcome 1, and performance remained high, over 93.45% for the current reporting year to date in the quantitative data and over 95% in the Florida CQI and PIP monitored cases using the OMS. As the PIP target was higher than 95%, the state was allowed to reach 95% once, or sustain performance above the baseline (91.5%) for two PIP measurement periods thus 91.6% shows as the State Standard.

Table 2.6: Percent of Alleged Child Victims Seen within 24 Hours

Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 20/22
Percent of Children Seen in 24 Hours or Less	90%	86.65%	90.08%	92.81%	93.45%	91.63%
Florida CQI Cases	95%	91.3%	91.5%	94.5%	95.98%	
PIP Monitored Cases	91.6%	88.2%	84%	92.25%	94.37%	

Source: Florida Child Welfare Dashboard /Child Welfare Overview/Online Monitoring System.
Florida’s FY years run July 1st through June 30th

Item 1 and Safety Outcome 1 remain strengths for Florida and the state continues activities to maintain strong performance. Instances in which children were not seen timely were related to more than one child in the investigation and not all children were seen at commencement. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section. Examples of ongoing activities include:

- Daily 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 staff members to locate children.
- Retrospective reviews of cases in which children were not seen timely to identify barriers.
- Utilization of staggered shifts to accommodate seeing children according to Florida’s Policy and Procedures.

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

Florida’s overall performance for this outcome is a relative strength. The state achieved the PIP target for item 2 and performance for item 3 improved to reach the 77 percent PIP target for the final PIP measurement period ending December 31, 2020.

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

Performance on this item is a strength. This measure determines whether the agency made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after a reunification. Florida maintained steady performance for no verified findings of maltreatment during in-home services and no verified findings or maltreatment within six months of receiving services each meeting state targets.

The qualitative data shows higher performance on item 2 in the Florida CQI cases compared to the PIP monitored cases; however, both show improvement over the last three years. The Florida CQI cases show consistent performance above 90 percent, approaching 95 percent and incremental sustained performance in the PIP monitored cases, exceeding the PIP target determined by the Children’s Bureau. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section.

Table 2.7: Item 2, Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care.

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Florida CQI Cases	95%	91.9%	91.5%	94.75%	94.55%	
Florida PIP Monitored Cases	85%	79.8%	84%	89.47%	88.89%	
Florida Life-of-Case On-Going Services Reviews						91.58%

Source: Federal CFSR Online Monitoring System/Life of Case On-Going Services Qualtrics Reports
 Florida’s State Fiscal Year (FY) July 1st through June 30th

Although a strength, CBCs implemented additional activities to provide services to prevent removals including the following examples:

- Reunification Support teams to support families and prevent a re-entry into foster care.
- Post reunification family team meetings are monitored by Quality Assurance Specialists to reduce re-entry into foster care.

- Family Reunification teams to provide intensive in-home case management and family engagement for recently reunified families to reduce re-entries.
- A 120-day milestone tracker to prevent removals on non-judicial in-home cases.
- A Family Assessment Support Team (FAST) provides intensive supervision to maintain children in their own homes.
- Intensive Family Preservation Program (IFPP) for families recently reunified to prevent re-entry.
- Expanding Resource Centers to provide prevention services to the community.

Unfavorable ratings for this item have been related to services not provided that then results in an emergency removal. The QIO team has just finished one year of reviews and is working on establishing a baseline to conduct an analysis to assess barriers/issues.

Safety Outcome 2, Item 3: Risk and Safety Assessment and Management

This measure determines if the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care. While this item continues to be an Area Needing Improvement for Florida, the state met its PIP target during the final PIP measurement period. Quality case reviews show steadily improved performance for both Florida CQI and PIP monitored cases. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section.

Table 2.8: Item 3, Risk and Safety Assessment and Management

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Florida CQI Cases	95.0%	72.6%	73%	73.02%	75.96%	
Item 3A Initial assessment		94.5%	92.4%	93.3%	94.7%	
Item 3B Ongoing assessment		85.7%	85.6%	82.4%	84.5%	
Item 3C Safety Plan		69.8%	69.1%	73.2%	75.8%	
Florida PIP Monitored Cases	77%	67%	68%	67.5%	77%	
Item 3A Initial assessment		77.2%	85.2%	80.9%	86.5%	
Item 3B Ongoing assessment		77.8%	75.6%	79.4%	83.8%	
Item 3C Safety Plan		52.2%	60.9%	67.4%	76.8%	
Florida Life-of-Case On-Going Services Reviews						65.0%
Item 3A Initial assessment						86.4%
Item 3B Ongoing assessment						76.3%
Item 3C Safety Plan						58.5%

Source: Federal CFSR Online Monitoring System/Qualtrics Reports
 Florida’s State Fiscal Year (FY) July 1st through June 30th

Improvement efforts for CFSR item 3 continue and examples include the following activities:

- Additional and ongoing training for case workers and supervisors on safety planning and monitoring safety plans.
- Safety Together Assessment Reviews (STAR) to focus on assessment and family engagement by the case workers.
- Interactive Quality Assurance activities with case management to improve safety and risk management.
- Improved home visit forms to better document assessments and safety planning.
- Safety Plan clinics with a Safety Service Specialists to review safety plans with case managers and provide individual guidance.
- Additional training provided on assessments.
- Training provided to congregate care staff members to ensure children are safe during family visits.

Most of the unfavorable ratings for this item include a lack of ongoing monitoring of the safety plan; however, there are a few cases in which there were insufficient initial or ongoing safety assessments.

In addition to the reviews using the CFSR instrument, Florida conducts Rapid Safety Feedback (RSF) reviews. Child Protective Investigator (CPI) Rapid Safety Feedback (RSF) review items have been included in the new Life of Case review instrument for investigations. The RSF population was expanded to all children ages zero to three years of age with any substance abuse related maltreatment allegation regardless of other allegations. The sample of cases for review is comprised of 80 percent children zero to 12 months of age and 20 percent one to three years of age.

Case Management RSF scores have improved over the last four years with significant gains in the sufficiency of assessments, safety planning, and completing required background screenings. This improvement was also seen in item three of the CFSR discussed above. Case management continues to struggle with supervision consultations, assessments, and safety planning. The case management RSF items are being built into the Life of Case review instrument for ongoing services and just as with Investigations, the focus from the Department’s Office of Quality and Innovation will be on children aged zero to three years of age, and the team will continue reviewing cases that transfer from investigations to ongoing services at prescribed intervals until the case closes. The CBCs will use the Life of Case review instrument on other children transferred from investigations and again conduct reviews at each interval until the case closes.

The Office of Quality and Innovation has its own performance management team that will conduct a deeper analysis of the data which will be presented at routinely scheduled Quarterly Quality Events, with one event scheduled for each of the six regions in the state during each quarter of the State Fiscal Year. Provided is a link to an example of data that is shared and reviewed with the regions during these meetings: [Quarterly Quality Event - Southern Region - Google Drive](#). The Office of Quality and Innovation developed measures from the Life of Case reviews with the first year being used to establish a baseline. A statistically significant sample of Life of Case reviews will be conducted in the upcoming year to measure the health of the circuits. The below table shows early performance on the Life of Case reviews for Child Protective Investigations for 2020-2021 with over 2,000 investigations reviewed.

Table 2.9: CPI Life of Case Safety Measures

CPI Life of Case Safety Measures	Florida FY 20/21
Percentage of Present Danger Plans Sufficient to Control Identified Threats	59%
Time Sensitive Actions Were Taken by the CPI Based on the Information Gathered During the Course of the Investigation	72%
Percentage of Cases Accurately Assessed for Impending Danger	79%
The Impending Danger Assessment is Correct	81%
The Impending Danger Safety Plan Is Sufficient to Control Identified Danger Threats	72%
Investigation with Information That Supports the Final Safety Determination	74%

CPI Life of Case Safety Measures	Florida FY 20/21
Actions Taken by CPI Were in Line with the Final Risk Level	76%

Source: Florida Life of Case Child Protective Investigations (CPI) Qualtrics Report
Florida's State Fiscal Year (FY) July 1st through June 30th

Table 2.10: Case Management Risk and Safety Assessment and Management

Case Management Rapid Safety Feedback Measures	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22 to date:
Is the most recent family assessment sufficient?	52.4	55.1%	58%	61.2%	52.4%*
Is the most recent family assessment completed timely?	45.5%	44.9%	47%	54.8%	**
Are background checks and home assessments completed when needed?	74.7%	71.3%	73.4%	79.1%	71.5%*
Is the information assessed and used to address potential danger threats?	78.3%	75.9%	78%	80.2%	96.3%*
Is the safety plan sufficient?	55.6%	59.3%	62.5%	66.7%	71.4%*
Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	47.7%	48.2%	47%	52.2%	62.5%*
Is the supervisor regularly consulting with the case manager?	59.3%	58.9%	55.5%	65.3%	49.7%*
Is the supervisor ensuring recommended follow-up actions are taken?	53.3%	51%	50%	57.1%	

Source: Florida Case Management Rapid Safety Feedback (RSF) Qualtrics Report

* Life of Case On-Going Services Qualtrics Reports

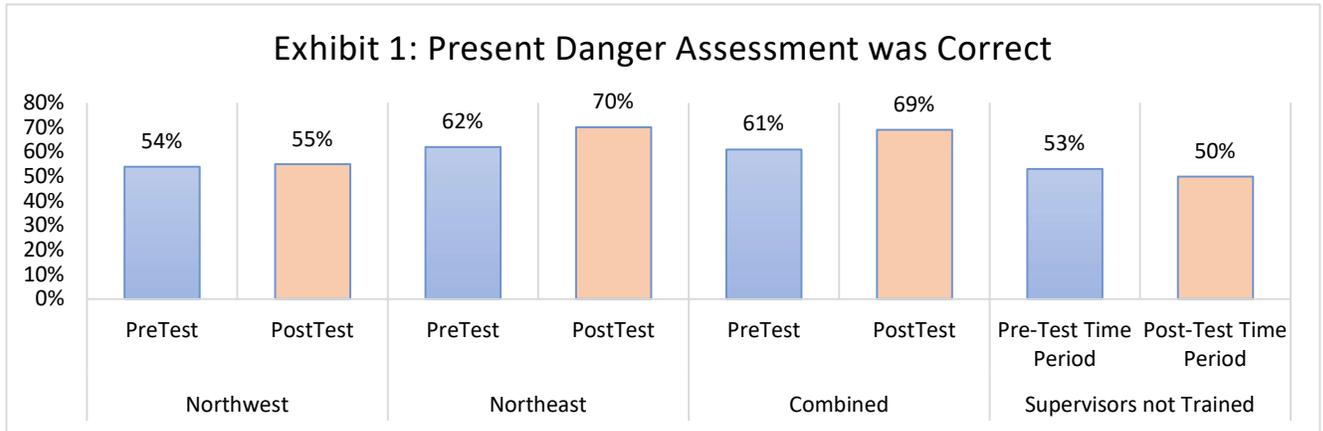
**This question is no longer captured in the qualitative reviews but monitored quantitatively.

Florida's State Fiscal Year (FY) July 1st through June 30th

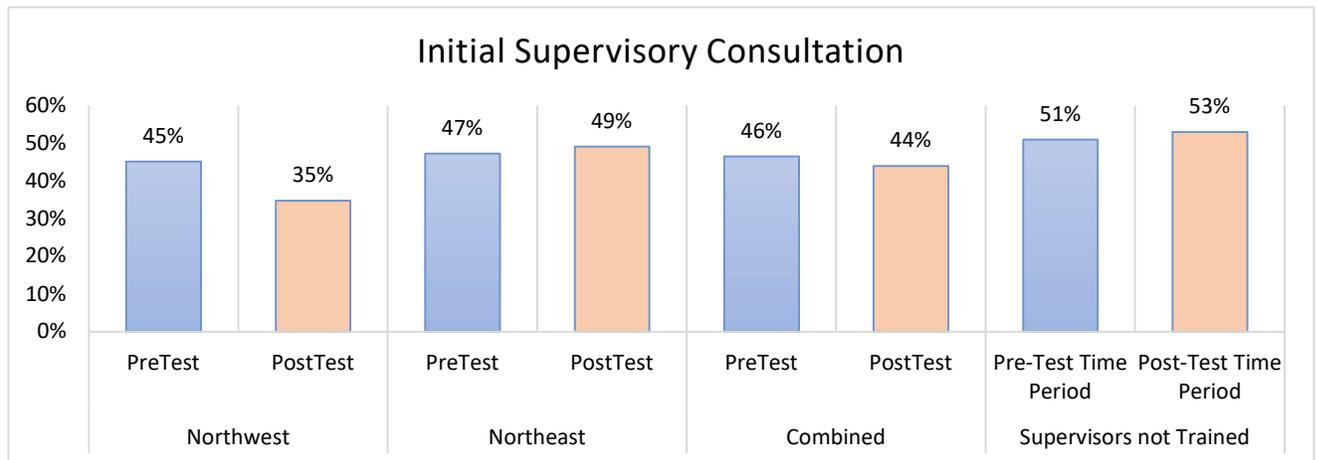
Improvement efforts for case management RSF were the same as CFSR item three including the following examples:

- Additional and ongoing training for case workers and supervisors on safety planning and monitoring safety plans.
 - In the Northwest and Northeast Regions staff received training on supervisor consultation in July and August of 2021. Performance from Life of Case Reviews was evaluated prior to and six months post training.

- For both those in the Northwest and the Northeast, performance increased after the training for the measure, present danger assessment was correct. For the Northwest, performance was 54% prior to the training and 55% after the training and for the Northeast, performance increased from 62% to 70%. This is compared to those individuals throughout the state who did not receive the training in which performance decreased from 53% to 50%. Of note, the present danger was only considered correct if it was correct and supported by the documentation. When including both correct and supported and not supported in the documentation, there was a 4% increase between pre and post test (81% vs 85%) for Northwest. Unable to determine is considered a “No” response, but there was an 8% decrease between the pre and posttest.



- Performance decreased for quality initial supervisory consultation in the Northwest region and increased in the Northeast and for those that did not receive the training.



- - Interactive Quality Assurance activities with case management to improve safety and risk management.
 - Improved home visit forms to better document assessments and safety planning.
 - Safety Plan clinics with a Safety Service Specialists to review safety plans with case managers and provide individual guidance.
 - Additional training provided on assessments.

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

Permanency Outcome 1 is a relative strength for the state as Florida experienced high performance in the Scorecard and Federal quantitative measures for three of the four indicators for this outcome. Florida has seen a steady decline in achieving permanency within 12 months of entry into foster care; however, it has consistently achieved targets for permanency in 12-23 months and 24 or more months. Florida has experienced a decrease in the number of placements per 1,000 days in foster care over the last three years through the current year to date, performing better than the target for the last two years. The Data Analytics team of the Office of Quality and Innovation began researching factors that are making reaching permanency less likely and to try to find the root cause of the drop in performance beginning in 2016. The team is taking a holistic look, including factors outside of the influence of the Department, such as community factors of poverty, graduation rate, and drug use to name a few and internal factors such as number of case managers assigned to a case, placement moves, and kinship placements for their impact on permanency. The team found:

- Initial placement in kinship care; a child’s chances of achieving permanency increased by 20% when initial placement was in kinship care.
- Family structure; children from single parent households are 10% less likely to achieve permanency.
- Visits with parents; children who received quality parental visits were 25% more likely to achieve permanency than children who did not have visits or had visits that rarely occurred, are of adverse or inadequate quality, or are logged visit from a TPR parent.
- Placement moves; each additional placement move a child experienced during a removal episode reduces the chances of permanency by 18%.
- Case workers; each additional case worker assigned to a child during a removal episode reduced the chances of achieving permanency by 3%.
- Family history; a mother who was at any point in time prior to removal episode a perpetrator of an investigation or the mother was at any point prior to the removal episode a victim of an investigation.

One CBC is being used as a pilot for continuing the study in the next year. Examples of CBC improvement activities are listed under the corresponding CFSR OMS item below.

One strategy of the Case Management Pilot Program at Eckerd was to secure an additional Family Reunification Team position to expand services previously provided. The evidence-based program through Gulf Coast Jewish Family and Community Services supports timely permanency by engaging families nearing reunification and supporting case activity needed to ensure a smooth transition of the child back into their home environment. This service was also designed to reduce re-abuse and re-entry into care.

Table 2.11: Timely Achievement of Permanency

Scorecard and Federal Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Percent of children exiting to a permanency home within 12 months of entering care.	40.5%	40.61%	39.82%	37.36%	33.44%	31.68%
Percent of Children exiting to a permanency home within 12 months for those in care 12 -23 months.	43.6%	54.04%	54.38%	51.48%	48.89%	49.00%

Table 2.11: Timely Achievement of Permanency

Scorecard and Federal Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months.	30.3%	45.99%	46.86%	49.17%	44.61	43.63%
Placement moves per 1,000 days in foster care	4.12	4.69	4.68	3.81	3.87	5.41

Source: Florida Child Welfare Dashboard
Florida's State Fiscal Year (FY) July 1st through June 30th

The CFSR 3 Data Profile shows performance for four prior fiscal years, not the most recent for permanency in 12 months and the most recent years for the other permanency measures. Both the RSP and observed performance are shown as Florida does not risk adjust, which allows for a direct comparison. Florida has shown a steady decline in performance for achieving permanency in 12 months from removal; however, has remained strong in the achievement of permanency for the 12 -24 and 24 plus month categories. Florida has also shown steady, incremental improvement in placement stability, very close to meeting the target for observed performance. Improvement activities are highlighted below under each CFSR case review item.

An analysis of the data indicate that a CBC was erroneously ending placements on a daily basis in error, and this was erroneously inflating the number of placement moves. Region staff were notified and efforts to correct these errors are being considered.

Table 2.12: Permanency within 12 Months of Entering Care, National and Florida Performance

	National Performance	Type	Florida 2016	Florida 2017	Florida 2018	Florida 2019
Percent of children exiting to a permanency home within 12 months of entering care.	42.7%	RSP	41.9%	40.8%	38.8%	37.3%
		Observed	42.7%	41.2%	39.1%	37.3%

Source: CFSR 3 Data Profile February 2022; RSP - Risk Standardized Performance
Federal Fiscal Year October 1st through September 30th

Table 2.13: Permanency After 12-23 Months in Care, National and Florida Performance

	National Performance	Type	Florida 2018	Florida 2019	Florida 2020	Florida 2020
Percent of Children exiting to a permanency home within 12 months for those in care 12 -23 months.	45.9%	RSP	49.4%	49.2%	49.2%	45.3%
		Observed	52%	52.4%	52.2%	47.9%
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months.	31.8%	RSP	35.9%	35.5%	36.1%	34.7%
		Observed	44.8%	47.1%	47%	44.8%

Table 2.13: Permanency After 12-23 Months in Care, National and Florida Performance

	National Performance	Type	Florida 2018	Florida 2019	Florida 2020	Florida 2020
Placement moves per 1,000 days in foster care	4.44	RSP	6.09	6.01	4.78	5.86
		Observed	5.67	5.62	4.45	5.47

Source: CFSR 3 Data Profile February 2022; RSP - Risk Standardized Perform Federal Fiscal Year October 1st through September 30th

Permanency Outcome 1, Item 4: Stability of foster care placement

Performance on this outcome continues to be a concern for Florida. 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. Florida’s performance remained steady over the last three years for item 4 during Florida CQI reviews, below the expected 95 percent performance expectation. Florida did not yet reach its PIP target during PIP monitored cases; however, showed a significant increase in performance during the final PIP measurement period, with 85.51% of cases rated a strength. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section.

Table 2.14: Item 4, Stability of Foster Care Placement

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22 to date
Florida CQI Cases	95%	81.5%	80.6%	79.57%	82.42%	
PIP Monitored Cases	88%	79.2%	76%	80.91%	85.51%	
Florida Life-of-Case On-Going Services Reviews						81.0%

Source: Federal CFSR Online Monitoring System/ Life of Case On-Going Services Qualtrics Reports Florida’s State Fiscal Year (FY) July 1st through June 30th

Placement stability is a priority in Florida with many improvement activities continued and a few newly implemented by CBCs. Examples include:

- Mobile Crisis intervention.
- Clinical Services Specialists to support placements in distress.
- Kinship Navigators to support kinship placements.
- Family Finding positions that locate and support relatives and fictive kin.
- Foster Parent Support teams to provide for the needs of foster parents to preserve placements.
- Placement Committee to assist case management and caregivers with fragile placements.
- Placement Stabilization staffings to prevent disruptions.
- One area implemented ‘Res Wrap’ to work with youth at risk of entering congregate care and stabilize behavior associated with trauma.

The Department worked with several workgroups such as the Statewide Placement Workgroup and FFPSA Implementation Workgroups to identify improvement activities within Florida’s Child Welfare system. Unfavorable ratings for this item result from services not provided to stabilize placements and a few temporary placements for children with behavioral issues.

Permanency Outcome 1, Item 5: Permanency goal for child

Performance on this item is a relative strength for Florida. This item determines whether appropriate permanency goals were established for the child in a timely manner which is measured through case reviews. Florida has maintained performance on its Florida CQI and PIP monitored cases, achieving the PIP target during the second PIP measurement period (October 2017 – March 2018). The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section.

Table 2.15: Item 5, Appropriate and Timely Permanency Goals Established

Qualitative Measures	State Standard	Florida FY 17/18*	Florida FY 18/19*	Florida FY 19/20*	Florida FY 20/21*	Florida FY 21/22
Florida CQI Cases	95%	83.3%	83.8%	78.66%	82.14%	
Item 5B		89.0%	89.8%	88.8%	89.1%	
Item 5C		93.3%	94.1%	91.2%	91.9%	
PIP Monitored Cases	82%	76.8%	77%	78.18%	85.71%	
Item 5B		93.8%	89.1%	91.8%	96.4%	
Item 5C		87.4%	87.3%	82.7%	85.7%	
Florida Life-of-Case On-Going Services Reviews						78.0%
Item 5B						86.3%
Item 5C						90.5%

Source: Federal CFSR Online Monitoring System/ Life of Case On-Going Services Qualtrics Reports
 Florida’s State Fiscal Year (FY): July 1st through June 30th

While CFSR item 5 is a relative strength for Florida, ongoing activities continue for establishing the appropriate permanency goals for children.

- Permanency staffing schedules have been adjusted to best meet the needs of each community with some areas holding frequent staffings to ensure goals are established timely and updated based on changing case circumstances.
- One area schedules the staffing the month prior to each court hearing to ensure the case manager is prepared and able to make any needed updates prior the hearings.
- More efforts are made to actively include parents in the case planning and permanency staffing process.

Guidance from the Florida Supreme Court continued remote court hearings unless requested and approved by the judge. Unfavorable ratings for item 5 are largely based on the agency not changing case plan goals timely as the case circumstances change.

At this time, the Department has not conducted an analysis on this area of concern. The Department continues to support and work statewide on the ongoing activities noted to continue to establish appropriate permanency goals for children. With the Life of Ongoing Case Reviews, the Department will be able to capture the data in a format that allows for the data to be broken down for further analysis.

Permanency Outcome 1, Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

Item 6 continues to be an Area Needing Improvement for the state. 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). Florida’s performance initially decreased during both the Florida CQI and PIP monitored case reviews; however, improvement has been noted in the most recent year, particularly during the final measurement period of the PIP monitored cases. The State did not reach its PIP target for item 6. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section.

Table 2.16: Item 6, Concerted Efforts to Achieve Permanency Goal

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Florida CQI Cases	95%	73.4%	64.9%	62.88%	64.48%	
PIP Monitored Cases	75%	65.6%	60%	50%	59.42%	
Florida Life-of-Case On-Going Services Reviews						52.3%

Source: Federal CFSR Online Monitoring System/ Life of Case On-Going Services Qualtrics Reports
Florida’s State Fiscal Year (July 1st through June 30th)

The timely achievement of permanency goals has been a priority for Florida. Examples of ongoing and new improvement strategies for item 6 include:

- Barrier Breaker meetings or Permanency Action Teams to overcome systemic issues delaying permanency.
- Using Family Team Conferencing or Family Group Decision Making to include families in case planning (CFSR item 13 that impacts item 6).
- Implementing Rapid Reunification pilot at one CBC to provide increased supervision and oversight of cases at 30, 60, and 90 days from removal to facilitate timely achievement of permanency goals.
- Utilizing Quality Assurance Specialists to track cases for permanency.
- Multiple CBCs revised permanency staffing processes or frequency to facilitate the achievement of permanency goals.
- Use of Casey Family Programs’ Permanency Round Tables, mostly for long staying youth or other special populations.
- Conducting case record reviews prior to reaching 12 months from removal to identify and overcome barriers to goal achievement.
- Home in thirty project provides intensive efforts to achieve the permanency goal.

- Post Termination of parental rights (TPR) reviews to remove barriers to adoption for children in identified placements.

Unfavorable ratings for item 6 are due to a delay in providing services to parents for goals of reunification, and not completing adoption home studies timely for cases with goals of adoptions.

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

Permanency 2 is a concern for the state as Florida CQI and PIP monitored case reviews show mixed findings for preserving family relationships and connections for children. While there were no PIP targets for Permanency 2 items, 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 working with foster parents on the Quality Parenting Initiatives such as comfort calls and co-parenting.

Permanency Outcome 2, Item 7: Placement with siblings.

Performance on item 7 is mixed. Through case reviews, 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. Florida’s PIP performance has improved to closer to the CFSR baseline and Florida CQI reviews show a significant improvement in performance so far during the current year. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section.

Table 2.17: Item 7, Concerted Efforts to Place Siblings Together

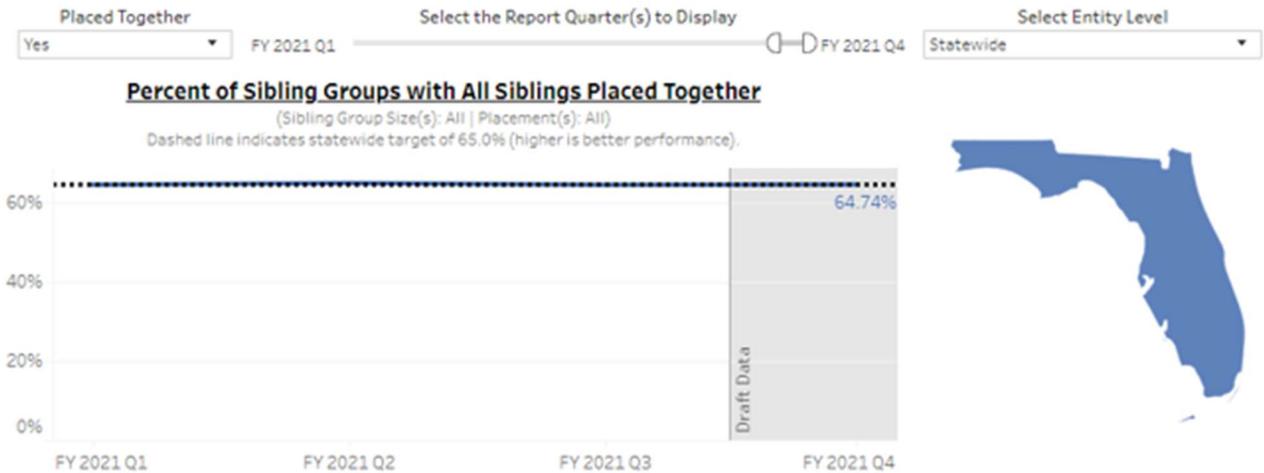
Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Florida CQI Cases	95%	84.5%	79.3%	79.37%	85.71%	
PIP Monitored Cases	NA	72.4%	70%	78.41%	77.78%	
Florida Life-of-Case On-Going Services Reviews						77.1%

Source: Federal CFSR Online Monitoring System/Life of Case On-Going Services Qualtrics Reports
Florida’s State Fiscal Year (July 1st through June 30th)

Florida showed improvement virtually meeting its target for sibling groups in which all children are placed together. The target on the CBC scorecard is 65% and the most recent performance is 64.85%

Sibling Groups Where All Siblings are Placed Together - Statewide

Last Updated: 7/12/2021



Source: Florida Child Welfare Dashboard CBC Scorecard Dashboard

Florida knows the importance of placing siblings together and created internal targets for investigations to place children with siblings upon removal and in the ongoing case management scorecard as noted above. There are exceptions to placing siblings together based on individual child needs which is why the performance is better in the qualitative reviews. A few examples of improvement activities include:

- One CBC created a financial incentive for child placing agencies and foster parents to place siblings together.
- Sibling groups remains a target population for foster home recruitment.

Unfavorable ratings are due to capacity, not attempting to place newly born children with their siblings already in foster care, and not wanting to move children bonded with caregivers.

Permanency Outcome 2, Item 8: Visiting with parents and siblings in foster care

Performance on this item is an Area Needing Improvement. Through case reviews, this item determines whether concerted efforts were made, or are being made, ensuring 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. Florida exceeded the CFSR baseline during its final PIP measurement period. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section beginning on page 38. The interviews in the PIP Monitored cases help improve scores for item 8.

Table 2.18: Item 8, Visitation with Parents and Siblings in Foster Care

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Florida CQI Cases	95%	62.5%	60.5%	56.25%	64.48%	
Item 8A Frequency of visits with mother		78.6%	78.1%	71.3%	80.4%	
Item 8C Quality of visits with mother		86.0%	84.3%	78.2%	82.2%	
Item 8B Frequency of visits with father		66.0%	63.7%	64.1%	74.4%	
Item 8D Quality of visits with father		82.8%	79.2%	73.9%	82.7%	
Item 8E Frequency of visits with siblings		75.4%	61.6%	63.5%	65.6%	
Item 8F Quality of visits with siblings		80.6%	72.3%	69.9%	75.0%	
PIP Monitored Cases	NA	66.4%	57.0%	60.82%	70.21%	
Item 8A Frequency of visits with mother		83.9%	83.5%	78.2%	88.1%	
Item 8C Quality of visits with mother		94.5%	94.8%	86.7%	85.7%	
Item 8B Frequency of visits with father		78.0%	62.5%	62.1%	76.7%	
Item 8D Quality of visits with father		82.7%	82.9%	80.0%	88.9%	
Item 8E Frequency of visits with siblings		61.5%	65.1%	59.1%	60.0%	
Item 8F Quality of visits with siblings		81.8%	80.5%	82.9%	77.8%	
Florida Life-of-Case On-Going Services Reviews						43.2%
Item 8A Frequency of visits with mother						64.7%
Item 8C Quality of visits with mother						62.9%
Item 8B Frequency of visits with father						54.6%
Item 8D Quality of visits with father						59.5%
Item 8E Frequency of visits with siblings						57.1%
Item 8F Quality of visits with siblings						62.9%

Ongoing improvement strategies include:

- Many CBCs are recruiting foster parents willing to co-parent to ensure that children in foster care have frequent visits with their parents and siblings also in foster care.
- Utilizing the QIP initiate of comfort calls in which a call with the parent is scheduled after a removal to connect the foster parent, child, and biological parent.
- Increasing local bed capacity to ensure children are placed in close proximity to facilitate visits with parents.

Unfavorable ratings in this item are due to a lack of documentation for Florida CQI cases that do not contain interviews, and for those that do, a lack of follow-up from the agency to ensure that the visits are occurring when supervised outside of the agency. Historically, this item has not been an item reported out by the Department. The Department is considering moving forward with an analysis.

Permanency Outcome 2, Item 9: Preserving connections

Performance on this item is an Area Needing Improvement. Through case reviews, this item determines whether concerted efforts were made, or are being made, to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends. Florida did not show improvement during PIP monitored cases or Florida CQI case reviews. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance.

Table 2.19: Item 9, Preserving Child's Connections

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21
Florida CQI Cases	95%	75.2%	71.3%	70.28%	73.8%
PIP Monitored Cases	NA	76%	75.0%	74.55%	63.64%
Florida Life-of-Case On-Going Services Reviews					50.9%

Source: Federal CFSR Online Monitoring System/Life of Case On-Going Services Qualtrics Reports
 Florida's State Fiscal Year (July 1st through June 30th)

Ongoing improvement strategies include:

- Increasing local bed capacity to ensure children are placed in close proximity to facilitate maintaining connections prior to removal.
- The Department has a working agreement with the Department of Education to retain children in their home schools unless it is not in their best interest to do so.
- Increased family finding and kinship support to place and preserve placements with relatives that facilitate preserving connections.

Unfavorable ratings include a lack of placement capacity in certain areas to meet the level of needs of children in out of home care, and no efforts to ensure that visits occur with family members that are not able to take placement of the child. The Department is work on moving forward with an analysis.

Permanency Outcome 2, Item 10: Relative placement

Performance on this item is a relative strength for Florida as the state has exceeded its CFSR baseline (72 percent) for each of the last three years. This item determines through case reviews whether concerted efforts were made, or are being made, to place a child with relatives. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section.

Table 2.20: Item 10, Concerted Efforts to Place Child(ren) with Relatives

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Florida CQI Cases	95%	80%	78.9%	76.88%	82.26%	
Item 10B Identify maternal relatives		70.4%	70.5%	65.2%	Y=74.2%	
Item 10B locate maternal relatives		75.3%	74.6%	69.3%	77.3%	
Item 10B inform maternal relatives		76.1%	76.6%	70.8%	76.3%	
Item 10B evaluate maternal relatives		73.7%	74.6%	68.5%	70.1%	
Item 10C Identify paternal relatives		64.8%	64.3%	64.0%	73.2%	
Item 10C locate paternal relatives		71.7%	73.4%	68.9 %	77.3%	
Item 10C inform paternal relatives		71.3%	75.0%	71.5%	77.3%	
Item 10C evaluate paternal relatives		70.4%	72.1%	68.5%	71.1%	
PIP Monitored Cases	NA	85.6%	75.0%	83.64%	85.45%	
Item 10B Identify maternal relatives		75.7%	72.2%	81.0%	79.2%	
Item 10B locate maternal relatives		81.1%	83.3%	85.7%	79.2%	
Item 10B inform maternal relatives		81.1%	81.5%	85.7%	75.0%	
Item 10B evaluate maternal relatives		81.1%	81.5%	76.2%	66.7%	
Item 10C Identify paternal relatives		70.3%	66.7%	66.7%	83.3%	
Item 10C locate paternal relatives		73.0%	79.6%	76.2%	79.2%	
Item 10C inform paternal relatives		67.6%	75.9%	76.2%	79.2%	
Item 10C evaluate paternal relatives		67.6%	75.9%	71.4%	79.2%	
Florida Life-of-Case On-Going Services Reviews						66.1%
Item 10B Identify, locate, inform, and evaluate maternal relatives						47.9%

Item 10C Identify, locate, inform, and evaluate paternal relatives						40.45%
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Source: Federal CFSR Online Monitoring System/ Life of Case On-Going Services Qualtrics Reports
 Florida’s State Fiscal Year (July 1st through June 30th)

Improvement activities include:

- Internal targets set for initial placement with relatives.
- Child Protective Investigations using specialty workers to help locate relatives.
- CBCs attending shelter hearings to help identify relatives.
- Family Finding, Kinship Navigator, and Kinship Support programs to facilitate relative placements.

Unfavorable ratings for this item are due a lack of ongoing follow-up to ensure that relatives can take placement as their circumstances change, and a lack of ongoing efforts to locate and evaluate both maternal and paternal relatives. The Department is work on moving forward with an analysis.

Permanency Outcome 2, Item 11: Relationship of child in care with parents

Performance on item 11 is an Area Needing Improvement. This item determines through case reviews whether concerted efforts were made, or are being made, to promote, support and/or maintain positive relationships between 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 arranging for visitation. There was no PIP target for this item. Florida CQI and PIP monitored case reviews show improvement in this item for the most current year and final PIP measurement period, with the PIP scores exceeding the CFSR baseline (60 percent). The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section. Case Participant interviews in the PIP monitored cases helps improve the ratings for item 11.

Table 2.21: Item 11, Relationship of Child-in-Care with Parent(s)

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Florida CQI Cases	95%	53.6%	46.5%	44.84%	48.05%	
Item 11A Maintaining a positive relationship with the mother		59.9%	56.1%	53.1%	60.0%	
Item 11A1 Areas most lacking for mother					Data not gathered in portal	
Item 11B Maintaining a positive relationship with the father		51.3%	46.1%	42.9%	48.0%	
Item 11B1 Areas most lacking for father					Data not gathered in portal	
PIP Monitored Cases	NA	62.3%	49.0%	51.69%	64.44%	
Item 11A Maintaining a positive relationship with the mother		65.5%	65.9%	61.6%	66.7%	
Item 11A1 Areas most lacking for mother					Data not gathered in portal	
Item 11B Maintaining a positive relationship with the father		65.5%	45.6%	46.6%	60.0%	
Item 11B1 Areas most lacking for father					Data not gathered in portal	
Florida Life-of-Case On-Going Services Reviews						33.7%
Item 11A Maintaining a positive relationship with the mother						43.7%
Item 11A1 Areas most lacking for mother						Encouraged mother's participation

Item 11B Maintaining a positive relationship with the father						32.9%
Item 11B1 Areas most lacking for father						Encouraged father's participation

Source: Federal CFSR Online Monitoring System/Life of Case On-Going Services Qualtrics Reports

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Examples of improvement activities include:

- CBCs working with QPI on 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 that includes school events, physician appointments, and other extra-curricular activities.
- Conducting Comfort or Introductory calls between the foster parent and biological parent to begin the engagement process
- Revision of parent home visit forms to prompt case works and promote better documentation of efforts to maintain positive connections of children and parents.

Unfavorable ratings for item 11 are as a result of a lack of efforts for the agency to include both parents in the child's daily activities and special events such as physician appointments and school functions.

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

Well-Being Outcome 1 is a relative strength for the state as Florida has demonstrated improvement on many of the items against its CFSR baseline and reached PIP targets for each item during the state's PIP evaluation period.

Well-Being Outcome 1, Item 12: Needs and services of child, parents, and foster parents.

The Florida CQI and PIP monitored cases show improved performance in the assessment and provision of services to meet identified needs for children, parents, and caregivers. Overall, Florida showed significant improvement for the current year-to-date over last year for item 12. Florida typically performs better in the assessment and provision of services for children and caregivers, as shown in the table below. Florida focused on item 12 as one of the PIP targets yet to have been achieved and those efforts were successful as the PIP target was exceeded during the final PIP measurement period. These efforts to engage parents was also seen in improvement in the frequency and quality of visits with parents (item 15) and achieving permanency goals (item 6). The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section beginning on page 38. Case participant interviews help with the ratings on some of the item 12 sub items, but not all. As noted in item 15, the quality of the case worker visits with the parents is lower, which impacts the informal assessments in item 12B. The Florida CQI and PIP scores are very close for item 12B. While there are unfavorable ratings for children (12A) and foster parents (12C), these are not as frequent as for the parents and include both assessments and services.

Table 2.22: Item 12, Assessment and Provision of Services for Child, Parents and Foster Parents

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Florida CQI Cases	95%	62.6%	57.2%	49.04%	55.78%	
PIP Monitored Cases	58%	51.1%	45.0%	50.63%	60.0%	
Florida Life-of-Case On-Going Services Reviews						46.9%
Florida CQI Cases 12 A (child)	NA	86%	88.8%	85.73%	89%	
Item 12A1 Assessment of children’s needs		91.3%	93.1%	90.6%	92.8%	
Item 12A2 Providing appropriate services for children		80.7%	83.0%	76.1%	81.4%	
PIP Monitored Cases 12 A (child)	NA	87.2%	88.0%	84.38%	91%	
Item 12A1 Assessment of children’s needs		91.6%	93.8%	91.3%	95.0%	
Item 12A2 Providing appropriate services for children		81.6%	78.9%	68.7%	84.6%	
Florida Life-of-Case On-Going Services Reviews						88.9%
Florida CQI Cases 12 B (parents)	NA	66.2%	58.7%	47.35%	56.77%	
Item 12B1 Assessment of mother’s needs		84.9%	81.1%	73.6%	81.1%	
Item 12B2 Providing appropriate services for mothers		82.1%	78.8%	69.2%	76.0%	
Item 12B1 Assessment of father’s needs		72.2%	68.8%	60.3%	67.8%	
Item 12B2 Providing appropriate services for fathers		69.5%	67.2%	56.1%	60.7%	
PIP Monitored Cases 12 B (parents)	NA	54.1%	45.0%	49.31%	56.98%	
Item 12B1 Assessment of mother’s needs		79.2%	78.6%	78.3%	77.6%	
Item 12B2 Providing appropriate services for mothers		74.5%	70.5%	66.9%	73.1%	
Item 12B1 Assessment of father’s needs		66.1%	54.3%	61.5%	63.4%	
Item 12B2 Providing appropriate services for fathers		60.4%	55.2%	57.3%	62.1%	

Florida Life-of-Case On-Going Services Reviews						48.2%
Florida CQI Cases 12 C (foster parents)	NA	89.2%	85.7%	83.3%	85.05%	
Item 12C1 Assessment of foster parent's needs		91.0%	90.3%	88.4%	90.6%	
Item 12C2 Providing appropriate services for foster parents		88.5%	84.5%	82.4%	84.1	
PIP Monitored Cases 12 C (foster parents)	NA	85.7%	80.0%	79.81%	87.5%	
Item 12C1 Assessment of foster parent's needs		93.4	90.2%	89.4%	95.3%	
Item 12C2 Providing appropriate services for foster parents		82.9%	79.3%	77.4%	86.8%	
Florida Life-of-Case On-Going Services Reviews						36.5%
Item 12A1 Assessment of children's needs						88.8%
Item 12A2 Providing appropriate services for children						66.6%
Item 12A						82.1%
Item 12B1 P Assessment of mother's needs						62.8%
Item 12B2 Providing appropriate services for mothers						71.5%
Item 12B3 Assessment of father's needs						59.0%
Item 12B4 Providing appropriate services for fathers						44.5%
Item 12B						36.7%
Item 12C1 Assessment of foster parents' needs						84.4%
Item 12C2 Providing appropriate services for foster parents						71.3%
Item 12C						77.3%

Source: Federal CFSR Online Monitoring System/Life of Case On-Going Services Qualtrics Reports
Florida's State Fiscal Year (July 1st through June 30th)

Improvement activity examples from CBCs for item 12 include:

- Training provided on engaging parents and particularly fathers.
- Improved local agreements with jail systems to access incarcerated parents (also for items 13 & 15).
- Created tip sheets for case workers and non-maltreating parents.
- Improved home visit forms to prompt case managers and ensure documentation of efforts to engage parents.
- Comfort calls to introduce parents and caregivers and obtain information to meet the immediate needs of the children.
- Barrier Breaker meetings to identify and overcome barriers of parents to access services.
- Efforts to improve staff well-being that should improve well-being for children and families.
- Case reviews for documentation of quality visits such as SHINE (Support Highlight Improve Note and Excel) and STAR (Safety Together Assessment Review).
- Teen Outreach Program (TOP) to prevent teen pregnancy, develop life skills, promote health behavior, and help teens find a sense of purpose.

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. The PIP target was met for item 13 during the second PIP measurement period and performance showed a slight decline before again improving. 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), showing improvement during the final PIP measurement period. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section. Case participant interviews provide more information in the PIP monitored cases to improve scoring.

Table 2.23: Item 13, Child and Family Involvement in Case Planning

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Florida CQI Cases	95%	59.7%	57.6%	48.01%	59.71%	
Item 13A IH cases: children involved in case planning		63.2%	59.5%	61.3%	72.2%	
Item 13A FC cases: children involved in case planning		76.2%	70.7%	70.1%	77.8%	
Item 13B IH cases: mothers involved in case planning		82.7%	80.9%	71.7%	83.2%	
Item 13B FC cases: mothers involved in case planning		71.6%	69.7%	61.9%	67.6%	
Item 13C IH cases: fathers involved in case planning		67.3%	65.9%	57.0%	67.6%	
Item 13C FC cases: fathers involved in case planning		64.2%	59.4%	47.2%	60.0%	
PIP Monitored Cases	70%	64.1%	57.0%	68%	68%	
Item 13A IH cases: children involved in case planning		63.9%	67.7%	80.0%	72.2%	
Item 13A FC cases: children involved in case planning		91.2%	80.7%	72.1%	75.0%	
Item 13B IH cases: mothers involved in case planning		83.6%	80.0%	81.6%	83.2%	
Item 13B FC cases: mothers involved in case planning		75.0%	77.3%	65.9%	72.1%	
Item 13C IH cases: fathers involved in case planning		75.7%	57.1%	65.9%	67.6%	

Item 13C FC cases: fathers involved in case planning		66.2%	52.3%	38.8%	65.7%	
Florida Life-of-Case On-Going Services Reviews						36.3%
Item 13A IH cases: children involved in case planning						38.0%
Item 13A FC cases: children involved in case planning						58.9%
Item 13B IH cases: mothers involved in case planning						55.8%
Item 13B FC cases: mothers involved in case planning						50.4%
Item 13C IH cases: fathers involved in case planning						40.5%
Item 13C FC cases: fathers involved in case planning						38.6%

Source: Federal CFSR Online Monitoring System/Life of Case On-Going Services Qualtrics Reports
Florida's State Fiscal Year (July 1st through June 30th)

The PIP target was achieved for item 13 during the second PIP measurement period; however, improvement activities continue.

- Encouraging parents to attend case plan staffings.
- Case reviews to show quality of visits that include case plan discussion (SHINE and STAR).
- Improved agreements with jail systems to allow case workers access to incarcerated parents.
- Creating tip sheets for non-maltreating parents.
- Improved home visit forms to prompt case workers and document quality visits.
- Conducting training and creating tip sheets to include children in case planning.
- Updating case planning conferencing to encourage parental participation.

During the 2021 legislative session, Senate Bill 80 was proposed and signed into law requiring multidisciplinary team staffing occur with an integrated group of individuals who meet to collaboratively develop and attempt to reach a consensus decision on the most suitable out-of-home placement, educational placement, or other specified important life decision that is in the best interest of the child. The goal of the multidisciplinary team staffing is to allow for better engagement with families and a shared commitment and accountability from the family and their circle of support. The goal of the team staffing is to:

1. Secure a child's safety in the least restrictive and intrusive placement that can meet his or her needs.
 2. Minimize the trauma associated with separation from the child's family and help the child to maintain meaningful connections with family members and others who are important to him or her.
 3. Provide input into the proposed placement decision made by the Community-Based Care Lead Agency and the proposed services to be provided in order to support the child.
 4. Provide input into the decision to preserve or maintain the placement, including necessary placement preservation strategies.
 5. Contribute to an ongoing assessment of the child and the family's strengths and needs.
 6. Ensure that plans are monitored for progress and that such plans are revised or updated as the child's or family's circumstances change.
 7. Ensure that the child and family always remain the primary focus of each multidisciplinary team meeting.
- Unfavorable ratings are due to not having ongoing conversations with children or parents, but particularly fathers and fathers on in-home cases.

Legislation also passed during the 2022 session, that directs the Department to contract for an initiative to promote responsible fatherhood with the goal of providing all fathers resources and inspiration to enhance their positive involvement with their children. Initiative must include:

- A website and related electronic resources that will: allow fathers to obtain information about effective parenting; identify any areas in which support would enable them to enhance their ability to be an effective father; and connect father's to supports, including but not limited to that provided by organizations receiving grants under sections 409.1465; Florida Statutes.
- Use of appropriate materials from the fatherhood media campaign, available through the National Responsible Fatherhood Clearinghouse.
- Print, television, and digital and social media elements, and public events, and may include appearances by and involvement from public figures and influencers.
- Creates opportunities for not-for-profit organizations that address the needs of fathers and provide mentorships for at-risk males to receive funding through grant programs established within the Department.
- Provides that the grants awarded for fatherhood initiatives and mentoring of at-risk boys may be awarded for a period of up to three years and requiring the grantees to comply with certain accountability and reporting requirements to continue receiving funding.
- Provides for increased engagement with and provision of services to fathers by requiring Florida's Community-Based Care Lead Agencies to hire father engagement specialists with lived experience to engage and assist fathers with accessing services.
 - The Department will be responsible for conducting an annual review on how each Lead Agency is meeting the needs of fathers and shall include information from this review in the annual Results-Oriented Accountability Report.

Well-Being Outcome 1, Item 14: Caseworker visits with child

This item determines through case reviews whether the frequency and quality of visits between caseworkers and the children in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote the achievement of case goals. Performance on this item is a relative strength as Florida does an

excellent job at ensuring all children under supervision in Florida are seen every thirty days, with performance over 99 percent. Lower performance is observed in the quality of those visits as reflected in the RSF and Florida CQI and PIP monitored case reviews, particularly seeing children alone and discussing case planning. The state met its PIP target for item 14 and has maintained higher performance for this item. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section. The case participant interviews provide more information to rate item 14. The main reason for a case being rated unfavorably is due to the case worker not spending part if each visit alone with the child. This portion of the visit is not always documented in the case record.

Table 2.24: Item 14, Frequency of Caseworker Visits with Child

Scorecard Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Percent of children under supervision who are seen every 30 days.	99.5%	99.06%	99.16%	99.48%	99.52%	99.03%

Source: CBC Scorecard Dashboard

Florida’s State Fiscal Year (July 1st through June 30th)

Table 2.25: Item 14, Quality and Frequency of Caseworker Visits with Child

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22 to date
Florida CQI Cases	95%	61.5%	60.0%	58.99%	71.77%	
PIP Monitored Cases	78.9%	68.1%	79.0%	78.13%	85%	
Florida Life-of-Case On-Going Services Reviews						59.0%

Source: Federal CFSR Online Monitoring System/ Life of Case On-Going Services Qualtrics Reports
 Florida’s State Fiscal Year (July 1st through June 30th)

Table 2.26: Quality and Frequency of Caseworker Visits with Child

Case Management Rapid Safety Feedback Measures	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22 to date
Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	60.1%	55.5%	64.1%	68.2%	72.3%*
Is the frequency of visits between the case manager and the child(ren) sufficient to ensure child safety and evaluate progress toward case plan outcomes?	76.8%	75.3%	79.2%	77%	92.8%*

Source: Florida Case Management Rapid Safety Feedback (RSF) Qualtrics Report

* Life of Case On-Going Services Qualtrics Reports
 Florida’s State Fiscal Year (July 1st through June 30th)

Visits with children remains a primary focus for Florida and CBCs have worked to improve the quality of the visits that occur. Examples of activities include:

- Created and conducting specialized reviews to ensure qualitative visits (SHINE and STAR).
 - SHINE reviews are completed by FamiliesFirst Network's Quality Team. The focus on Quality Contacts was implemented in September 2017. Every case manager has one case reviewed per month; reviewers look at one month's worth of notes to provide a point in time perspective of performance. The SHINE tool is based upon CFSR questions and mirror Items 14, 15, and 12c. Additionally, there is a question related to quality supervision and data points regarding use of CFSR Supervisory Review Guide and HV Template. Performance on these reviews is discussed with leaders at each service center location on a monthly basis. Additionally, there is a dashboard where any team member can see their review tools and look at their own progress over time. FFN also sends out a quarterly newsletter regarding SHINE to summarize trends and recognize high performers. In Agency forums, employees who receive 100% ratings in a

quarter are recognized. To further promote the significance of these reviews, performance on reviews was added to our Agency's PAR (Performance Accountability Report). PAR outcomes are reviewed monthly by leadership and impact employee's annual performance reviews. Since its inception, FFN has seen an overall improvement in CFSR-based reviews on items related to engagement/well-being outcome 1.

- Improving home visit forms to prompt case managers to ensure quality documentation of visits.
- Training and tip sheets to include children in discussions in case planning, part of quality of visits that impacts item 13.
- Training for case workers on quality visits with children.

Well-Being Outcome 1, Item 15: Caseworker visits with parents

This item has shown much improvement over the PIP measurement period. This item is rated through case reviews determining whether the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section. Case Participant interviews provide more information to be used in the rating of item 15. Case workers do not always take the time to have the difficult conversations about case planning and service provision with parents, and often do not challenge conflicting statements from providers.

Table 2.27: Item 15, Caseworker Visits with Parents

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22 to date
Florida CQI Cases	95%	36%	39.0%	33.52%	41.94%	
PIP Monitored Cases	51.1%	38.1%	41.0%	44.76%	61.43%	
Florida Life-of-Case On-Going Services Reviews						25.1%

Source: Federal CFSR Online Monitoring System/ Life of Case On-Going Services Qualtrics Reports

Florida’s State Fiscal Year (July 1st through June 30th)

Florida achieved its PIP target for the third PIP measurement period for caseworker visits with parents. Rapid Safety Feedback reviews show similar results in that frequency of visits higher than quality; however, a slight improvement is noted for the current year.

Table 2.28: Caseworker Visits with Parents

Case Management Rapid Safety Feedback Measures	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida YTD FY 21/22
Is the quality of visits between the case manager and the mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	66.3%	64%	66.4%	72.2%	48.5%*
Is the frequency of visits between the case manager and the mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?	80.7%	75.3%	81.7%	80.4%	50.0%*
Is the quality of visits between the case manager and the father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	52.6%	51.9%	56.1%	60.4%	62.6%*
Is the frequency of visits between the case manager and the father sufficient to ensure child safety and evaluate progress toward case plan outcomes?	50.0%	52.8%	54.5%	56.7%	33.7%*

Source: Florida Case Management Rapid Safety Feedback (RSF) Qualtrics/* Life of Case On-Going Services Qualtrics Reports Florida’s State Fiscal Year (July 1st through June 30th)

As performance on CFSR item 15 is related to several other items for which PIP targets have not yet been achieved, CBCs continue improvement activities to engage parents such as the following:

- Created and conducting specialized reviews to ensure qualitative visits (SHINE and STAR).
- Improving home visit forms to prompt case managers to ensure quality documentation of visits.
- Training sessions for case workers on engaging parents.
- Improved home visit forms to prompt case workers to conduct quality visits and improve documentation.
- Improved agreements with local jail systems to improve case workers access to incarcerated parents.
- Creating tip sheets for including non-maltreating parents.
- Supervisory review of case worker engagement with parents starting with frequency of visits to build rapport resulting in better quality.

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 monitored cases for Well-Being 2 compared to 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 mixed for Florida. Florida has shown a steady decline in performance during PIP monitored cases and has not reached the CFSR baseline. Performance on Florida CQI cases has improved for the current year to date. Unfavorable performance is mostly related to the agency not providing services to meet an identified need, which was tutoring in the majority of the cases reviewed. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section.

Table 2.29: Item 16, Educational Needs of Child

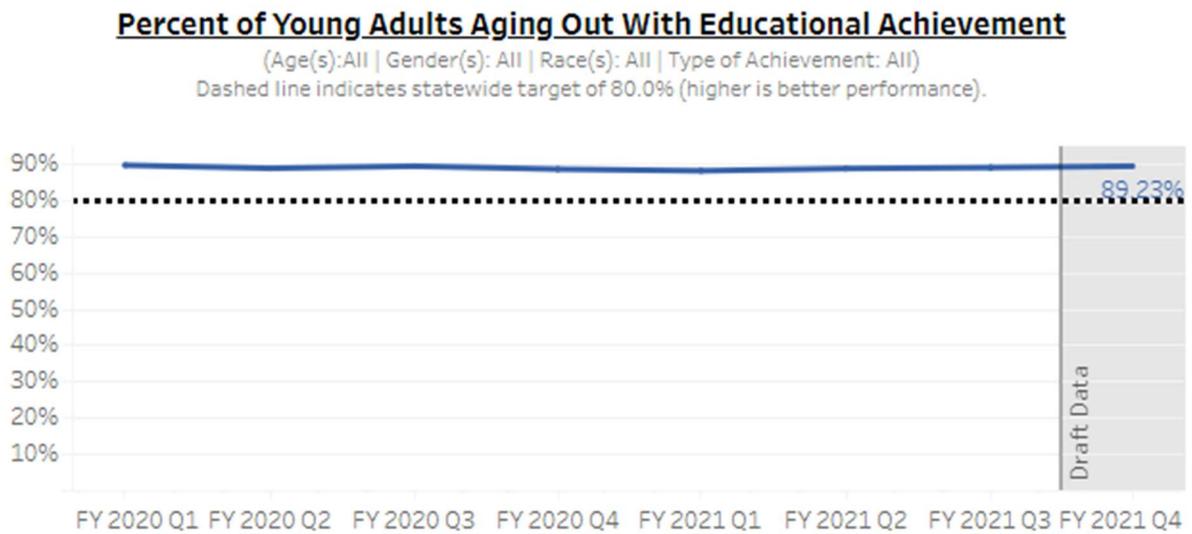
Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida YTD FY 21/22
Florida CQI Cases	95%	80.9%	79.4%	78.11%	83.71%	
PIP Monitored Cases	NA	81%	77.0%	78.95%	76.32%	
Florida Life-of-Case On-Going Services Reviews						80.1%

Source: Federal CFSR Online Monitoring System/ Life of Case On-Going Services Qualtrics Reports

Florida’s State Fiscal Year (July 1st through June 30th)

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

Table 2.30: Percent of Young Adults Aging Out with Educational Achievement



Source: Florida Child Welfare Dashboard/ CBC Scorecard

Measure	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Percent of Young Adults Aging Out with Educational Achievement	80%	88.49%	88.80%	88.40%	89.99%	84.15%

Florida's State Fiscal Year (July 1st through June 30th)

Item 16 has been a relative strength for Florida. Performance has been steady in Florida CQI cases and just slightly lower in cases monitored during Florida's PIP. Examples of improvement activities include

- Created and conducting specialized reviews to ensure qualitative visits (SHINE and STAR).
- Improving home visit forms to prompt case managers to ensure quality documentation of visits.

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

Well-Being 3 is a relative strength for Florida. Florida performs well in the quantitative data of ensuring that children in foster care receive medical care annually and dental care every seven months. The Florida CQI and PIP evaluation case record review scores are slightly lower.

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 health. Florida's performance is strong in the quantitative measures in that over 95% of children in foster care receive medical care at least annually and close to 90% receive dental care at least every seven months (to allow for Medicaid). Dental care was more greatly impacted by the pandemic which is noted in the lower performance; however, this outcome has begun to improve. Florida has shown consistent performance during Florida CQI reviews; however, this outcome has not reached the CFSR baseline during PIP monitored case reviews. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section. Unfavorable ratings for this item are mostly due to a delay in obtaining recommended treatment for the child.

Table 2.31: Item 17, Physical Health of Child

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22 to date
Florida CQI Cases	95%	75.8%	73.5%	73.97%	75.63%	
PIP Monitored Cases	NA	81.6%	78.0%	73.39%	81.03%	
Florida Life-of-Case On-Going Services Reviews						64.8%

Source: Federal CFSR Online Monitoring System/ Life of Case On-Going Services Qualtrics Reports

Table 2.32: Physical Health of Child

Scorecard Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22
Percent of children in foster care who received a medical service in the last 12 months.	95%	96.88%	97.33%	95.92%	97.33%	90.65%
Percent of children in foster care who received a dental service in the last 12 months.	95%	93.41%	92.72%	78.45%	90.00%	73.30%

Source: Florida Child Welfare Dashboard CBC Scorecard; Florida’s State Fiscal Year (July 1st through June 30th)

Performance on CFSR item 17 has remained consistent with the exception of dental care that was more impacted by the pandemic; however, this outcome has improved. CBCs continue improvement activities to engage parents such as the following:

- Created and conducting specialized reviews to ensure qualitative visits (SHINE and STAR).
- Improving home visit forms to prompt case managers to ensure quality documentation of visits.
- Nurse case managers work with case workers to help make medical appointments, obtain records, and assist caregivers in navigating the local medical systems.

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 is an area needing improvement as performance on the Florida CQI and PIP evaluation case record reviews have shown a decline in FY 18/19 and FY 19/20 but has shown positive movement in the most recent data. The reasons for unfavorable performance are mostly due to services not being provided to meet the identified needs of the child; however, many cases did not have sufficient assessments to accurately identify the child’s needs. In addition, if a child was prescribed psychotropic medications, in most instances item 18 was rated as an Area Needing

Improvement as Florida has a comprehensive operating procedure for psychotropic medications. The differences between the Florida CQI and PIP monitored cases are explained in the Outcomes and Performance section.

Table 2.33: Item 18, Mental/Behavioral Health of Child

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21	Florida FY 21/22 to date
Florida CQI Cases	95%	71.4%	64.4%	60.42%	68.07%	
PIP Monitored Cases	NA	64.4%	62%	54.46%	60.53%	
Florida Life-of-Case On-Going Services Reviews						60.2%

Source: Federal CFSR Online Monitoring System/ Life of Case On-Going Services Qualtrics Reports
Florida's State Fiscal Year (July 1st through June 30th)

Performance on Item 18 declined in FY 18/19 and FY 19/20; however, improvement has been seen in the last year. CBCs continue improvement activities to engage parents such as the following:

- Created and conducting specialized reviews to ensure qualitative visits (SHINE and STAR)
- Improving home visit forms to prompt case managers to ensure quality documentation of visits
- Enhanced Behavioral Health services to include weekly youth planning team meetings for children with identified needs

Table 2.34: Summary of Outcomes and Ratings

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

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.

The Department created an Office of Quality and Innovation based on legislation passed during the 2020 Legislative session. For the last two years, the Department has been building and staffing the Office of Quality and Innovation. This office is responsible for integrated case record reviews, data analysis, performance improvement, and training for the Department which falls under one division. As the Department's quality review system completes one full year of reviews, we believe the information afforded by these reviews will provide the data/evidence to identify if a SF is functioning or not. Evidence is not currently available. See Chapter 4 for more information regarding the Department's shift to the Quality Assurance System. Also, see data collection statement at the beginning of this section.

STATEWIDE INFORMATION SYSTEM

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

There are numerous reports available in Business Objects Enterprise (BOE), such as the CARS (Children Actively Receiving Services) Report, which captures an abundance of information relating to children in care. In addition, BOE Power Users can access Web Intelligence, in BOE, and generate their own reports, pulling in data such as Legal Status, Demographic Characteristics, etc. And finally, this information is readily available when logging into FSFN, such that you can go straight to Legal and view the most recent/current Primary and Concurrent Permanency Goals for a child in care, including their Legal Case and Custody Status. You can easily access the Placement module to see everywhere the child has been placed, and for every Provider, we capture the Provider's address.

Florida Safe Families Network (FSFN) is the state's official case file and record for each investigation and case and is the official record for all homes and facilities licensed by the state or approved for adoption placement. All pertinent information about every investigative and case management function must be entered in FSFN within 48 hours/2 days.

There are management reports that are run out of BOE, and track data points such as the commencing of Investigations, to ensure timeliness of data entry. There are also automated messages (emails), which are generated out of FSFN, and sent to the Primary Worker, as well as their supervisor, for pieces of work coming due such as the FFA-Ongoing and Progress Update.

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 who is in foster care. The accuracy of quantitative reports is critical to the ongoing monitoring of Florida's child welfare system. Florida's Center for Child Welfare maintains a web page, FSFN Reports, 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. Topic Papers describe the functionality of each section of FSFN, the data entry requirements, and location in a user-friendly manner. The User Guides show users how to enter information with visual aids of data entry screens within the system. Children and Family Operating Procedures contain a section for FSFN documentation requirements. Training on 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.

There are numerous reports available in BOE, such as the CARS (Children Actively Receiving Services) Report, which captures an abundance of information relating to children in care. In addition, BOE Power Users can access Web Intelligence, in BOE, and generate their own reports, pulling in data such as Legal Status, Demographic Characteristics, etc. And finally, this information is readily available when logging into FSFN, such that you can go straight to Legal and view the most recent/current Primary and Concurrent Permanency Goals for a child in care, including their Legal Case and Custody Status. You can easily access the Placement module to see everywhere the child has been placed, and for every Provider, we capture the Provider’s address.

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 Program Improvement Plan (PIP), key activities were identified locally to ensure that children’s placements were entered timely, and a case review addendum tool was created to measure the percent of cases in which placements were entered timely during Florida CQI reviews. Performance decreased during the months impacted by the pandemic; however, a significant increase in performance was seen until the most recent reporting period. This item has been incorporated into the state’s Data Quality Plan and is monitored across all cases rather than random samples as reported below.

Table 2.35: Placements Entered in Florida Safe Families Network (FSFN)

Qualitative Measures	State Standard	Jul – Sept 2019	Oct – Dec 2019	Jul – Sept 2020	Oct – Dec 2020	Jan – March 2021	April – June 2021	July- Sept 2021
Percent of Children for whom placements were entered timely during Florida CQI reviews	85%	54%	51%	45.3%	56.5%	60.9%	48.6%	72.9%*

Source: Florida CQI Review Documented in Qualtrics/* Life of Case On-Going Services Qualtrics Reports

The federal Comprehensive Child Welfare Information System (CCWIS) rules afford states an opportunity to leverage alternative technical and functional capabilities to architect a child welfare system that better supports a state’s child welfare practice model. The Florida Legislature approved the 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 APD. In 2019, the Department developed its first Data Quality Plan in collaboration with its child welfare stakeholders and received ACF approval early in the state’s current fiscal year. The annual Data Quality Plan update is submitted along with the Annual Planning Document Update by May 1 each year. The Data Quality Plan contains strategies to ensure that all CCWIS data is non-duplicated, consistently used, timely, accurate, and complete.

During the SFY 2021-2022, the Department focused on making the necessary changes to ensure compliance with FFPSA, Chapter 2021-169, Laws of Florida (Senate Bill 80), and other changes. A quarterly summarization of changes is detailed below.

**Fourth Quarter SFY 2020-2021 and First Quarter SFY 2021-2022
April 1, 2021 – September 30, 2021**

A review of backlog from SFY 2020-2021 was done to identify work needed to refine FSFN to improve the timeliness and/or quality of data collected in preparation for compliance with FFPSA. The entirety of the enhancements required exceeded the resource capacity in the First Quarter SFY 2021-2022; therefore,

enhancement work hours for the Fourth Quarter SFY 2020-2021 and the First Quarter SFY 2021-2022 were combined. Planning and Design was initiated in February 2021 and 3-week development Sprints began in March. These development sprints were completed in early August, followed by User Acceptance Testing throughout August and September. These changes were successfully deployed on October 15, 2021, and post-production support was provided through the end of October.

In addition, a legislative directive was given to the Department to create an enhanced Facesheet by October 1, 2021. Planning and Design for a solution that could meet this deadline was initiated in July and Development work was completed in August. These changes were deployed on September 30, 2021.

Second Quarter SFY 2021-2022 **October 1, 2021 – December 31, 2021**

Planning and Design for the Second Quarter SFY 2021-2022 enhancement release was initiated in early September and deployed on February 11, 2021. This release included stories to address new file requirements for the Social Security Administration. In addition, legislative directives regarding tracking over-capacity placements, capacity waivers and related reporting were addressed.

Other FSFN enhancements included:

- Eligibility changes for Medicaid closure reasons in FSFN being updated to capture the current, accurate values, which are then provided to FLORIDA ACCESS.
- Enhancements to Intake, Child Investigation, Organization Provider, Meetings, Financials, Legal, and Independent Living.
- New Over-Capacity Assessments functionality.
- Continued Senate Bill 80 enhancements.

Third Quarter SFY 2021-2022 **January 1, 2022 – March 31, 2022**

An analysis of the new AFCARS 2.0 final rule was conducted by the Department in SFY 2020-2021 to identify changes needed to Florida's Comprehensive Child Welfare Information System, as well as changes needed to the AFCARS report that is submitted twice per year. The output of this analysis was a preliminary, draft set of requirements. This draft set of requirements was further analyzed for prioritization, and incorporation, into the workstreams to be released prior to October 1, 2022 under the current Maintenance & Operations contract, with the current System Integrator.

Other FSFN enhancements work in the third quarter included:

- Microsoft Edge remediation changes.
- Continued Senate Bill 80 enhancements, including enhanced usability for the Face Sheet.
- FDLE changes related to Background Check Requests.
- New Corrective Action Plan functionality for both Person and Organization Providers.

Fourth Quarter SFY 2021-2022 **April 1, 2022 – June 30, 2022**

The fourth quarter has a primary focus of continued AFCARS development. Sprints #2-6 are scheduled through the end of June 2022. Development is scheduled to complete in mid-July and then testing will proceed in preparation for a release prior to October 2022.

Other FSFN enhancements work in the fourth quarter included:

- Continued Senate Bill 80 enhancements, specific to the reinstatement of parental rights.
- Changes for a new Transition Planning module.
- Enhancements to the Foster Care and Group Home Referral processes.

CASE REVIEW SYSTEM

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

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

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

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

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

Most components of the Department's case review system are directed in statute, particularly Chapter 39, Florida Statutes, Proceedings Relating to Children, which defines processes and timeframes for judicial hearings and adoption proceedings, case planning requirements, termination of parental rights (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) are required to 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 it necessary or desirable.

A permanency hearing must be held no later than 12 months after the date the child was removed from the home, or no later than 30 days after a court determines reasonable efforts to return a child to either parent are not required, whichever occurs first. A permanency hearing must be held at least every 12 months for any child who continues to receive supervision from the Department or awaits adoption. Permanency hearings must be 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), whether or not the time period as contained in the case plan for substantial compliance has expired. Grounds for TPR are articulated in section 39.806, Florida Statutes.

Section 39.8055, Florida Statutes (2022) requires that a petition to terminate parental rights be filed within 60 days after: the child is not returned to the physical custody of the parents 12 months after the child was sheltered or adjudicated dependent, whichever occurs first; a child has been in out-of-home care under the responsibility of the state for 12 of the most recent 22 months (cumulative and not including trial home visits or time a child is on runaway) and a termination of parental rights petition has not been previously filed; a parent has been convicted of the murder, manslaughter, aiding or abetting the murder, or conspiracy or solicitation to murder the other parent or another child of the parent, or a felony battery that resulted in serious bodily injury to the child or to another child of the parent; or the court determines that reasonable efforts to reunify the child and parent are not required. The Department may choose not to file a termination of parental rights petition as outlined above if: the child is being cared for by a relative under section 39.6231, Florida Statutes; 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.

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 Center's website. This includes:

- Timeliness removal date to disposition order, target 90 Days, most recent performance 75 Days.
- Filing petitions to TPR final judgement as appropriate with current performance at 215 days.
- Percent of children in Out-of-Home Care 15+ months with reunification goals and no TPR activities (most recently 5.83 percent).

The Department's internal dashboard for Children's Legal Services displays the following data:



This performance in the chart above is based on a weekly report period. The chart was updated and has a report period of 7/31/2022.

TPR activity means the legal record does not have one or more of the following: the filing of a TPR petition, an advisory hearing, a TPR trial. No, it does not mean that all children except 5.83 percent have a TPR petition filed. The data is showing how many kids have been in OHC 15 months or longer, their goal is reunification, and they do not have TPR activity in their legal record as shown above. We look for the TPR activity because we track timeliness based on when the goal is changed to adoption or when a TPR petition is ordered. Not all circuits operate the same way. Some areas will not change the goal to adoption until the court grants the termination of parental rights petition. In those areas, the goal would remain reunification even though termination of parental rights efforts were initiated.

Draft orders submitted timely includes TPR orders, but it is not limited to TPR orders. We track the orders that impact permanency and the main court events. The tracking is only of the orders the Department is required to draft for the court, not every order entered in the case.

In the most recent report period, with a date ending 8/6/2022, there were 1,707 children who met the 15-month mark and did not have any TPR activity. This is out of a total of 20,945 children in out of home care, with an overall number of children in care over 15 months 10,586.

The case review process is systematically tracked and monitored through performance reports, dashboards, and case record reviews. Including children and parents in case planning is a part of local strategic plans, training, and improvement plans with specific examples listed under CFSR item 13 and item 5 for timely establishing permanency goals. A few examples include:

- Specialty case reviews like SHINE and STAR for ongoing case planning.
- Revamped case planning staffing to increase parental participation.
- Refresher training sessions for case managers on case planning.
- Caregiver notification letters developed in addition to flyer from the Key Activity of the PIP.

Court orders were updated to include notice to caregivers and QA reviews have found improvement since the CFSR in 2016. Florida continues to demonstrate strong performance to provide caregivers notice of hearings measured through random file reviews, after showing a slight decline during the months most impacted from the pandemic.

Caregivers can receive the notice of filing, be informed by the child welfare professional, or receive notice of the next court hearing in court if they attended the prior hearing.

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.

An addendum was created to the Florida’s CQI reviews to capture performance on notice to caregivers of court hearings.

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 [CB1]. 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.

Table 2.36: Concerted Efforts to Provide Notice of Hearings

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

Florida has incorporated a new quality review item (Item 11.13) into the Ongoing Life-of-Case tool to specifically look for file documentation that reflects concerted efforts to provide notice of hearings to caregivers. 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. Trainings have been held with foster parent associations and caregiver groups explaining their right to receive notice of hearings and the right to address the court. Additionally, an informational flyer was created, which outlines the right to receive notice and be heard by the court, how to prepare for hearings, and suggested topics to address with the court.

Data is not captured in the Florida Dependency Court Information System.

Each year, the Department and the State Attorney’s Office, which provides dependency legal services in Pinellas and Pasco Counties, conduct a legislatively mandated peer review of the practice related to legal proceedings. Cases are randomly selected based on criteria that ensures efforts towards achieving performance can be measured. Among other areas of review, the peer review team determines for each case reviewed whether a case plan was filed that addresses each parent and child in the case, a judicial review was held within 6 months of removal, a permanency hearing was held within 12 months of the child’s removal and

every 12 months thereafter, a termination of parental rights petition was filed within 60 days of a goal change to adoption, and caregivers were given adequate notice of hearings and the opportunity to be heard.

The peer review is conducted by examining the delivery of legal services statewide by Department attorneys and within the jurisdiction by the State Attorney's Office. The data from this review is incorporated into the report referenced below.

Children's Legal Services drafts an Annual Legislative Report regarding the quality performance from the peer review, outcome attainment, and the cost comparison between the Department and State Attorney's Office conducting legal services. The annual report is due to the President of the Senate, Speaker of the House of Representatives, and to the Governor no later than November 1st of each year.

The annual report is a public document. The report is filed with the state library, but it is not currently available online.

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

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

Girls court is limited to a couple jurisdictions and OCI does not collect data on this court. Mental health court is not a dependency problem solving court (it is adult criminal). We collect data on dependency drug courts but do not have any analyses available. Data collection includes timely permanency.

This is no longer a plan for OCI. The dependency court improvement panel made the decision to utilize the change management process to determine how to address quality legal representation. This process will inform the intervention.

QUALITY ASSURANCE SYSTEM

Item 25. How well the quality assurance system functioning statewide to ensure that it is:

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

Florida adopted [Results-Oriented Accountability \(ROA\)](#) as its continuous quality improvement framework through the 2016 state legislative session which was strengthened in 2020 with the Accountability Bill and creation of the Department's Office of Quality and Innovation. ROA includes research and evaluation phases to ensure that the best solutions are implemented, and those implementations are evaluated to ensure the models are followed with fidelity, and the desired outcomes are achieved. The 2020 Legislation session created the Office of Quality to ensure that the Department and its contractors are accountable to meet goals targets set in the ROA legislation. The Office of Quality and Innovation was official in July of 2020 and is

comprised of Quality Case Record Reviews, Training, and Data and Performance under the Chief Office of Quality and Innovation.



QUALITY REVIEWS

The Quality Review unit conducts reviews of child welfare cases to increase insight into the quality of work, provide actionable data to operations, prevent bad outcomes, and divert clients from deep-end services. The Quality Review unit is committed to providing objective, accurate, and reliable results to operational staff and leadership. To achieve these goals, approaches for case selection, case assignment, review tool creation, quality reviews, and delivery of review findings are all designed, implemented, and evaluated with rigor.

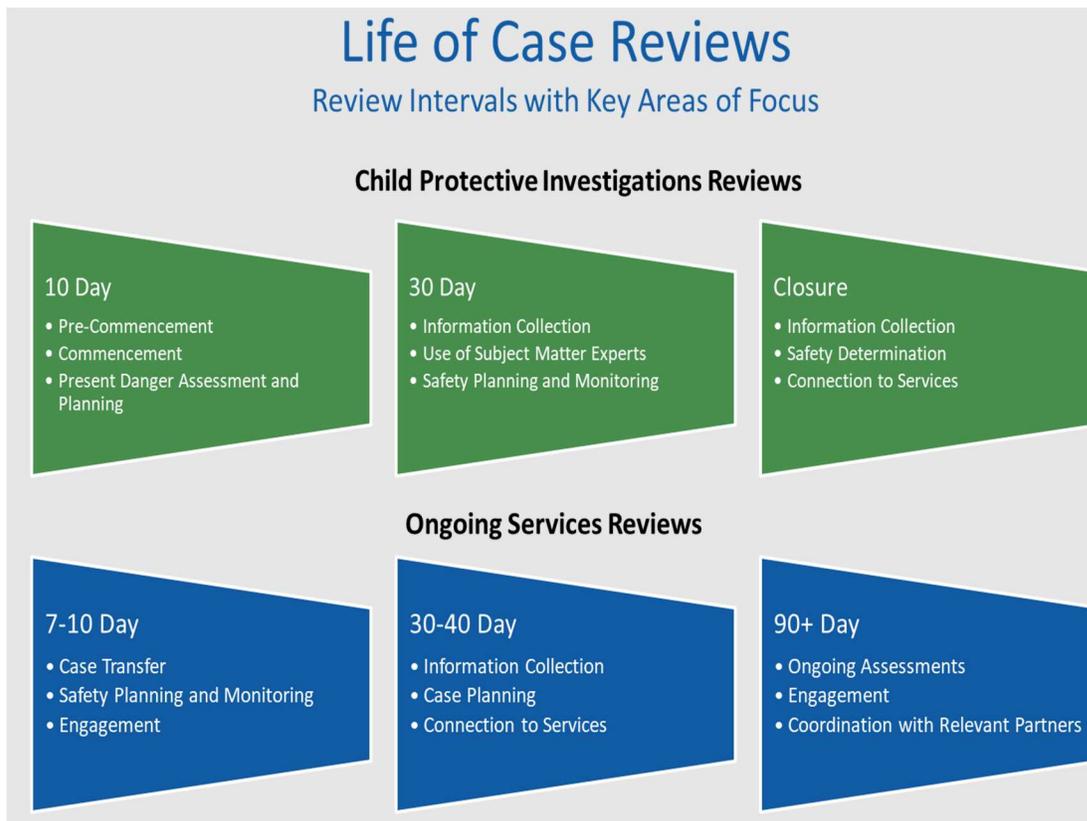
A statewide sample of cases are randomly selected and assigned to reviewers throughout the state for the life of the case, from investigation through case management. The reviewers examine the cases at established intervals and document findings each time. Samples of cases include all types of cases.

Quality review tools undergo multiple levels of testing and continue to receive improvements based on feedback and utility of findings. The work of quality reviewers is evaluated with accuracy ratings, inter-rater reliability scores, and item analysis which will be shared to build trust in the value of the findings. These measures are also used to continually improve the tools, review approaches, and staff performance within the Quality Review unit.

The Quality Review unit works closely with the other units within the Office of Quality and Innovation to provide seamless services to operations. The Enterprise Data Analytics unit assists in the design of tools and approaches to ensure that the findings can be used for statistical analyses and employs methods for evaluating the accuracy and reliability of quality reviewer work. The Performance Improvement Team Facilitators use the quality review findings to identify, design, and validate root causes and solutions when facilitating operational performance improvement teams. Lastly, the Education and Training unit will design curriculum and delivery approaches to improve performance gaps identified from the quality reviews.

The primary quality review tools used to measure the quality of services delivered to the children and families we serve, as well as inform Florida's data to understand strengths and weaknesses, generate reports and drive outcome improvement are Florida's Life of case Reviews. 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.



LIFE-OF-CASE REVIEW: CHILD PROTECTIVE INVESTIGATIONS

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 from FSFN of new investigations weekly.
- 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.

Sample sizes for quality reviews are determined to ensure representative demographic factors and the achievement of a 90 percent confidence level and 10 percent margin of error within each circuit. Additionally, a formalized process has been established to ensure that inter-rater reliability is consistent with industry standards and expert opinion.

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. There are seven Sheriffs' Office conducting child Protective Investigations, Broward, Hillsborough, Manatee, Pasco, Pinellas, Seminole, and Walton. The four original Sheriffs' Offices, Broward, Manatee, Pasco, and Pinellas are named in statute and must follow Federal and state laws; however, are not subject to Child and Family Operating procedures specific to Florida's practice model. Skip logic ensures the reviewer does not assess those items for the Sheriffs' Offices named in statute.

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 or the Sheriff's Office point of contact to be addressed. The reviewer will complete a follow-up review in FSFN within 48 hours of receipt (or of transmission?). If the actions taken to remedy the safety concern were sufficient the Quality Reviewer will continue to review the case based on the scheduled time frames established. If the actions taken do not remedy the safety concern ongoing communication and potential case consultation occurs to include escalation, if necessary, to leadership, to sufficiently resolve the safety concern. The case review data is available through multiple real time dashboards that allow data to be aggregated and assessed for trends across worker, supervisor, CBC other categories. 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.

LIFE-OF-CASE REVIEW: ONGOING SERVICES

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. 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 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.

The sample is statistically significant at the circuit level, with a 90% confidence level and 10% margin of error based on the total number of cases that meet the criteria for inclusion. This results in a sample size of between 33 reviews and 69 reviews per circuit, for a statewide total of 1,285 case management reviews. In three instances, a circuit is served by more than one CBC. In this case, the number of cases selected is balanced by the size of the population the CBC serves. The sample is balanced by type of case, with 61.5% of the cases are foster care cases and 38.5% of the cases are in-home cases. Investigations are reviewed separately but follow the same methodology of a 90% confidence level and 10% margin of error based on the total number of investigations that meet the criteria for inclusion.

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) 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, again to review assessments and case planning and approximately every 90 to 100 days 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 CBC 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

For a new baby born into an open case, where the open case was not already being reviewed by the Office of Quality and Innovation, the Quality Reviewer will complete the LOC Investigation tool and all intervals. Upon completion of the closure interval, the Quality Reviewer will complete the LOC Ongoing Services review at the critical juncture interval to include all children. All children will then continue to be reviewed under the LOC Ongoing Services review intervals until closure.

The case review data is available through multiple real time dashboards that allow data to be aggregated and assessed for trends across worker, supervisor, CBC other categories.

Feedback

While conducting case reviews, the Quality Reviewer may find that a case requires immediate action. Prior to notifying the CBC of the 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 case management. During investigative reviews, when safety concerns are found, the cases are sent to the CBC point of contact and Quality Assurance Manager from the Point of Contact listing to be addressed ensuring to enable the email functionality to ensure a receipt is received when the recipients receive the email.

See page 41: Quarterly Quality Events, with one event scheduled for each of the six regions in the state during each quarter of the State Fiscal Year. Provided is a link to an example of data that is shared and reviewed with the regions during these meetings: [Quarterly Quality Event - Southern Region - Google Drive](#).

Performance measurement and other CQI activities are guided by statute, policy, and contract requirements; supported by trained personnel throughout the system; use a set of uniform standards, review tools, and data collection methodologies; and include formal and informal feedback mechanisms. Many stakeholder groups are involved in quality assurance and improvement, which, among other things, helps assure CQI is aligned with Department priorities and fidelity is achieved in ongoing practice changes and requirements. Regions and CBCs conducted stakeholder meetings while developing updates to their local improvement plans. CBCs also include stakeholder surveys for parents and youth to help improve service delivery. The newly developed Quarterly Quality Events are led by the Performance Management team of the Office of Quality and Innovation and are being held virtually; however, the plan is for these to be in-person events that include stakeholders from each region and circuit to review performance and begin developing improvement plans for areas performing below standards.

The Department's Contract Oversight Unit (COU) conducts administrative reviews of each department contractor and the Office of Quality and Innovation incorporated quantitative and qualitative data, into the design of the Life of Case reviews and Quarterly Quality Events for Community-Based Care Lead Agencies.

The Department's public facing dashboard delivers relevant and timely [Child Welfare Statistics](#) that are available to everyone. The methods used to track child welfare outcomes are available along with information on definitions and algorithms. The dashboard provides current information on Child Welfare Measures, CBC Scorecard, CPI Scorecard, Federal Measures, Quality Assurance measures, and Child Welfare Trends. The dashboard is updated quarterly with the current quarter considered draft as data is subject to changing with subsequent quarterly data submissions due updated data entry.

Florida has identified quantitative and qualitative outcome measures, numerous drivers to achieve performance targets, multiple methods at the state, regional, and local level to communicate, and review performance information and develop actions for performance improvement. The Department has an ongoing systematic method for gathering information from caregivers, GALs, and other community partners through the case file review process and new Quarterly Quality Events.

STAFF AND PROVIDER TRAINING (INCLUDES STRONG AND HEALTHY WORKFORCE)

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

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

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

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

Statewide Training System

Florida law requires all staff who provide child welfare services (i.e., all investigators, case managers, and licensing counselors) to earn a child welfare certification through a third-party entity, the Florida Certification Board. There are separate specialty tracks for Case Managers, Licensing Counselors, and Child Protective Investigators. The requirements for the certification are to have a minimum of a bachelor's degree, complete a Department-Approved pre-service training program, achieve a passing score on the written pre-service exam, complete the required number of hours of on-the-job experience, and receive the required number of hours of direct supervision. To maintain certification, all child welfare employees must complete a minimum of 40 hours of continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

Pre-service training requirements are outlined in Florida Statutes 409.175(14) and 65C-45.002:

409.175:

(b) As a condition of licensure, foster parents shall successfully complete preservice training. The preservice training shall be uniform statewide and shall include, but not be limited to, such areas as:

1. Orientation regarding agency purpose, objectives, resources, policies, and services;
2. Role of the foster parent as a treatment team member;
3. Transition of a child into and out of foster care, including issues of separation, loss, and attachment;
4. Management of difficult child behavior that can be intensified by placement, by prior abuse or neglect, and by prior placement disruptions;
5. Prevention of placement disruptions;
6. Care of children at various developmental levels, including appropriate discipline;
7. Effects of foster parenting on the family of the foster parent; and
8. Information about and contact information for the local mobile response team as a means for addressing a behavioral health crisis or preventing placement disruption.

(c) In consultation with foster parents, each region or lead agency shall develop a plan for making the completion of the required training as convenient as possible for potential foster parents. The plan should include, without limitation, such strategies as providing training in nontraditional locations and at nontraditional times. The plan must be revised at least annually and must be included in the information provided to each person applying to become a foster parent.

(d) Before licensure renewal, each foster parent must successfully complete inservice training. Periodic time-limited training courses shall be made available for selective use by foster parents. Such inservice training shall include subjects affecting the daily living experiences of foster parenting as a foster parent. For a foster parent

participating in the required inservice training, the department shall reimburse such parent for travel expenditures and, if both parents in a home are attending training or if the absence of the parent would leave the children without departmentally approved adult supervision, the department shall make provision for child care or shall reimburse the foster parents for child care purchased by the parents for children in their care.

(e)1. In addition to any other preservice training required by law, foster parents, as a condition of licensure, and agency staff must successfully complete preservice training related to human trafficking which must be uniform statewide and must include, but need not be limited to:

- a. Basic information on human trafficking, such as an understanding of relevant terminology, and the differences between sex trafficking and labor trafficking;
- b. Factors and knowledge on identifying children at risk of human trafficking; and
- c. Steps that should be taken to prevent at-risk youths from becoming victims of human trafficking.

65C-45.002:

(3) Pre-service training shall include the following:

- (a) The reasonable and prudent parenting standards, pursuant to Sections 39.4091 and 409.145, F.S., and the balance of normalcy for children in care and their safety;
- (b) Legal rights, roles, responsibilities, and expectations of foster parents;
- (c) The social and emotional development of children and youth;
- (d) Agency policies, services, laws, and regulations;
- (e) Development of life skills for teens in care;
- (f) The caregiver's role in supporting and promoting the educational progress of the child;
- (g) Trauma-informed care, including recognizing the signs, symptoms, and triggers of trauma;
- (h) The Multiethnic Placement Act and the Americans with Disabilities Act; and
- (i) 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 Rule Chapter 65C-35, F.A.C., which govern the administration of psychotropic medication.

Ongoing training to CPIs is provided by the regions and the sheriff's offices responsible for investigations. Ongoing training for case management is provided by the CBCs. Florida has a statewide coordinated training website hosted through the Center for Child Welfare for all child welfare professionals and foster parents. The Department also provides on-going statewide training to all child welfare professionals on different topics based on the request from the field or quality reviews. These training sessions can be delivered in a virtual environment or face-to-face. The agency charged with verification of training tracks the completion.

A few examples of strategies implemented over the last year by CBCS include:

- A Workforce Development Training Plan: for one CBC to institute and support high quality training and standards for case managers and supervisors incorporating certification for licensure in all service areas.
- Producing mini-training sessions are topics relevant to the CFSR for front line staff such as ‘Bits and Bites,’ learning circles, and shadowing opportunities.
- Certification Support Steams provide field training to coach and mentor new case managers, including individual field training appointments with trainers with reporting to supervisors.
- Providing additional System of Care training after pre-service to enhance the knowledge of local child welfare systems for new case managers.
- Conducting an annual needs assessment to develop in-service training plans.
- One CBC focused on a Proficiency Project for direct care staff members and SAVVY for those working with families that is an intensive overview of the state’s practice model. Contract incentives were developed for proficient staff members.

The Embrace Families Strong Foundations project, a federal grant program to improve CFSR results, is developing a model of supervision and certification process in coordination with the Florida Certification Board and The Office of Child & Family Well-Being to promote supervisory learning and capacity. This is planned to create a more supportive learning environment for case managers and reducing turnover to ensure that case managers have the time to effectively engage parents to achieve positive outcomes. The Strong Foundations project updates are included in Attachment 4. The Strong Foundations project proposes to develop, train, implement, and fully support a process to apply Conditions for Return through a collaborative effort with the Office of Court Improvement and other strategic system partners in Florida. The implementation of this concept in the practice model is essential to making concerted efforts to achieve the child’s permanency goal.

Supervision:

A total of 7 training cohorts were held starting in May 2021. Approximately 73% of the child welfare supervisors in the project sites completed training. The breakdown of training attendance is included below.

Supervisor Training Attendance

Supervisor Role	Total	Number Trained	Percent Trained
Child Protective Investigations	105	70	66.7%
Case Manager and Licensing	101	78	77.2%
ALL	206	151	73.3%

Surveys were conducted by the University of Central Florida with both the Supervisors completing training and their staff. Supervisors who completed the supervision training were surveyed to document organizational readiness, organizational orientation to learning, self-assessed knowledge and skill with regard to the competencies, and satisfaction with the training. Results indicate the following:

- Supervisors of dependency case managers and child protective investigators demonstrated significant, positive change on self-assessed knowledge and skill for all supervisory competencies. The sample of

supervisors of licensing professionals was too small to conduct testing. (Note that this was a comparison between the retrospective pre and the post.)

- All Supervisor trainees reported high levels of satisfaction with the training. Average responses on satisfaction items were slightly below or slightly above the “very good” rating.

Supervisees in the agencies where supervision training was scheduled to be delivered were surveyed before training began. Results indicate the following:

- Dependency case managers reported fairly positive perceptions of their supervisors’ knowledge and skills related to the training competencies.
- They also reported fairly high levels of satisfaction with the supervision they receive.
- On the other hand, they reported a slight tendency toward turnover, specifically an intention to quit in the next year.

Supervisees were surveyed again in April 2022 and the results indicated the following:

- Among dependency case managers and investigators, most of the mean supervisor competency scores were better during the post-implementation period than the pre-implementation period.
- The opposite trend can be seen within the sample of licensing professionals, though this finding may be due to the small sample.
- These results support the possibility that the strategy is improving supervisor skill, satisfaction with supervision, and intention to remain in the position.
 - This finding was strongest within the sample of dependency case managers. The finding can also be seen within the sample of investigators, though the results are somewhat mixed within this group. Results were less supportive of this conclusion within the sample of licensing professionals, but the sample size was low for this group.

CFR TRAINING	Trainees	Training Classes
Training Totals	2297	135

Since the official roll out in September 2021, the Embrace Families CFR team is actively supporting 378 cases as of the end of June 2022. They have completed 2282 consultations with case managers and system partners and achieved reunification on a total of 36 cases.

Since the official roll out in September 2021, the Families First Network CFR team is actively supporting 217 cases as of the end of June 2022. They have completed a total of 1140 consults and achieved reunification on 16 cases.

Conditions for Return Case Tracking Information

		Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	April 22	May 22	June 22
Embrace Families	New Cases	45	26	37	42	34	41	41	39	37	42
	Total Cases	100	126	163	205	239	280	321	352	384	378

	Consults	187	198	208	215	230	257	291	255	255	186
	Reunifications	1	1	4	0	3	4	10	2	5	6
Families First Network	New Cases	31	29	30	14	18	36	23	11	1	39
	Total Cases	31	60	75	89	107	143	166	177	178	217
	Consults	71	81	134	75	84	130	145	131	129	160
	Reunifications	0	0	0	1	1	3	2	4	2	3

Foster parents have access to the Center for Child Welfare as well. This site offers training for in-service credit on topics requested or suggested by foster parents. Licensing specialists record foster parent in-service training hours each year to have an accurate record of completed training by the time of relicensing. Department licensing specialist provide child-caring agency (group home) staff the opportunity to utilize various trainings from the Center for Child Welfare to complete the required training topics for pre-service and in-service credit.

All training curriculums for initial licensure are required to meet statutory and code requirements to ensure that families are provided with a detailed overview of the child welfare system. Additionally, during the home study assessment process, licensing specialists work with families to assess their knowledge of information they have learned throughout the preservice process. In most instances, at the end of preservice training, families are provided with a post-test (non-graded) to determine their knowledge gained.

Inservice training requirements are provided to families through the various methods, the Center for Child Welfare has provided a hub of trainings offered throughout the years that families have access to. Throughout the licensure year, the licensing staff works to identify training needs that the family would benefit from based on their individual households and circumstances.

Several specific training topics were identified during the Program Improvement Planning processes. CBCs and regions provided training this year and are planning to continue into the next. Topics include:

- Case Consultation training with Action for Child Protection
- Safety Planning
- Trauma-informed Care
- Sexual Abuse
- Abusive Head Trauma
- Present and Impending Danger
- Risk Assessment
- Improved Supervisory Reviews
- Assessment for Case Managers
- Enhanced Behavioral Management for Foster Parents
- Leadership, self-care, and role clarification
- Mentoring programs for new caseworkers

In-service training is provided by the regional training staff. At this time, the data is not captured at a statewide level only at the local level. The regions use the key performance metrics data to determine which training is needed locally and conduct the training.

Examples of strategies to ensure foster and adoptive parents receive relevant pre-service training include:

- Using CARE – Creating and Retaining Excellence and an additional eight (8) hours of training annually for foster parents
- Providing additional training to caregivers of teenagers – CORE-TEEN and in-service training on trauma
- One CBC is part of a research and development project with the University of Washington to develop and evaluate a training program for foster and adoptive parents.

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

All foster parents receive initial pre-service training as required by Department’s contract with CBCs 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 CBCs must deliver. CBCs currently use Model Approach to Partnerships in Parenting (MAPP); Parent Resource for Information, Development, and Education (PRIDE), a combination of those two, or curriculum the CBC developed that has been approved by the regional licensing office. The COU conducts foster parent surveys and focus groups during on-site contract monitoring with results published in each CBCs final report.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

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

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

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

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

A statewide service array workgroup gathered to complete a service array capacity and gap analysis. The final report was submitted in December 2018. https://myflfamilies.com/service-programs/child-welfare/kids/publications/docs/svs_gap_analysis/Florida_Childrens_Service_Array_Capacity_and_Gap_Analysis_Report_Final_1_29_18.pdf

Florida has created a wide array of services available across the state and is experiencing continued success in expanding system capacity for four types of services: family support, safety management, treatment, and child well-being. The Child Service Array workgroup identified existing evidence-based services throughout the state of Florida, permitting local areas to continue identifying additional services to support the child welfare system. 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.

At this time the quality of services is not assessed. Through FFPSA prevention, the Department will contract with USF to conduct statewide evaluations on delivery and outcome of EBPs. USF will monitor the fidelity process to prevent entry of children into foster care and monitor program and service domains.

https://myflfamilies.com/service-programs/child-welfare/kids/publications/docs/svs_gap_analysis/Florida_Childrens_Service_Array_Capacity_and_Gap_Analysis_Report_Final_1_29_18.pdf Currently, there is existing data to support quality of services.

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

The identification of service gaps are outlined in the Florida service array capacity and gap analysis, 2018. In addition, the Department gathered information through SAMH on the availability of services.

https://myflfamilies.com/service-programs/child-welfare/kids/publications/docs/svs_gap_analysis/Florida_Childrens_Service_Array_Capacity_and_Gap_Analysis_Report_Final_1_29_18.pdf

Connection between Service Array, Resources, and Financial Viability

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

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

Functioning of Florida's Service Array

The state's complete service array is described in Chapter 5, Update on Service Description.

The Department partners with community providers throughout the state of Florida.

The Department is composed of four (4) program offices that provide a variety of services to individuals, families, and children. These program offices are the Office of Child and Family Well Being, Office of Substance

Abuse and Mental Health, Office of Economic Self-Sufficiency, and the Quality and Innovation Office. Each of these program areas meets the critical needs of the populations it serves and often attends to families with multiple complex needs. With mutually served customers and the understanding that addressing their comprehensive needs results in improved and sustained outcomes, the Department recognizes the importance of systems integration as a core competency. In order to improve the communication and engagement between program offices and to enhance partnerships with state and local stakeholders, the Department developed a care navigation model.

OCFW collaborates with other stakeholders through various advisory bodies, solution-focused meetings, and other forms of communication. The following list provides a summary of the various major organizational partners with whom the Department actively engages. This list is not all inclusive in terms of collaborative partners or the description of activities with each partner.

- Office of Adoption and Child Protection was created, within the Executive Office of the Governor, which raises public awareness and implements meaningful practice around prevention activities.
- The Department’s Office of Substance Abuse and Mental Health continues to be a significant partner with the child welfare system in developing policies for the integration of child welfare and behavioral health services, implementing innovative programs and approaches, and contracting with Managing Entities which includes contract standards and provisions for services involving families served by child welfare.
- The Department’s Office of Economic Self-Sufficiency provides a valuable collaboration with the child welfare system to provide holistic service delivery through the utilizing of care navigators for early engagement with families, using a rolodex of community partners to connect customers based on their unique needs.
- Florida Institute for Child Welfare provides ongoing research and evaluation of the child welfare workforce and provides ongoing partnership around technical assistance and training.
- Florida Center for Prevention and Early Intervention Policy leads the state's development and implementation of infant mental health services, including training for infant mental health specialists who provide evidence-based infant mental health services, such as Child-Parent Psychotherapy.
- The Quality Parenting Initiative (QPI), a strategy of the Youth Law Center, is an approach to strengthening foster care, refocusing on excellent parenting for all children in the child welfare system. It was launched in 2008 in Florida, and as of 2018, over 75 jurisdictions in 10 states (California, Florida, Illinois, Louisiana, Minnesota, Nevada, Ohio, Pennsylvania, Texas and Wisconsin) have adopted the QPI approach. The Annie E. Casey Foundation (AECF®) is devoted to developing a brighter future for millions of children at risk of poor educational, economic, social and health outcomes.
- One Voice Impact, Youth SHINE, and other organizations they represent former foster youth and provide lived experience and youth voice that inform the development of programs that serve current and former foster youth.
- Angel Armies, CarePortal, and other representatives of Florida’s faith-based organizations that are committed to supporting vulnerable children and their families, and work to connect families in need with services from local churches and their congregations.

Youth with lived experience are incorporated in steering committees and workshops. The Department has hired youth with lived experience as an added voice for implementation, policy, and advocacy.

Array of services for sex trafficking and LGBTQ youth are identified by the Safe Houses licensed by the Department, as well as the HT task forces throughout Florida. The Department is one of the chairs at the statewide HT Council. Through the ongoing collaboration and through multidisciplinary team staffings, youth and families are linked with appropriate services to address HT.

The Department has oversight over the domestic violence sector within Florida and continues to partner with local advocates and agencies to provide services to families.

Family Support Services

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

Safety Management Services

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

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; substance use services (outpatient, residential, aftercare) and mental health services.

Family Intensive Treatment Teams (FIT).

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

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

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

1. Are eligible for publicly funded substance abuse and mental health services pursuant to section 394.674, Florida Statutes, including persons meeting all other eligibility criteria who are under insured.
2. Meet the criteria for a substance use disorder.
3. Have at least one child between the ages of 0 and 10 years old.
4. At the time of referral to FIT:
 - a. A child in the family has been determined to be “unsafe” and in need of child welfare case management and placed in-home or out-of-home.
 - b. For children in out of home care, the family must have a child welfare case management plan with the permanency goal of reunification, or a concurrent case plan that includes reunification as a permanency goal.
 - c. The eligible parent(s)/guardian(s) are willing to participate in the FIT Program or the caregiver is court ordered to participate in FIT services. In either case, enhanced efforts to engage and retain the caregiver(s) in treatment are expected as a critical element of the FIT program.

Child Well-Being Services

Well-being services are specific, usually formal, services/interventions utilized to assure the child’s physical, emotional, developmental, and educational needs are addressed. The assessment of the child 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 support three separate and distinct strategies that are primarily targeted at impacting CFSR performance with a focus on permanency and well-being. Approval for all strategies was received mid-January 2020.

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

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

certification. With regards to the Conditions for Return strategy, the inclusion of additional partners means that approximately 24 percent of the children in out-of-home care will receive the full intervention and another 14 percent will receive a partial dose of the intervention. This change results in a larger, more representative sample of children and families served in the state of Florida.

Strategy: Conditions for Return

Trainings for Conditions for Return were completed for the four major audiences. Trainings will be available for the following four groups of child welfare professionals: 1) GAL program staff & volunteers, 2) Foster parents, 3) the legal community, and 4) frontline staff & supervisors. Judicial trainings are also being planned in conjunction with the Office of Court Administration to ensure that the new judges and magistrates are provided the training. Currently, Strong Foundation continues to target professionals that practice in select sites only, with the anticipation of trainings being available at the state level in the future.

Conditions for Return:

Guardian ad Litem Staff and Volunteer Training

Guardian ad Litem programs employ Child Advocate Managers (CAMs) to oversee and support the work of the child advocate volunteers. Reaching CAMs with the CFR training is essential to the incorporation of CFR into practice. Child advocate volunteers rely heavily on their assigned CAMs for guidance and to increase their understanding of the child welfare system. Accordingly, CAMs were specifically targeted to attend the trainings.

The number of GAL program volunteers fluctuates enormously. The table below reflects the total number of volunteers and CAMs as of the end of March 2022 and provides details on the number of GALs in project sites and their attendance to CFR Training through the end of June 2022.

Guardian ad Litem Training Reach

Circuit	CAMs	# Attended	% Attend	# Volunteers	Attend	% Attend
Circuit 1	29	21	72.4%	677	56	8.3%
Circuit 7	24	17	70.8%	447	65	14.5%
Circuit 9	8	4	50.0%	165	0	0.0%
Circuit 10	28	11	39.3%	817	25	3.1%
Circuit 18	22	22	100.0%	514	128	24.9%
Circuit 2& 14	23	8	34.8%	600	39	6.5%
All Totals	134	83	48.9%	3220	314	9.8%

Legal Training

The legal community includes attorneys that represent parents, Children’s Legal Services (CLS) and Guardian ad Litem (GAL) attorneys as well as the judiciary. The judiciary includes both dependency judges and magistrates active in each circuit.

The tables below provide the details on the number and percentage of attorneys and judiciary trained in the circuits participating in the project. The tables do not reflect the many individuals trained at the 2020 and 2021 Child Protection Summit in the previous reporting period. The 2020 summit training session had over 500 attendees and the 2021 session had over 300 attendees. A large number of them were from the legal community. These trainings were identified as part of the legal track and geared toward the legal community, so many of the attendees were attorneys and judges from across the state.

Circuit 9 numbers for GAL attorneys is significantly larger than the other circuits. The Legal Aid Society of the Orange County Bar Association manages the GAL program for Orange County and therefore all GAL volunteers are licensed attorneys. The number of GAL attorney volunteers fluctuates as much as the GAL frontline volunteers. Attorneys from circuits 1, 2 and 14 were grouped together because the legal trainings for these circuits were coordinated together as many individuals work in multiple circuits.

Many attorneys that represent parents are appointed based on a rotation from a list of licensed attorneys who have requested to be added to the rotation. The list is maintained by the court and the number of attorneys in rotation fluctuates frequently. The number of parent attorneys included in the table is based on the attorneys that were active and in rotation at the time the trainings were being scheduled for each site.

Attorney Training Reach

Circuit	Attend	All Attorneys	CLS	GAL	Parent	% Attend
Circuit 9	53	304	19	249*	36	17.4%
Circuit 7	20	35	12	13	10	57.1%
Circuit 10	31	64	15	12	37	48.4%
Circuit 18	26	84	17	10	57	30.9%
Circuit 1, 2 & 14	72	115	38	22	55	62.6%
All	202	602	101	306	195	33.6%

* Of the GAL attorneys, 12 are staff attorneys, 237 attorneys are volunteers

Some of the legal training opportunities were available to attorneys from outside of the project sections. In addition to the 202 attorneys from project sites that were trained, 77 attorneys from other parts of the state also received the training.

Judiciary Training Reach

Circuit	Attend	Total	% Attended
Circuit 1	3	7	42.9%
Circuit 2&14	3	15	20.0%
Circuit 7	4	7	57.1%
Circuit 9	3	4	75.0%
Circuit 10	6	8	75.0%
Circuit 18	3	4	75.0%
ALL	22	45	48.9%

The Conditions for Return Judicial training was offered to Judges across the state. In addition to the 22 judges that were trained at project sites, an additional 26 Judges and Magistrates were trained from other areas of the state.

Foster Parent Training

Foster parents proved to be a difficult audience to reach and engage. The Strong Foundations team is continuing to work with sites to develop plans to increase the participation and attendance of foster parents across all project sites. The below table provides the details on the number and percentage of foster parents trained. The table does not include foster parents that participated in the 2020 and 2021 Child Protection Summit trainings.

The total in the below table is the number of homes that are licensed under each lead agency. There is likely a discrepancy with the number of homes licensed versus the number of homes that are actively receiving placements. Families that are on hold or in the process of closure will still reflect in this number; however, they do not typically attend training events.

Foster Parent Training Reach

Lead Agency	Attend	Total	% Attended
Embrace Families	134	380	35.3%
Heartland for Children	109	229	47.6%

Brevard Family Partnership	90	265	34.0%
Northwest Florida Health Network	38	218	17.4%
Families First Network	53	311	17.0%
Community Partnership for Children	39	133	29.3%
ALL	463	1536	29.9%

An additional 23 foster parents from outside of project sites attended the Conditions for Return Training for foster parents presented at the Florida Foster and Adoptive Parent Annual conference in June 2022.

Strategy: Supervisory Certification

The final group of supervisors concluded their training at the end of February 11, 2022, with over 150 supervisors trained. Strong Foundations will begin to transition over to 1) working alongside the individuals that completed the training so that they can finish the certification process, and 2) concentrating on completing the train-the-trainer material and getting sessions started so that the training is widely available to our supervisors in Florida.

Community-Based Care Lead Agencies can assist by supporting and encouraging the supervisors in their respective areas to finish the process to become fully certified. Strong Foundations is maintaining files on all participants to help with the paperwork and pay the fees. All the certification forms continue to be available on the Strong Foundations website under Child Welfare Supervisor Certification in the Strong Foundations Resources section.

Frontline Staff Training

Frontline staff include case managers, case manager supervisors, child protective investigators and child protective investigator supervisors. Unlike the other target audiences, frontline staff trainings were conducted by the lead agency and DCF training departments at each site using the Strong Foundations videos and training materials provided.

All sites had great participation from their case management frontline staff. The below table provides the details on the number and percentage of frontline staff trained. Child Protective Investigators Circuits 2& 14 were invited to multiple training sessions; however, they did not attend therefore they were not included in the table.

Frontline Staff Training Reach

Lead Agency & DCF Circuit	Attend	Total	% Attend
Embrace Families	366	393	93.1%
Heartland for Children/Circuit 10	182	259	70.3%
Brevard Family Partnership/Circuit 18	113	170	66.5%
Families First Network/Circuit 1	172	230	74.8%
Northwest Florida Health Network	89	106	84.0%
Community Partnership for Children	48	218	22.0%
ALL	1019	1471	69.27%

To complement the trainings, there are plans for printing some hard copies of both the CFR Legal Guide and the more recent Reunification Guide. Until then, the Guides continue to be available through our website under Conditions for Return in the Strong Foundations Resources section at: <https://embracefamilies.org/StrongFoundations>.

Strategy: Case Complexity Tool

The third and final phase of the validation process is complete. The case complexity tool continues to be utilized for all case assignments at the Osceola and Alachua County sites. The sites have not experienced problems with generating the report or using the information to assist with decision-making. Currently Strong Foundations is exploring the value of using the tool to provide guidance in other child welfare practice areas.

Case Complexity:

The case complexity tool launched in October 2021 in Osceola County and November 2021 in Alachua County. As of the end of June 22, the sites have assigned 348 cases using the case complexity tool. Of this 348, Osceola assigned 226 cases and Alachua assigned 122. Case assignment information is included in the table below.

Case Complexity Tool Case Assignments

		Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	April 22	May 22	June 22
Osceola	New	11	10	16	5	5	8	6	3	6
	Transfer	14	3	15	0	12	0	0	30	82

	All	25	13	31	5	17	8	6	33	88
Alachua	New		12	8	7	12	2	8	7	14
	Transfer		0	6	1	16	9	18	0	2
	All		12	14	8	28	11	26	7	16

During monthly site calls, both agencies reported their belief that the case scores are accurate and reflective of the complexity of cases most of the time. The case scores are dependent on the accuracy of data available in the statewide information system. The Alachua site shared that the case managers have been motivated to keep their case information current so that their case load scores are accurately reflected.

The sites have also reported that the scores across their workforce, with the exception of new staff with protected caseloads, have begun to equalize. Alachua County leadership shares the case score information with their frontline staff when explaining the decision to assign them a new case. They reported that this process has made the case assignment decisions easier for their frontline staff to accept and understand.

Dependency case managers within the case complexity protocol sites were surveyed six months after implementation of the case complexity protocol. These responses were compared to the responses from the pre-implementation phase. Osceola county data is not included in the survey results as only 2 staff completed the survey. Results indicated the following:

- Results for Alachua County indicate improved scores with regard to sufficiency of time to visit with families and collaborate with partners and families.
- Results for Alachua County indicate varied trends for satisfaction with workload. Perception that case distribution is fair has improved, while the perceptions that the caseload size and caseload difficulty are manageable has worsened.
- Results for Alachua County indicate improved scores with regard to intention to quit.

The next round of surveys will be sent out in the month of August.

AGENCY RESPONSIVENESS TO THE COMMUNITY

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

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

An interagency agreement regarding coordination 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 Disability, Florida Agency for Health Care Administration, and Florida Department of Health (See Chapter 1, page 20)

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

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

Chapter 1 also provides the overview of the different councils that the Department works within and have established to capture stakeholder feedback, consultations, and suggestions.

This level of coordination with partners ensures coordination with partners service the same population of children. In addition to the formalized meetings, Child Welfare works closely with the Department of Juvenile Justice, Agency for Persons with Disabilities, and the Agency for Health Care Administration to ensure coordination of services. Within the Department of Children and Families, Child Welfare coordinates with the divisions of Substance Abuse and Mental Health and Economic Self Sufficiency as 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 which is described in greater detail in the state's Advanced Planning Document (APD) and the accompanying Data Quality Plan.

Examples of additional activities conducted by CBCs include:

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

The Department's enterprise Office of Quality and Innovation reviews services provided to families across all area programs, including Economic Self Sufficiency, Child Welfare, Adult Protective Investigations, Substance Use, and Behavioral Health.

Throughout the APSR the activities are outlined that incorporate lived experience at the Department level and community level. See: of the Office of Continuing Care (pages 7, 104, 175, 177, and 181) and Youth Engagement and Voice (pages 177-178, and 179-182).

FOSTER PARENT LICENSING, RECRUITMENT, AND RETENTION

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

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

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

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

The Department has substantial and successful processes in place for licensing, background checks, recruitment, and cross-jurisdictional activity. CBC contracts define the requirements for licensing tasks, including an option for an Attestation Model. Florida Statute and Florida Administrative Code provide detailed licensing standards, and the contract requirements also cite sections 409.175 and 409.1451, Florida Statutes, [Rules 65C-45](#), [65C-15](#), [Florida Administrative Code](#), and federal code 42 U.S.C. §671(a)(20)(B)-(D).

The Department in partnership with the Community-Based Care Lead Agencies (CBC) across the state, have worked diligently to increase and retain the population of quality foster parents across all levels of licensure. The Office of Child & Family Well-Being has conducted multiple technical assistance reviews across the state to improve statewide quality of foster home licensing, identifying efficiencies within the licensing process to eliminate unnecessary work with the goal of enhancing the assessment process, and identifying supports and retention techniques to sustain the foster parent population.

Estimated proportion of OHC population by race/ethnicity.

47% White, 17% Hispanic, 29% African American, 1% Native American, 6% Other.

Estimated Level II to V Foster Homes 58% White, 11% Hispanic, 28% African American, 0% native American, 5% Other. Review of AFCARS adoption data for FYY 2023 indicated that of children that were adopted 58% of adopted children are adopted by a placement that is an exact match to the child's combined race and ethnicity coding. 62% exact match on father only adoptions, 58% match on mother only adoptions, 43% match to one

parent where the adoptive parents combined race and ethnicity do not match, and 59% where both parents match.

In 2021, the Foster Information Center was added to Florida Statutes. This codified the Department's Florida Foster Information Center that was established in 2020. The information center was designed to connect current and former foster parents to prospective and current foster parents in order for them to obtain information and services. Each CBC has established a point of contact at the local level which gives prospective families a direct contact to the staff in their area to assist with foster home licensing inquiries.

OCFW worked with the FFPSA Foster Home Licensing sub-committee to establish recommendations for foster home licensing. The sub-committee provided recommendations related to the following: specialized foster parent training, Wraparound supports, foster home licensing policy updates, and title IV-E room and board enhancements. OCFW established Enhanced Level II Foster homes to help address the need for a foster parent population to provide care for children with a higher level of need. This includes sibling groups, teenagers, and children with needs that do not meet the level of therapeutic or medical foster care. Additionally, this effort to reduce the population of children in congregate care. OCFW was able to provide each CBC with the opportunity to have a staff member trained in Trust-Based Relational Intervention (TBRI) to aide in increasing the enhanced level II population.

Background checks

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

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

Cross-jurisdictional resources

The Department is an active participant in the Interstate Compact for the Placement of Children (ICPC). This year ICPC has focused their efforts to simplify and further enhance efficiency in processing ICPC requests by updating procedures. Additionally, in July of 2021 the National Electronic Interstate Compact Enterprise (NEICE) completed a system update that provided additional alert and reporting functions that will also aide in the oversight and timeliness of interstate placements. Please see Chapter 5, Update on Child and Family Service Descriptions, for additional details on ICPC.

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

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

To improve child and family permanency and well-being, a broader mix of homes continues to be necessary to ensure adequate placement matching.

Please see Attachment 1 Update to Florida's Diligent Foster and Adoptive Home Recruitment and Retention Plan for more details.

Strong Foundations Progress

Progress Year 1: FY 2018-2019

Strong Foundations (SF) utilized implementation science to determine the root causes and choose strategies. At the conclusion of the first year (September 2019), SF submitted two Implementation Plans supporting three separate and distinct strategies/interventions. The primary targets on the CFSR include permanency and well-being indicators with the expectation that we will impact more than the initial targets. Over this time, SF will have also solidified strong workgroups for each strategy. They continue to have strong, helpful partners across Florida and have chosen their sites.

While the initial project area focused primarily on the Central Florida region, the plan to roll out strategies, which were approved in mid-January 2020, has been expanded out to include many other Community-Based Care agencies in several regions across Florida. At this time, agencies in four of the six regions in Florida are included. This encompasses eight different Community-Based Care agencies. The addition of the other sites equates to including approximately 29 percent of the total child welfare supervisors in the strategy involving supervisor certification. With regards to the Conditions for Return strategy, the inclusion of additional partners means that approximately 24 percent of the children in out-of-home care will receive a full dose of the intervention and another 14 percent will receive a partial dose of the intervention. This change results in a larger, more representative sample.

Strong Foundations is currently in the pre-implementation activities phase:

1. CFR: site prep, developing training and tools.
2. Supervisory certification: The role delineation study is almost complete; commencement of identifying core competencies and developing the training has been initiated.
3. Case complexity tool: Completed the RFP process and have now contracted with a vendor to create the tool.

Progress Year 2: FY 19/20

Strategy: Conditions for Return

Trainings concluded for Orange County and shifted to Seminole County. To date, training has occurred with over 200 Case Managers and Child Protective Investigators, over 100 foster parents, and over 50 from the legal community (including Children's Legal Services, parent attorneys and GAL attorneys). The judiciary team will start their training in April, in large part to the tremendous support of partners at the Office of Court Improvement.

Strategy: Supervisory Certification

Piloting is scheduled for May 2021 in the tri-county area. While it originally intended to pilot in Seminole County, the decision was made that it would put less stress on Florida's system partners to use supervisors from a larger geographic area. Florida Certification Board is creating an exam and developing a handout outlining the certification standards. They also completing a Role Delineation Study.

Strategy: Case Complexity Tool

The third and final phase of the validation process is complete. The data analytic vendor is weighting the factors that are considered to impact complexity and eliminate those that don't appear to be correlated. At the conclusion of this process, a training will be developed regarding how to use the tool and the pilot will start in Osceola County. The partners in Alachua County will follow the pilot as the second site.

Progress Year 3: FY 20/21

Strategy: Conditions for Return -Trainings

There are a total of five trainings that have been developed using the core information regarding Conditions for Return. The core content is the same for all five trainings, but each training focuses on the specific audience in the child welfare system. The audiences include legal, Guardian ad Litem program staff and volunteers, foster parents, judiciary, and frontline staff. The training is directed at their specific knowledge base and what their role is in the Conditions for Return and reunification process. Each of these five trainings have been rolled out in the different site areas. A total of 124 training classes and 2089 participants have attended training as of March 2022. Additional trainings are in the process of being scheduled in coordination with the Office of State Courts Administration for the judiciary. Training classes for all other audiences are also in the process of being scheduled.

Trainees who complete the Conditions for Return training are sent surveys that document self-assessed knowledge of Conditions for Return and satisfaction with the training. Survey data from the pilot site (Orange County) was analyzed by the evaluator and found significant change in the trainee's self-assessed knowledge of 13 concepts from the CFR model for foster parents, investigators and case managers and significant change on two items for the attorneys. Satisfaction rates were high or very high for all audiences. Survey data is continuing to be collected and analyzed by the evaluator.

Guidebooks

Legal and practitioner guidebooks were created, finalized and distributed to all sites to support the understanding and application of Conditions for Return. Both guides provide an opportunity for an individual to be able to walk through their case step by step and know how to handle all issues that arise when dealing with Conditions for Return on their cases. Examples of safety plans and transition plans are also included. The legal guidebook also outlines what is necessary for the court to make a ruling on Conditions for Return, the necessary documentation that needs to be submitted to the court, and what evidence through documentation and testimony that the court will need to rely on to make their decision on the case. The legal guidebook includes examples of motions and orders. The Strong Foundations team is in the process of having hard copies of the guides printed and delivered to all sites. The guides are also available on the Strong Foundations website.

Positions

Three of the six Conditions for Return sites have a team of specialists that offer additional support in the application of Conditions for Return. These teams serve as practice model experts and liaisons between case management and system partners supporting the application and understanding of Conditions for Return. The Conditions for Return teams are active in two of the three sites at this time. The third site has hired the team

supervisor and is currently interviewing specialists. 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 Conditions for Return teams were providing support to 376 cases. The sites have completed 1870 consults since formal tracking began in September 2021.

Strategy: Supervisory Certification

The standards for certification have been finalized and agreed upon. The training to support the learning of the core competencies was launched and has gone through several rounds of revisions following the pilot. In addition to the development of the training curriculum, observation forms for each of the four competency domains, an addendum providing direction for virtual observations, Case file Review verification form and case review directions have been finalized and distributed to sites and all supervisor trainees. All documents related to the supervisor certification strategy are available on the Strong Foundations website as well.

Virtual Training was piloted May 17, 2021, using the Zoom video conferencing platform. The virtual format was utilized due to ongoing concerns for the health and safety of the workforce. Participant guides were printed and delivered to each participant in advance of the start date. The guides include a copy of the PowerPoint slides, worksheets for activities, and additional tools and resources to support the learning and application of the core competencies. The pilot training schedule included sessions on Monday, Wednesday, and Friday from 9am-12:30pm for a period of three weeks and included a total of 13 participants composed of a relatively equal mix of Case Manager Supervisors, Licensing Supervisors and Child Protective Investigator Supervisors from each of the designated sites.

Since the pilot, ten additional training classes were offered with a total of 151 supervisors (including the pilot class) successfully completing the training. All training classes were virtual and followed a schedule similar to the pilot (3 weeks of 3 half day trainings) and included supervisors from across all sites and disciplines. Supervisors have continued to be encouraged to complete the required observations and take steps to complete the certification process. As of March 2022, 4 supervisors have completed all certification requirements.

Supervisor trainees that completed the training were sent surveys that document self-assessed knowledge and skill with regard to the competencies. Results from the surveys indicate that supervisors of case managers and protective investigators significantly increased their self-assessed knowledge and skill on every competency except one which was already very high at pretest. (Note that the sample of supervisors of licensing professionals was too small to conduct testing.) Trainee satisfaction was also fairly positive.

A draft of the Train-the-Trainer guide has been developed and is in the editing phase. Individuals with training expertise from the project sites have been enlisted to review and provide feedback during the editing phase. The schedule for Train-the-Trainer workshops is being coordinated with the project sites and Department leadership. The finalization of the guide and workshop schedule is expected to be completed in April 2022.

Strategy: Case Complexity Tool

The tool was fully designed and validated by summer of 2021. Once installed, the tool produces daily output of predictive case scores (the complexity score is on a scale of 1 to 9) of each active case within the CBC's counties. The scores produced by the tool enables agency supervisors and leadership to use this information to make informed decisions regarding case assignment. A systems administrator manual and user manual was created to support the installation and use of the tool. The manuals are available on the Strong Foundations website. In addition to the manuals, a training was created and delivered. Meetings were also held with each

site to acclimate the case management organization with the report and to ensure that the guides, tracker, and tracker instructions were all clear and comprehensive prior to the start of formal tracking.

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

The Strong Foundations team has received positive feedback on the use of the tool. One site reported that the tool has taken pressure off of them in their assignment decisions and is helping staff understand when and why they may be receiving a new case. It has also been reported that case managers have been motivated to enter their notes and complete their assessments timely because their documentation in FSFN impacts the case scores. Surveys on perceptions of time to complete tasks, satisfaction with workload, and intention to quit were collected from the dependency case managers at the case complexity protocol sites prior to the installation of the tools in both sites and again 6 months later. The response rate for one site was very low however the other site's response rate was satisfactory. The results in the site with a satisfactory response rate suggest improvement in perception of time to complete tasks and an increase in intention to remain in their position.

Inclusion of Parent Voice

A Parent Advisory Board has been developed utilizing case managers in the Embrace Families area of concentration to identify parents that might be interested in being part of a board/committee that provides their input on processes, procedures, and programming in child welfare. The parents of the board have provided feedback on the parent and caregiver handbooks and have agreed to review and validate survey questions designed to gain information about the strategies from parents included in the project. Plans are being developed to obtain further guidance on other project-related issues

Additionally, executive leadership from the Department including the Secretary, Deputy Secretary, Assistant Secretary for the Office of Child and Family Well-Being are meeting with a statewide Parent Advisory Group that is being facilitated by Casey Family Programs.

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

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

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

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

PHASE 1 PATH FORWARD: COMPLETE AS REPORTED IN 2022 APSR.

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

Implementation and program support: The Department was allocated positions for the CBC and the regional licensing team to implement the Guardianship Assistance Program and Level I licensure. Multiple trainings were provided from 2018-2019 to educate staff on the state and federal requirements. Section 409.175, Florida Statutes and Chapter 65C-44, Florida Administrative Code, 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 the CBC and regional licensing teams.

PHASE 2: QUALITY PLACEMENT SETTING ALIGNMENT: ON-GOING

Goal 2: Increase the utilization of family-like settings concurrently right size 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 provided ongoing training throughout the 5-year period and continues to provide technical assistance to the Department's licensing teams. The Department files an annual legislative report that is shared with the Governor and legislative staff on the progress and implementation of the tool.

Quality Placement Setting Alignment	In Progress	Actions	Future Plans
Implementation of quality group care accountability system:	Completed	<p>During the SFY 2020-2021 report year, the Department and the Institute completed the statewide validation study and the inter-rater reliability and agreement (IRRA) study. Data collection for the IRRA was completed in January 2021, and data collection for the statewide validation study was completed in March 2021. These components represent major steps toward fully validating the Group Care Quality Standard Assessment (GCQSA). A full description of both studies is provided in the subsequent report, along with detailed findings on the status of each along with interim findings.</p> <p>Due to the onset of the COVID-19 pandemic in March 2020, data collection was delayed for both components as licensing teams adhered to mandated social distancing guidelines and responded to the rapid licensing needs to address the placement shortages resulting from the reduction of available foster home placements. To accommodate the unforeseen delays, the data collection period for the statewide validation study was extended from a deadline of January 1, 2021, to March 2021. An additional two months was added to the timeline to allow participants additional time to complete forms</p>	<p>The Department remains on track for meeting the completion of implementing a Statewide Accountability System by July 2022. N/A</p>

PHASE 3: EVIDENCED-BASED SERVICES IMPLEMENTATION: ON-GOING

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

Implementation and program support: The Department provided multiple trainings on FFPSA EBP with each CBC. Additional meetings and trainings were held with the specific CBCs who expressed interest in implementing the selected EBP outlined in the Department’s draft State Plan. The Department was allocated funding through FFTA to support contracting services with providers to train child welfare professionals. The Department continues to host FFPSA Steering Committees who played a key role in the policy development, system enhancements, and EBP selections. The Department developed new policy outlined in CFOP 170-1 Chapter 17, which received its initial review by the Children’s Bureau, in conjunction with the Florida’s Title IV-E Prevention Plan. The Department plans to provide statewide training upon publishing of the CFOP.

	In Progres s	Actions	Future Plans
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<p>Expand and enhance delivery of kinship programs / supports</p>	<p>Yes</p>	<p>The Department received its third grant approval that allows for the establishment, evaluation, and assistance for providers as they become rated in the Title IV-E Prevention Clearinghouse. Florida is currently partnering with Kids Central Inc. (KCI) and Children’s Home Network (CHN) as they align their existing kinship services with the federal requirements. The Department is also partnering with Florida Institute of Child Welfare (FICW) to provide support to prospective Kinship Navigator Programs as they prepare to become rated in the Title IV-E Prevention Clearing House.</p> <p>These funds were used to assist 2 programs in becoming prepared to submit for rating review in the Title IV-E Clearinghouse and for support Florida’s Center for Child Welfare</p> <p>Barriers to use of the funds are systemic in that the federal fiscal year does not align with the state fiscal year, resulting in funding having to be returned each year.</p> <p>The state will apply for FY 22 funding and utilize them in the same manner to support the rating of providers in FL.</p> <p>Families are made aware of kinship services through the community and case management organizations. Pursuant to s. 39.5086, Florida Statutes each CBC is required to establish a kinship navigator program that provides the services the criteria established.</p> <p>In addition to Florida’s initiative to implement the Kinship Navigator Program under FFPSA, Senate Bill 96 (s. 39.5086, F.S.) recently required each CBC 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 CBC was allocated funding to support the development of a kinship navigator unit comprised of 11 positions: 1 Kinship Director 1 Program Manager</p>	<p>OCWF has submitted an application for a third grant to allow for ongoing partnership with KCI, CHN, and FICW, with a goal of moving the kinship navigator programs or KCI and CHN towards becoming rated in the clearing house.</p> <p>Florida will also assess the opportunity to expand the grant to additional providers seeking to become rated in the clearing house.</p>
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	In Progress	Actions	Future Plans
		1 Intake Coordinator 2 Peer Navigators 4 Family support Navigators 2 Support Group Assistants The allocated positions were also designed to allow each CBC 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.	
Development and submission of IV-E Prevention Plan:	Yes	The state IV-E prevention plan was submitted the Children’s Bureau in September 2021. The Department received a written response on November 22, 2021, requesting additional information or clarification prior to the approval of the plan.	The Department and community stakeholders will regroup to update the prevention plan, with the initial kick off on March 29, 2022. The Department has set a tentative internal deadline to submit the updated plan by August 31, 2022. The current updated plan is routing with leadership for approval. A meeting has been requested with the Children’s Bureau requesting assistance with the completion of the MOE.
Install EBP services in identified gap service areas:	Yes	Procured three of the four EBP (motivational interviewing, multisystemic therapy, parent child interaction therapy and homebuilders). Department is finalizing a contract with the University of South Florida to conduct fidelity monitoring of each EBP service.	Deliver EBP provider training to all region/CBCs.

PHASE 4: COMMUNITY PREVENTION SERVICES: ON-GOING

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

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

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

WORKFORCE SUPPORT

Goal: 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.

The Department is actively collaborating with the Strong Foundations (SF) who holds a cooperative agreement awarded to Embrace Families under a Children’s Bureau’s grant for Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. The Strong Foundations is partnering with the Department, CBC, and community providers to enhance the skill set for conditions for return, supervisor certification, and

complexity tool. SF continues to provide training opportunities to child welfare professional and community stakeholders. The use of SF's award is monitored by the Children's Bureau as the Department collaborates to ensure SF is able to achieve their goal and incorporate any policy changes made by the Department. SF will continue to provide technical support throughout the life of the award.

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

FAMILY FIRST TRANSITION ACT GRANT (FFTA)

On December 20, 2019, the Family First Transition Act (FFTA) was signed into law, providing one-time, flexible funding for states and tribes to help implement FFPSA. Funds may be used for any purpose specified under title IV-B (including subpart 1 and 2) and for activities directly associated with implementation of FFPSA. Florida was federally allocated \$29,233,082.00 in FFTA funds. In determining how to use these one-time funds, states were encouraged to consider how the funding can be used to strategically move child welfare to a more truly preventive system that works to strengthen families before child maltreatment occurs and that reduces unnecessary family disruption. In collaboration with child welfare stakeholders from across the state and national child welfare advocates, the Department convened a series of FFPSA sub-committees to review the federal requirements, analyze existing state policies and practices, and assess the placement and services needs of Florida's child welfare system of care. As a result of these cooperative discussions, the Department will seek to utilize the FFTA funds to support the following FFPSA Initiatives:

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

Funding allocated to the Prevention Programming was \$15,092,533.50 to support the following activities:

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

Funding allocated to the Foster Care Enhancements was \$13,925,098.94 to support the following activities:

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

The Department has contracted with qualified Vendors to provide comprehensive project management to plan, coordinate, and execute statewide training to support the installation and expansion of four well-supported EBPs: Homebuilders (HB), Motivational Interviewing (MI), Parent Child Interaction Therapy (PCIT), and Multisystemic Therapy (MST). Upon execution of these contracts, the Department collaborated with the contracted Vendors to kick off a series of engagement activities to initiate the statewide training plan. Over the next 12 to 18 months, it is anticipated that 30 MST Teams, 118 PCIT practitioners, six (6) HB Teams, and 1,200 MI certified individuals will be trained and practicing to fidelity their respective EBP services throughout the state of Florida. Additionally, the Department will procure a contract with state university partners for fidelity monitoring of the EBP service delivery. The plan is to execute this contract no later than July 1, 2022. This fidelity monitoring will include an analysis of existing EBP services being delivered in Florida and newly installed EBP services as well as providing technical support to services working towards submission to the Title IV-E Prevention Clearinghouse for formal review by the Clearinghouse.

The Office of Child and Well Being is planning to make available TBRI practitioner training through the Karyn Purvis Institute of Child Development to Community-Based Care Lead Agencies to support the recruitment and retention of out-of-home caregivers including foster parents and child-caring agencies. Family First Transition Act funds will be utilized to cover the cost of implementing this evidence-based prevention service.

TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI® uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI® is connection. Website: <https://child.tcu.edu/#sthash.zBe28TvK.dpbs>

- Provide one-time licensing supports directly to enhanced level II foster parents up to \$1,000.00 per child.

- Provide mentoring and coaching to foster homes taking teens and large sibling groups.

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

LEGISLATIVE UPDATE:

SB 80: CHILD WELFARE (2021)

Bill Sponsor: **Senator Brodeur**

Effective Date: October 1, 2021

Face Sheet

- Requires the Department to develop and include a “face sheet containing relevant information about the child and his or her case” in every child’s case record. The face sheet must be electronic and have the capability of being printed.

Priority Placement

- Creates a new section of statute which provides a list of items the Department, the Community-Based Care Lead Agency (CBC), or court shall consider when determining if a proposed placement is in the best interest of the child. Although this is new language, this process is already in place.
- Adds another placement option in the placement priority:
“5. Nonrelative caregiver that does not have an existing relationship with the child.”

Multidisciplinary Team (MDT)

- Creates Multidisciplinary Teams for the purpose of bringing together a diverse group of individuals to convene in an effort to help children achieve permanency, safety and overall family well-being.
- Requires MDTs for initial placements, changes in physical custody, changes in educational placement, placement decisions involving siblings, and other complex important decisions.
- Requires MDTs to conduct an assessment before formulating a decision. MDTs must be led by a facilitator who is a trained professional. o If there is a unanimous consensus that includes a Department representative, the decision is binding on the Department. If it is not unanimous, the Department makes a determination in the best interest, and the facilitator must provide a report to the court.

Transition Plans

- The Department shall contract for the development of model placement transition plans and related explanatory materials. The Department already has an existing contract with the Quality Parenting Initiative that has been approved for renewal that can be amended to incorporate the model plans.
- Requires a transition plan be created and implemented for every placement change a child makes, to include one caregiver to another, moves to a foster home, a group home, relatives, prospective guardians, prospective adoptive parents, reunification with parents. Emergency changes can occur prior to developing a plan.
- Requires specific considerations depending on the age of the child. Requires educational transition plans for transitions between childcare and early education programs as well as transitions between K-12 programs.
- Requires the Department, CBC, and others to assist in the development of a transition plan for the year after a child turns 16 (previously 180 days after 17); requires tasks to establish and maintain relationships and be updated as needed before the child turns 18.

Sibling Placement

- Requires the Department or Lead Agency to make reasonable efforts to place sibling groups in the same foster, kinship, adoptive, or guardianship home when in the best interest of each sibling and when an appropriate, capable, and willing joint placement for the sibling group is available.
- Details the factors to consider when placing sibling groups to include convening an MDT staffing to assess the sibling relationships from the perspective of each child.
- Requires contact be maintained when separated except when court finds it to be contrary to safety or well-being.
- Provides for continued contact if a sibling leaves care by the consent of the sibling's parent or a court order.

Post disposition Change of Custody

- Grants "any party or current caregiver" the ability to deny a placement change.
- Requires rebuttable presumption if the child is in a home for 9 months, reunification is not a permanency option, the caregiver is not requesting change and change is not sought to reunify with a parent, sibling, or to move from nonrelative to relative. The court must hold an evidentiary hearing, give a caregiver party status, appoint an attorney ad litem for the child, and appoint an expert in bonding.
- Requires an MDT staffing at least 21 days before placement change unless there is an emergency. Upon caregiver objecting to the change, the child shall not be moved unless there is an emergency. The court must conduct a hearing and enter an order within 90 days.

Independent Living Transition

- Includes children who are 16 years of age in the transition-style review hearing; the court must give the child, foster parent, legal custodian, or Guardian ad Litem (GAL) the opportunity to address the court. The court must inquire about life skills acquired and whether they are age appropriate at the first Judicial Review after the child's 16th birthday.
- Requires the Department to assist older children in foster care and young adults in programs for youth aging out in making the transition to independent living and self-sufficiency.
- Lists requirements the Department must meet to support young adults in transition.

Office of Continuing Care

- Establishes an Office of Continuing Care for young adults who age out of care between the ages of 18 to 21, 22 with a disability and requires the Department to have a point of contact until they reach the age of 26 in order to receive ongoing support and care coordination; lists the duties of the Office of Continuing Care.

Aftercare Services

- Provides that subject to available funding, Aftercare services are also available to a young adult receiving Post Education Secondary Services (PESS) that is experiencing an emergency situation and whose resources are insufficient to meet the emergency situation, to include but not be limited to automobile repairs or large medical expenses.
- Requires each CBC to annually attempt to contact each young adult who has aged out of foster care and is potentially eligible for continuing care and communicate the availability of services of the Office of Continuing Care and inquire about the young adult's needs and provide services for intensive independent living development.

- Requires the Department’s annual Independent Living Advisory Council report to include the most recent data regarding the status of and outcomes for young adults who turned 18 while in foster care. The bill provides for a series of items to be included in the report and requires the report to include an analysis of such data and outcomes.
- Requires the council to consult with children currently in care regarding needs, preferences, and concerns related to preparation, transition, and support during independent living.
- Requires the Department to assist older children in foster care, and young adults in programs for youth aging out, in making the transition to independent living and self-sufficiency.

Vehicle Insurance and Driver Licenses

- Includes young adults receiving PESS as an eligible population for costs of licensure and incidental of licensure to be paid if they can demonstrate a barrier for employment or education.

Reinstatement of Parental Rights

- Establishes a process in Florida law to reinstate parental rights in a Chapter 39 proceeding by creating section 39.8155, Florida Statutes.
- This newly created statute explains who may file a motion to reinstate a parent’s parental rights, under what circumstances the court may consider the motion, how supervised visitation and trial home visits should be conducted, and what must occur if the court grants reinstatement.

FICW Evaluation of Life Skills

- Requires the Florida Institute for Child Welfare (FICW) to conduct an evaluation on the effectiveness of the state’s efforts to assist young adults in foster care in developing independent living skills and analyze permanency outcomes. FICW is to include the input of current and former foster youth and attempt to interview those youth on their experience with the state's approach to preparing them for adulthood, what independent living skills provided were age-appropriate or helpful, and what recommendations the youth have to improve the state's approach in preparing them for adulthood.

SB 96: CHILD WELFARE (2021)

Bill Sponsor: **Senator Book**

Effective Date: July 1, 2021

Central Abuse Hotline

- Central Abuse Hotline rewrite. While there is some minor rewording of the narrative, the provisions and responsibilities essentially remain the same, and the new requirements codify current practices at the Hotline. One new provision is added at section 39.201(2)(h)., Florida Statutes, in the mandatory reporting section. This provision requires an animal control officer to provide his or her name when making a report to the Hotline.

Initiation of Protective Investigations and Critical Incident Rapid Response Team (CIRRT) Expansion

- Requires the continual assessment of child safety throughout an investigation; in cases of sexual abuse, requires the assessment of all children who the alleged perpetrator had access to, who are not the subject of the allegation.
- Effective October 1, 2021, substantially expands the use of the CIRRT process by requiring deployment on verified reports of allegations of sexual abuse of a child currently placed in out-of-home care if the

child was the subject of a verified report of abuse or neglect in the previous 6 months. The team may conduct all or part of the investigation remotely.

Confidentiality of Child Abuse Reports/Records

- Includes the Agency for Health Care Administration (AHCA) and the Agency for Persons with Disabilities (APD) as agencies permitted to receive reports of abuse and neglect as these agencies are responsible for licensing facilities under chapters 393 and 394, Florida Statutes
- Directs custodians of confidential records exempt under this section to grant access to such records requested by a legislative committee under section 11.143, Florida Statutes, within seven business days if requested within that timeframe.

Penalties Relating to Reporting Child Abuse

- Cleans up mandatory reporter language and clarifies that certain educational employees are not relieved of the duty to report by notifying a supervisor.

Institutional Investigations

- Allows an alleged perpetrator in an institutional investigation to be represented by an attorney (at his or her own expense) or accompanied by another person if there is an agreement to comply with the confidentiality requirements of section 39.202, Florida Statutes.

Child Advocacy Centers

- Provides a description of a Child Advocacy Center, including the population they serve as well as their goal of bringing multiple agencies together in a coordinated response to child abuse.

Multidisciplinary Legal Representation by Regional Counsel

- Allows the creation of Multidisciplinary legal representation model programs by the Office of Criminal Conflict and Civil Regional Counsel.
- Describes duties and required reporting for the Office of Criminal Conflict and Civil Regional Counsel and the Office of Program Policy Analysis and Government Accountability (OPPAGA).
- Requires the Department to collaborate to determine and execute the necessary documentation for Title IV-E matching funding.

Managing Entities (MEs)

- Requires the Department to collect and publish, annually, certain compensation information for employees of MEs who make in excess of 150 percent of the Department's Secretary's salary.
- Requires a certain statement identifying the ME as a contracted entity of the Department to be included on the ME website, promotional literature, ME-created documents, and forms provided to families, business cards, and letterhead.
- Creates requirements for ME boards, defines conflict of interest, requires certain disclosures by board members, and procedures for addressing potential and actual conflicts of interest.

Abuse, Neglect, and Abandonment Education

- Specifies rights of children in shelter or foster care, and provides responsibilities of the Department, CBCs, and other agency staff.

- Authorizes district school boards to establish specified educational programs for students ages 5 through 18 relating to identifying and reporting abuse, abandonment, and neglect and understanding their effects on a child. It also authorizes such programs to be provided in conjunction with other programs that are required in sections 1003.42 and 1012.584, Florida Statutes

Community-Based Care Lead Agencies (CBCs)

- Allows the Department, in collaboration with the local community alliance, to establish alternative approaches to providing Community-Based Care in service areas in which conditions make it not feasible to competitively contract with a Lead Agency; details what must be in the plan and who the plan should be submitted to before implementation.
- Details the same conflict of interest definition, requires certain disclosures by board members, and procedures for addressing potential and actual conflicts of interest that are created for MEs in a different section of the bill.
- Requires a certain statement identifying the CBC as a contracted entity of the Department to be included on the CBC website, promotional literature, CBC-created documents, and forms provided to families, business cards, and letterhead.
- Requires CBCs to adhere to all best child welfare practices.
- Requires the Department to collect and publish, annually, certain compensation information for employees of CBCs who make in excess of 150 percent of the Department Secretary's salary.
- Requires publishing of certain data listed in statute (to now include number and percentage of case managers who have 25 or more cases on their caseloads) on the CBC's website using a standard methodology determined by the Department.
- Requires CBCs to fund the cost of increased care if subcontracted service providers must provide services beyond contract limits to meet increased need or caseload.

Parenting Partnerships for Foster Children

- Codifies the Department's currently established Florida's Foster Information Center (FFIC) into statute and expands FFIC to include current foster parents.
- Authorizes Department to develop the training in collaboration with the Florida Foster and Adoptive Parent Association and the Quality Parenting Initiative. The training is to be focused on the life skills necessary for children in out-of-home care.
- Requires a CBC to provide a caregiver with resources and supports, including assisting the caregiver with initiating access to resources.
- Removes the requirement for residential group home employees, who work directly with children, to meet the same background and other screenings requirements as a level II family foster home but will continue to require background screening requirements pursuant to s. 39.0138, F.S., s. 39.202(2), F.S., and sections 435, Florida Statutes.

Mental Health Commission

- Creates a Commission on Mental health and Substance Abuse adjunct to the Department and requires the Department to provide administrative and staff support services for the Commission. Governor appoints 9 out of the 19 Commission positions.
- Requires interim report on September 1, 2022 and sets repeal of commission September 1, 2023.

Licensure of Family Foster Homes

- Creates new requirements for capacity waiver for foster homes to help increase foster capacity in-line with Federal definitions of foster family homes. The language allows more than 5 children in a home if a waiver is sought (feds allow 6 before waiver) for any dependent children that would place the count of dependent children over 5 or total children in the home over 7.
- Allows the Department to adopt rules to implement new waiver requirements in-line with federal guidelines.

Family Finding Program

- Requires the Department, in collaboration with Sheriffs' Offices that conduct child protective investigations and CBCs, to develop a formal family-finding program to be implemented by child protective investigators and CBCs. It is to begin as soon as a child is taken into custody of the Department.

Kinship Navigator Program

- Requires each CBC to establish a kinship navigator program. Currently, all but one CBC offers kinship services.

Education Practices Commission

- Requires the Education Practices Commission to suspend an educator certificate of instructional personnel that has knowingly failed to report known or suspected child abuse and has a final order for a previous instance of failure to report. The suspension must be for at least one year.

Cross-reporting Child Abuse and Animal Cruelty

- Creates a new section of statute, section 39.208, Florida Statutes.
- Creates a 1-hour training requirement for all CPIs on animal abuse and the link to child abuse.
- Requires county and municipal animal control officers to complete the 1-hour training course developed by the Department.
- Requires CPIs to report animal abuse.
- Outlines animal control officer requirements to report child abuse.
- Creates penalties for failure to report animal abuse.
- Grants rulemaking authority.

HB 893: CHILD WELFARE PLACEMENTS (2022)

Bill Sponsor: **Representatives Melo & Williams**

Effective Date: Upon becoming law

Overview

- Aligns Florida law with Family First Prevention Services Act (FFPSA) requirements and reduces barriers that prevent immediate treatment for children in need of intensive services. This is accomplished by: (1) recognizing and differentiating a new therapeutic group home setting, which will allow Qualified Evaluators (QEs) to consider different criteria when assessing children for placement; and (2) creating a larger recruitment pool of QEs who can assess children for placement in this new therapeutic group home setting.

- Strengthens cooperation and transparency by clarifying that the Department is to provide the guardian ad litem and the court with a copy of the suitability assessment within five days of its receipt of the assessment from the QE.
- Amends various sections of statute by changing the term “special needs” to “difficult to place” to accurately reflect the legislative intent as it relates to children who would benefit from the adoption assistance program.

Differentiating Treatment Services

- Differentiates between Psychiatric Residential Treatment Facilities (PRTFs) and Specialized Therapeutic Group Homes (STGHs)/Qualified Residential Treatment Programs (QRTPs) by defining therapeutic group home and setting different qualifications for the QE completing suitability assessments for placement.
- Defines a “therapeutic group home” as a residential treatment center that offers a 24-hour residential program providing community-based mental health treatment and mental health support services in a nonsecure, homelike setting to children who: are experiencing an acute mental or emotional crisis; have a serious emotional disturbance or mental illness; or have, or are at risk of having, an emotional disturbance.
 - This definition allows for the other types of “residential treatment” to align with the PRTF and “therapeutic group home” with the new, federally defined QRTP, which is licensed as a STGH by the Agency for Health Care Administration (AHCA) and credentialed by the Department.
 - Distinguishing therapeutic group homes from other types of residential treatment allows for the QE to meet different qualifications and provides a separate and less intensive assessment prior to placement in a residential setting.

Increasing Pool of Qualified Evaluators (QEs)

- Provides that the QE for therapeutic group homes must be a psychiatrist, psychologist, or a mental health counselor licensed in Florida with at least two years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents.
 - The bill maintains the stricter qualifications for a PRTF, which require the QE to be a psychiatrist, or a psychologist licensed in Florida with three years of experience. By creating distinct qualifications for QEs for therapeutic group homes, it is estimated that the pool of 18 QEs currently used for PRTF suitability assessments will increase by approximately 2,000, thus creating a larger pool for STGH and QRTP assessors.

Rulemaking Authority

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

Cooperation and Transparency

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

Difficult-to-Place Children

- Amends several sections of statute to change terminology from “special needs” to “difficult to place” to refer to a child who is not likely to be adopted because of certain characteristics. It also changes the terminology related to the characteristic “of black or racially mixed” to “a member of a racial group

that is disproportionately represented” among children who are free for adoption from the child welfare system.

- These changes have no effect on eligibility for adoption subsidies.

HB 963: FUNDING FOR SHERIFFS (2022)

Bill Sponsor: **Representative Hunschofsky**

Effective Date: July 1, 2022

Overview

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

Carry Forward

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

Return of Funds

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

Reporting of Funds

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

HB 1577: HOMELESS YOUTH (2022)

Bill Sponsor: **Representative Woodson**

Effective Date: July 1, 2022

Overview

- Provides for certification as unaccompanied homeless youth.
- Requires specific institutions of higher learning to have a liaison to provide on-campus support to current and former foster youth and certified unaccompanied homeless youth.
- Revises benefits relating to specified homeless youth, including ability to receive documents at no charge, aid in achieving postsecondary education success, and assistance in acquiring motor vehicle insurance and driver licenses.
- Directs the Office of Program Policy Analysis and Government Accountability (OPPAGA) to conduct a study on the effectiveness of campus liaisons and of local school districts’ delivery of benefits and services under the federal McKinney-Vento Homeless Assistance Act.

Definition and Certification

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

Collaboration with Educational System

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

Benefits for Youth

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

OPPAGA Study

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

SB 7034: CHILD WELFARE (2022)

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

Effective Date: July 1, 2022

Overview

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

Child Care Subsidy

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

Board Rate Parity

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

Tuition Exemption

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

HB 7065: CHILD WELFARE (2022)

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

Effective Date: July 1, 2021

Overview

- The bill takes a holistic approach to addressing the needs of children and families. As it relates to the Department, this bill:
 - Requires the Department and the Department of Juvenile Justice (DJJ) to identify dually served youth and submit quarterly reports for 2 years.
 - Requires a representative from DJJ be invited to multidisciplinary team staffings if the case involves a dually served youth.
 - Increases the Postsecondary Education Supports and Services (PESS) room and board payments and requires an assessment of the young adult's financial literacy.
 - Promotes fatherhood initiatives by directing a targeted media campaign and establishing grants for community-based supports for fathers to be more involved in their children's lives.
 - Creates mentorship grants for programs that service at-risk male youths.

Dually Served Youth

- Requires the Department, in collaboration with DJJ, to identify children who are served by both systems of care and provide a report to the Legislature that includes actions taken by both agencies to better serve such children.
 - This 2-year quarterly report begins in Fiscal Year 2022-2023 and runs through Fiscal Year 2023-2024.
- Requiring the DJJ to be invited to participate in multidisciplinary team staffings if the child is involved in both the Department and the DJJ systems of care for open dependency and delinquency proceedings, respectively.

Postsecondary Education Supports and Services (PESS)

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

Fatherhood Initiatives

- Directs the Department to contract for an initiative to promote responsible fatherhood with the goal of providing all fathers resources and inspiration to enhance their positive involvement with their children. Initiative must include:
 - A website and related electronic resources that will: allow fathers to obtain information about effective parenting; identify any areas in which support would enable them to enhance their ability to be an effective father; and connect father's to supports, including but not limited to that provided by organizations receiving grants under sections 409.1465; Florida Statutes.
 - Use of appropriate materials from the fatherhood media campaign, available through the National Responsible Fatherhood Clearinghouse.
 - Print, television, and digital and social media elements, and public events, and may include appearances by and involvement from public figures and influencers.
- Creates opportunities for not-for-profit organizations that address the needs of fathers and provide mentorships for at-risk males to receive funding through grant programs established within the Department.
- Provides that the grants awarded for fatherhood initiatives and mentoring of at-risk boys may be awarded for a period of up to three years and requiring the grantees to comply with certain accountability and reporting requirements to continue receiving funding.
- Provides for increased engagement with and provision of services to fathers by requiring Florida's Community-Based Care Lead Agencies to hire father engagement specialists with lived experience to engage and assist fathers with accessing services.
 - The Department will be responsible for conducting an annual review on how each Lead Agency is meeting the needs of fathers and shall include information from this review in the annual Results-Oriented Accountability Report.

HB 3: LAW ENFORCEMENT (2022)

Bill Sponsor: **Representative Leek**

Effective Date: July 1, 2022

Overview

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

Adoption Incentive Program

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

HB 615: HUMAN TRAFFICKING (2022)

Bill Sponsor: **Representative Overdorf**

Effective Date: July 1, 2022

Overview

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

Council on Human Trafficking

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

Human Trafficking Training

- Requires the Direct-Support Organization (i.e., the Florida Alliance to End Human Trafficking) to develop training specifically for fire safety inspectors related to recognizing and reporting human trafficking and allows for such training to be eligible for their continuing education credits.
- Requires foster parents and agency staff to successfully complete a statewide uniform preservice and in-service training related to human trafficking.
 - The training must include basic information on human trafficking to include relevant terminology, the difference between sex and labor trafficking, how to identify children at risk of human trafficking, and steps that can be taken to prevent at-risk youth from becoming domestic violence victims.
 - Foster parents are required to complete this training before license renewal and agency staff to complete this training during each full year of employment.

RECENT POLICY UPDATES:

65C-16: ADOPTIONS

- align with the implementation of recent legislation that was adopted into law. House Bill additional requirements associated with the timeliness of adoption home studies and approval process. Additionally, the expansion of the State Benefits and Other Qualified Applicants found in House Bill 61 required updates to the application, submission and awarding of benefits.

65C-30.024: CASE RECORD FACE SHEET

- Created with the passing of Senate Bill 80 during legislative session 2021,
- Requires child welfare professionals to document relevant case information, pursuant to Section 39.00146(2), F.S., in the child's electronic case file.

65C-28.022: STATE INSTITUTIONAL CLAIMS FOR DAMAGES CAUSED BY CHILDREN IN OUT-OF-HOME CARE

- Was created with the passing of Senate Bill 1040 during legislative session 2021, to remove the Attorney General's Office and replace it with the Department's responsibility to render a final decision on the claimant's request for restitution, pursuant to s. 402.181, F.S.
- Streamlines the review process for final decision for restitution.

65C-28.017: EXIT INTERVIEWS

- Updated as a result of a collaborative workgroup with youth, advocates, child welfare professionals, and guardian ad litem to capture young adults aging out of care
- Amended to enhance the exit interview tool for children and youth exiting licensed care

65C-46: CHILD-CARING AGENCY LICENSING

- Updated to include two new settings from FFPSA (at-risk homes and qualified residential treatment programs)
- Amended to enhance the quality of child-caring agency settings to allow for adequate care and supervision of children placed through dependency action, community referral, or for respite by the child's legal guardian.

65C-42.003: AFTERCARE SERVICES

- The Department provided the independent living staff with guidance and service to young adults.
- Revisions included updating the Application for Aftercare and Aftercare Services Plan for simplicity and ease of use for young adults.

65C-29.003 CHILD PROTECTIVE INVESTIGATIONS

- Includes statutory reference requiring the Child Protective Investigator to provide his/her contact information to the reporter and allow for the reporter to provide a written summary of their concerns when the reporter is a professional mandatory reporter.
- Requires all household members in the maltreating caregiver's home to be included in the investigation and assessed as to their relationship and role within the family, interactions, and caregiving role over their children in the home.
- Provides statutory reference to placement priority as established in sections 39.4021(2), Florida Statutes, and best interest criteria outlined in sections 39.01375 Florida Statutes.
- Requires the Child Protective Investigator to report suspected animal abuse is discovered while acting in the scope of his/her professional capacity or employment.

CFOP 170-1, CHAPTER 2 CORE SAFETY CONCEPTS

- Updated to the Family Functioning Assessment (FFA) to be developed with a focus on the household in which the alleged child victim's parent, legal guardian, paramour (residing or frequenting the home) and/or other adult household member with significant caregiver responsibility is the alleged person responsible for the maltreatment.
- Outlines the requirement for the FFA-Ongoing (FFA-O) and Progress Update to be developed in the household in which the danger threat is occurring. When the Special Conditions Referral or Other Parent Home Assessment (OPHA) indicates the need for ongoing services, an FFA-O or Progress Update will be created or updated to address the identified diminished caregiver protective capacities and service needs.
- Updated to outline that when there is no history of child welfare system involvement, the child's biological parent will be assessed using the OPHA when residing in a different household.

- Amended to clarify that one FFA-Investigation (FFA-I) and FFA-O or Progress Update will be created when there is a minor parent and their own child residing in the focus household that is under an active investigation or on-going services case and there are no allegations of maltreatment. The minor parent must be assessed as a caregiver using all of the domains in the FFA, with the exception of the adult functioning domain, to describe and document the minor parent’s responsibilities, relationships and how he/she contributes to or is impacted by family conditions.

CFOP 170-5, CHAPTER 7 CONSULTATION AND TEAMWORK WITH EXTERNAL PARTNERS

- Updated to include the “Two Household Scenario Document” and “Determining Household Focus in Case Management” as a quick guide/tip sheet.
- Updated to align with CAPTA guidance, which allows for children under the age of 3 with a verified maltreatment, or infants identified as affected by illegal substance abuse or experiencing withdrawal symptoms resulting from prenatal drug exposure, to be screened to determine the need for a developmental assessment.
- CFOP 170-1, Appendix A, Child Development Stages Matrix, shall be used by child welfare professionals when screening to determine the need for a developmental assessment.

CFOP 170-5, CHAPTER 4-INVESTIGATION TYPES AND USE OF THE FAMILY FUNCTIONING ASSESSMENT

- Incorporates the new Safe-FFA protocol, requiring a modified version of documentation for the family functioning assessment when children are determined to be safe.

CFOP 170-5, CHAPTER 21-ASSESSING AND RESPONDING TO RISK

- Allows for completion of the risk assessment as information is collected during the investigative process, in order to allow for earlier engagement of services in order to prevent future maltreatment when the risk is determined to be high or very high.

CFOP 170-1, CHAPTER 11-INVESTIGATIONS INVOLVING AND ONGOING CASE

- Outlines guidance for court notification on investigations that involve children in open dependency cases and cases where the court retained jurisdiction.
- Additional language was added to specify when the Department may file a petition for shelter or dependency without a new investigation or the concurrence of a child protective investigator.
- Furthermore, language was added to clarify when a multidisciplinary team (MDT) staffing must occur and who should participate when a new intake is received during and ongoing case.

CFOP 170-1 CHAPTER 16, RESPONSE TO SPECIAL CONDITIONS REFERRALS

- New Chapter created in order to provide guidance on the handling of Special Conditions Referrals and facilitate consistency within the response to Special Conditions Referrals.
- Special Conditions Referrals are requests brought to the attention of the Department and require a response by a Child Protective Investigator, sheriff office conducting child protective investigations, or another child welfare professional, but do not include allegations of maltreatment nor meet the criteria for a report of abuse, abandonment, or neglect.
- There are four types of Special Conditions Referrals: Caregiver Unavailable, Child-on-Child Sexual Abuse, Foster Care Referral, and Parent in Need of Assistance.
- Specific guidance for handling each classification of Special Conditions Referrals is provided within this new chapter.

- A Corrective Action Plan (CAP) for Licensed Caregivers is included with this memo to help guide the CAP development process, when required.

CFOP 170-5, CHAPTER 28 INVESTIGATIVE RESPONSE TO INSTITUTIONAL INTAKES

- New Chapter created in order to provide additional guidance on the handling of intakes received involving institutional settings, specifically licensing foster home settings, and to align the updated procedures with the Child Welfare CFOP 170 series. This replaces CFOP 175-12, which has been sunset.
- Provides more clear guidance on the handling of intakes involving allegations within a licensed setting, specifically allegations against licensed foster parents.
- Outlines required notifications to leadership, law enforcement, state attorney, and the Child Protection Team, as well ongoing collaboration between the aforementioned parties, licensing staff, and case management.
- Outlines additional criteria around interviewing children who previously resided in a foster home where abuse has been substantiated, as recommended from the FDLE Taskforce previously convened; a seven-day multi-Disciplinary staffing requirement after commencement for all institutional investigations, and additional steps for intakes alleging sexual abuse in a foster home.
- This revision also emphasizes that any intake involving a child in licensed care must be handled with sensitivity due to the impact on the child, foster parent, and other children placed in the home.

PERFORMANCE TARGETS FOR 2020-2024 CHILD AND FAMILY SERVICES PLAN AND PROGRAM IMPROVEMENT PLAN

SUCCESSFUL STRATEGIES

- Many Community-Based Care Lead Agencies (CBC) updated home visit documentation forms to prompt case managers to conduct quality visits.
- Some CBCs created programs to review home visit notes to ensure quality.
- CBCs provided training to case manager on the importance of including parents with a focus on fathers.
- Large effort to increase measure around conducting the initial visit with children in investigations in 24 hours, which raised that measure to 90 percent from 85 percent.
- During the final year of the PIP, the state implemented a CFSR checklist for case records that was incorporated into supervisory activities.
- Quality Roundtables from Casey Family Program were implemented for the remaining PIP cases to improve preparation for the reviews and create teaching moments for case managers.

OBSTACLES

- While improvement has been noted in involving families, more work is needed to ensure the families fully involved in their cases.
- Strategies continue including additional training and using Safety Practice experts to work individually with case managers on specific cases.

ONGOING STRATEGIES AND NEXT STEPS

- Quality Case Reviews –

- Allows for an increased number of case reviews to be conducted across child welfare using a Life of Case review instrument developed from the Rapid Safety Feedback, Child and Family Services Review, Practice Model Fidelity, and Special reviews.
- Reviews are conducted at prescribed intervals providing ongoing feedback to investigators and soon case managers over the life of the case.
- Allows the reviewers to provide course correction guidance if the case is not on track to achieve safe closure.
- CFSR PIP Prototype
 - Project with the Capacity Building Center for Courts, States, and the Children’s Bureau, to Included wide range of stakeholders.
 - Identified Cross-cutting areas to target for improvement.
 - Service Array
 - Workforce Development
 - Family Engagement
 - Case Complexity
 - Recommended actions are being reviewed to narrow the focus for the activities to be implemented.
 - Current Focus: Family Engagement
- Data Analysis
 - Data experts can conduct a deeper analysis of the results of quantitative and qualitative data to pinpoint areas of improvement.
 - Circuit-wide metrics were developed to gauge the health of the system.
 - Performance improvement team developed to work with regions on improvement activities.
 - Quarterly events have already begun to review the performance metrics for each region, circuit, and CBC.
- Identified three areas of focus for the Strong Foundations Grant
 - *Supervisory Certification* – the analysis revealed competent supervision is necessary to improve family engagement.
 - *Case Complexity* – an instrument to determine case complexity is being developed to assist supervisors with case assignment.
 - *Conditions for Return* – the analysis showed that Conditions for Return are not being consistently used across the state to ensure that children can be returned to their homes once safety can be ensured through safety planning and safety management services.
- Utilization of Casey’s Rapid Permanency Roundtables
 - Focus on Case/Court Record – Home study completion, TPR dates, Continuances, length of stay, visitation plan, etc.
 - Ensure case activities are aligned with Permanency outcomes
 - Done in rapid succession and take less time than more intensive reviews (QSR)
 - Key Elements:
 - Target populations and data (Children closest to Permanency)
 - Permanency Values
 - Legal/Judicial Involvement
 - Staffing
 - Chain of Comment
 - Cadence of Accountability
 - Protocols, Tracking, and Monitoring Tools

CFSP OUTCOME UPDATE

Safety Outcome1: Children are first and foremost protected from abuse and neglect

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

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

- Item 2, Services to family to protect child(ren) in the home and prevent removal or reentry
 - Target and Target Date: 85%, 9/30/2020
 - Achieved: 6/30/2018
- Item 3, Risk and Safety Assessment and Management
 - Target and Target Date: 77%, 9/30/2020
 - Achieved: 12/30/2020

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

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

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

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

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

- Item 12, Needs and Services of Child, Parents, and Foster Parents

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

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

- Item 16, Educational needs for Child
 - Target and Target Date: 90%, 9/30/2024
 - Achieved: n/a

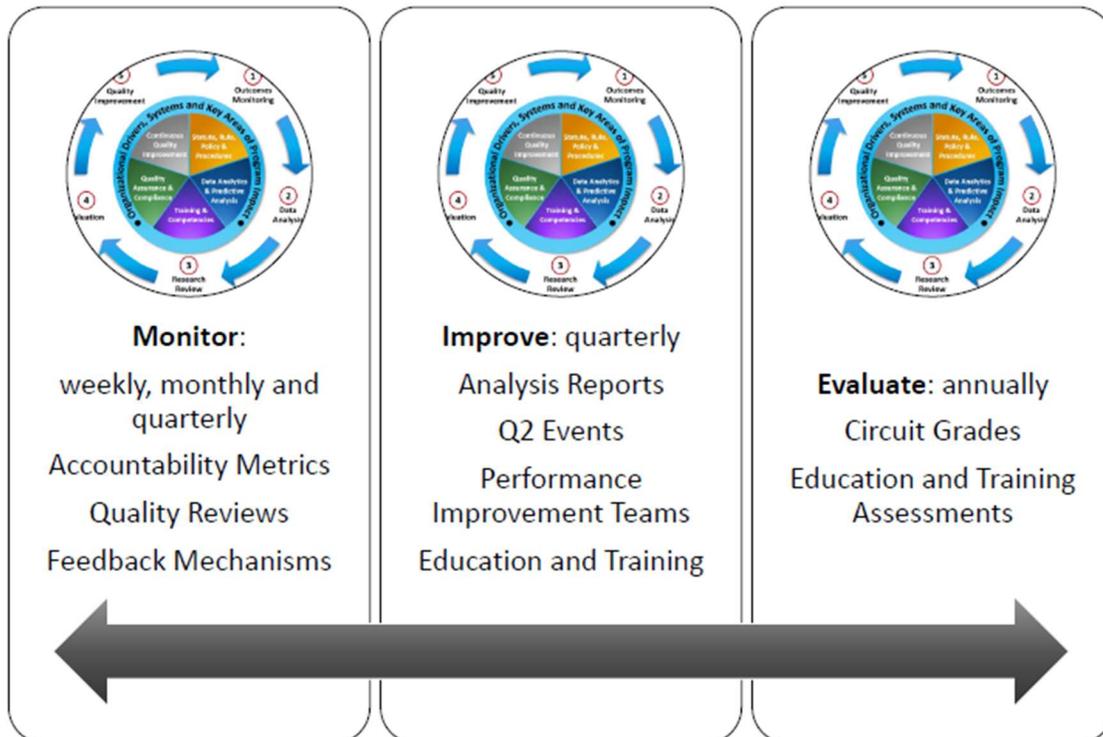
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

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

CHAPTER 4. QUALITY ASSURANCE SYSTEM

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

Taking Results-Oriented Accountability to the Next Level



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

The Quality and Innovation Office 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 Quality and Innovation has launched its Life of Case Review Tool, which guides quality reviews that are conducted in each circuit throughout the state. The Life of Case Tool was built to align with the CFSR items and, in addition, assesses other factors to help identify etiologies for gaps in performance. Sample sizes for quality reviews are determined to ensure representative demographic

factors and the achievement of a 90 percent confidence level and 10 percent margin of error within each circuit. Additionally, a formalized process has been established to ensure that inter-rater reliability is consistent with industry standards and expert opinion. The life of case tool and quality review process were launched in July 2021. This baseline year of data collection, around the quality reviews, concluded in June 2022 and the department now has a highly reliable dataset to begin conducting more robust analysis into root causes of gaps in quality across the state. With this baseline data, the department can better pinpoint areas of concerns and develop more comprehensive and targeted strategies for improving performance.

Child Welfare Reviews:

Life-of-Case Reviews

The Life-of-Case (LOC) reviews are conducted on new cases entering the child welfare system and continue through the life of the case. Quality reviews occur over prescribed intervals in order 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 five percent margin of error. Cases are selected at random by the data analytics team and provided to the Quality Review Managers for case assignment to the reviewers. The complete stratification of the sample is included in the reviewer guide, incorporated by reference.

Aggregated review results are posted on the Office of Quality and Innovation's intranet website. Local results are shared with regional operations teams via Qualtrics dashboards, as well as discussed at regular meetings with Quality Review Managers.

Sheriff's Office Annual Peer Review and Legislative Report

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

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

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

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

Special Reviews

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

Child and Family Services Reviews (CFSR)

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

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

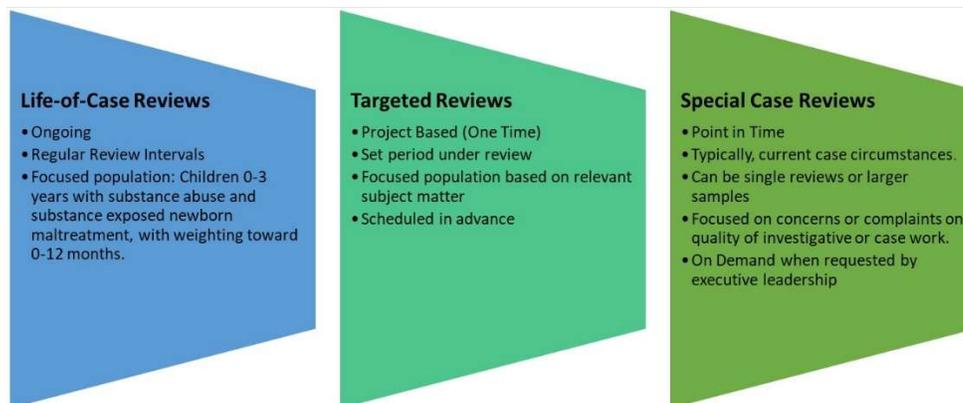
The Office of Quality and Innovation Supervisor conducts the first level review of the instrument after the tool is completed by the reviewer, and the Office of Quality and Innovation Review Manager conducts the second level review of the instrument. Any updates are made by the review team. Disagreements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

CFSR 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.

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

The Office of Quality and Innovation and CBCs conduct joint reviews using a quality review team member and a CBC QA team member to conduct reviews in the CFSR OMS. These reviews mirror the CFSR reviews in that case participant interviews are conducted in addition to the case record review. The CBC facilitates the scheduling of the case participant interviews and both reviewers review the case record jointly, if possible, with the Office of Quality and Innovation 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 Office of Quality and Innovation conducts four (4) joint reviews with each CBC per quarter.



Data Analytics

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

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

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

The data analytics team is responsible for the maintenance and reporting of the child welfare accountability system, which includes reporting on accountability metrics, both quantitative and qualitative, at the regional, circuit, and, where applicable, the Community-Based Care Lead Agency or Sheriff's Office level. The purpose of the accountability system is to assess the overall health of the child welfare system, through internal metrics

and external socio-economic factors and community indicators. These results are reported, at minimum, on a quarterly basis. An annual report of the overall health of the child welfare system is submitted to the Governor, President of the Senate, and Speaker of the House in accordance with section 409.996(24)(a)3(c), Florida Statutes.

Performance Improvement

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

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

Programmatic Monitoring

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

Desk Reviews

- Quality Case Reviews
- Ongoing Performance Management

On-Site Reviews

- Quarterly Quality Events
- Performance Improvement Teams

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

Risk Assessment

The Office of Quality and Innovation (QO) has established a quarterly quality cycle for conducting ongoing risk assessments of performance metrics, both quantitative and qualitative, throughout the year. The QO follows

this process to ensure performance gaps throughout the system of care are identified and widely recognized, and that effective performance improvement measures are implemented and, when appropriate, standardized.

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

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

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

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

Case Reviews and Performance Metrics

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

Case Review Feedback

While conducting case reviews, the Quality Reviewer may find that a case requires immediate action due to an imminent child safety concern. Prior to notifying the Region, a consultation must occur immediately between the Quality Reviewer and the Quality Reviewer's Supervisor and Manager to affirm the need for immediate action by the region and/or the CBC. When safety concerns are identified during investigative reviews, the case review tool is sent to the regional Family Safety and Community Services Director and the Operations Manager

or the Sheriff's Office point of contact to be addressed. All other completed tools are sent to the regionally identified contact for the work conducted with an acknowledgement of identified strengths. For any completed tool, the option of a consultation to discuss identified areas of need or strength is available to the frontline staff. At times, due to the nature of the concerns identified, the Quality Office reviewer will request a consultation to ensure, however 90% of consultations conducted are requested by frontline staff in order to get additional guidance related to the review.

Quarterly Quality Events

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

Conflict of Interest

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

Education and Training

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

Quality

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

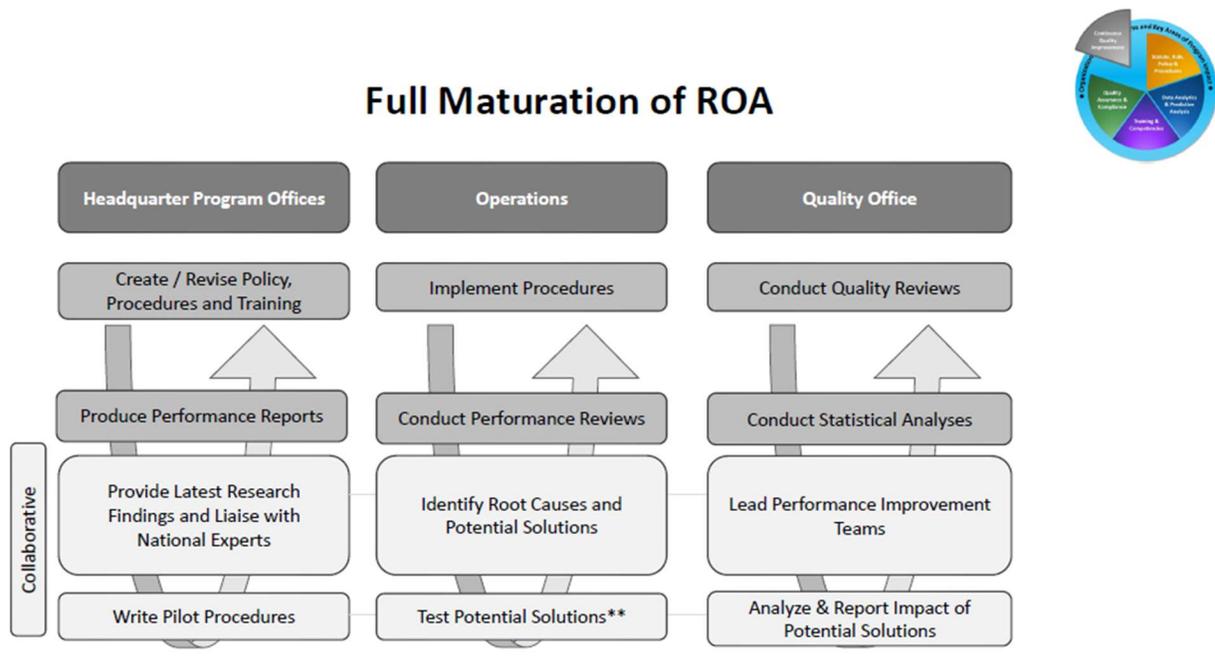
Effectiveness

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

ROA

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

The enterprise Office of Quality and Innovation represents the full maturation of ROA.



While state and systemwide standardization of education and training is a goal of the Department and an initiative adopted by the Office of Quality and Innovation Education and Training Team, the Department acknowledges each Region/Circuit may require additional training to support local requirements and

procedures required related to job performance and will support and facilitate the continual quality improvement of these training and education needs.

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

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Overview of Child Welfare System of Care

The Department contracts for the delivery of child welfare services through [Community-Based Care](#) (CBC). The CBC 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, CBCs are responsible for providing foster care and related services, including family preservation, prevention and diversion, dependency casework, out-of-home care, emergency shelter, independent living services, and adoption. Many CBCs 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 (in all but 7 Florida Counties, wherein the respective Sheriff's Offices are responsible for Child Protective Investigations), and providing legal representation in court proceedings. CBC responsibilities are codified in section 409.988, Florida Statutes, requiring that CBCs 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 CBCs 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 CBC shall make the necessary staff available to Department attorneys for preparation for dependency proceedings and provide testimony and other evidence required for dependency court proceedings in coordination with Department attorneys.

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

PREVENTION PROGRAMS, A STATEWIDE AND LOCAL COLLABORATIVE APPROACH

	SFY 2020-2021
Circle of Parents	Enhanced data collection efforts are being implemented
Healthy Families Florida (HFF) [Source: HFF]	9,911 families 17,874 children
Family Support Services [Source: FSFN]	15,981 children

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

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

Public Awareness Campaigns

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

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, The Ounce serves as the state Chapter Liaison for Prevent Child Abuse America (PCA America). The Ounce maintains the charter agreement with PCA America. The Ounce participates in and accesses the network of state chapters for research-based best practices, campaign strategies and resources, and summaries of successful prevention services and supports.

Parent Peer Support

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

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

Currently, there are nearly 50 Circle of Parents® programs throughout Florida. The program’s webpage on The Ounce’s website offers an interactive map to find a local meeting.

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

The Ounce and regions are currently working to develop Circles that will specifically serve fathers. The Ounce is also collecting data to establish the number of parents participating in Circle of Parents®.

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

EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS

Child Fatality Prevention Website

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

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

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

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

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

Statewide Child Abuse Death Review Committee (CADR)

Established in [section 383.402, Florida Statutes](#), CADR provides statewide and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths that were accepted for investigation by the Hotline. CADR's duties extend to all deaths reported to the Hotline. The goal of these reviews is to eliminate preventable child deaths. CADR operates under the purview of the Department of Health (DOH).

The Department's statewide child fatality prevention manager serves on the Statewide CADR to provide staff support to the statewide and local CADRs. Based on the statewide CADR team's review of all cases, an annual report is produced with key findings and recommendations for preventable deaths. The [CADR](#) website provides information about the statewide and local death review processes and includes the [Statewide Child Abuse Death Review Team's Annual Report](#) published December 2021.

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

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

Critical Incident Rapid Response Teams (CIRRT)

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

The Department provides ongoing CIRRT training and recruits professionals from the Department and other agencies who can participate on CIRRT reviews. During FY 20/21, there were 45 new CIRRT members trained due to having limited class sizes per pandemic protocol. An additional 88 new CIRRT members have been trained to date during the current FY 21/22. The Department is responsible for organizing and leading the onsite reviews, facilitating the team's findings, and preparing the individual reports. The CIRRT Advisory Team reviews the individual reports created for each review and submits a report of reviews conducted to the legislature each quarter. The Department maintains information on the Child Fatality Prevention website specific to the [CIRRT](#) process including current and historical data. The Department posts all reports submitted to the Florida legislature on the Department's website under [Legislatively Mandated Reports](#).

Promoting Safe and Stable Families

The "Promoting Safe and Stable Families" program assists in providing child safety, permanency, well-being, and trauma-informed care and expanding and refining the service array to ensure it reflects evidenced-based, best or emerging practices about child development and family functioning. To increase parents' confidence

and competence in their parenting abilities and to ensure children a safe, stable, and supportive family environment is a top priority for Florida. The “Promoting Safe and Stable Families” program allows the Department to develop, expand, and operate coordinated programs of community-based services.

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

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

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

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

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

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

The table displays the specific details regarding the grant award.

Title IV-B Part II, PSSF	Actual Expend as of 9/30/21**	% of Actual Expenditures
Family Preservation	4,182,083	20.0%
Family Support	4,894,834	23.4%
Time Limited Family Reunification	7,634,699	36.53%
Adoption Promotion & Support	4,182,648	20.01%
Administration	7,794	0.04%
Actual Total Award	20,902,508	100.00%

**Grant Period 10/1/2018-09/30/2020

Family Preservation Services (20.0% of the FFY 2021 Grant)

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

- Information and referral to include substance use and domestic violence related services.⁴
- Targeting services geographically in zip codes where there is an increased need.
- Use of the Family Team Conferencing Model.⁵
- Use of the Clinical Response Teams.⁶
- Home safety and maintenance activities.
- Use of Wraparound services.⁷

Family Support Services (23.4 % of FFY 2021 Grant)

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

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

- *Pinwheels for Prevention™*, the Child Abuse Prevention Month Public Awareness Campaign (Prevent Child Abuse Florida's Child Abuse Prevention Month statewide campaign) and various other public awareness campaigns designed to increase the protective factors necessary for the well-being of both children and their families,
- parenting classes geared toward various developmental ages and stages and the effects of family violence and substance use on children,
- health and nutrition education training sessions,
- home visiting activities and services,
- comprehensive family assessments,
- early developmental screening of children to assess needs, and assistance to families in securing specific services to meet those needs,
- in-home parent training,
- in-home substance use counseling,
- Hope Line, offering information and referral to community resources, such as job employment services and ACCESS, and
- FLORIDA system (for online benefits applications).

Time-Limited Family Reunification Services (35.53% of the FFY 2021 Grant)

Time-Limited Reunification Family Reunification services are put in place for children removed from their home and for the parents or primary caregivers. Florida passionately embraces these services designed, to

⁴ Activities that provide families with needed information about community and statewide services and agencies that provide specific services and if necessary, provide referral information.

⁵ 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.

⁶ Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote healing and healthy growth towards the parent/ child relationship.

⁷ Community mandated service design where local providers "unbundle" previously categorical services to families thereby allowing families to receive individualized services for the necessary period of time.

maintain intact families. These services are designed to support the reunification of a child safely and appropriately.

Time-Limited Family Reunification Services in Florida include:

- Supervised visitation programs and parental coaching.⁸
- Flexible Support Services.⁹
- Family Team Conferencing¹⁰ with all families prior to reunification, and just before post-placement supervision services are successfully terminated.
- Follow-up care to families.¹¹
- Mentoring/Tutoring services.¹²
- Therapeutic child care services.
- Parent (adoptive, biological, caregiver, foster) education and training relationship skill building activities.¹³

Adoption Promotion and Support Services (20.01% of the FFY 2021 Grant)

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

Examples of *Adoption Promotion* include:

- Child-specific or targeted population recruitment efforts.
- Quarterly matching events for children available for adoption and potential families.
- Heart Galleries.¹⁴
- Child Recruitment Biographies.¹⁵
- Child-specific or targeted population recruitment efforts.
- Use of social media.
- Media blitzes targeting severely medically fragile available children.
- Town hall meetings and “Lunch and Learn” activities.

Examples of *Support Services* include:

- Collaboration with Early Learning Coalitions.

⁸ Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote healing and healthy growth towards the parent/child relationship.

⁹ Community mandated service design where local providers “unbundle” previous categorical services to families thereby allowing families to receive individualized services for a period of time necessary.

¹⁰ Prevention/Reunification Specialists facilitate meeting. These conferences are made available to families referred under the prevention referral process.

¹¹ Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family.

¹² Activities provided to children to enhance their self-esteem, self-confidence, and provide a positive adult role model. Tutoring allows the child to obtain additional educational support and training.

¹³ Parent education services are culturally sensitive. Parenting skills training is provided to teach/promote appropriate discipline, anger management, child development and age appropriate behaviors, parent-child communication, self-punishment using role playing and modeling of appropriate parental behavior. Parenting training is provided through educational groups and/or individual sessions.

¹⁴ Traveling photographic exhibit created to find forever families for children in foster care.

¹⁵ Child Recruitment Biographies continue to be one component utilized for attracting families. In an effort to accurately describe the available children so that families can make an informed decision on whether their strengths can meet the child’s needs, recruitment biographies are updated on an ongoing basis for all children.

- Home and school visitation with post-adoptive families and children.
- Adoptive parent support groups.¹⁶
- Counseling referrals
- Post-adoption specialists.
- Individual and family counseling for adopted children and/or family members (must be of 12-month duration or less).
- Adoption workshops/seminars for adopted children and their families and professionals on topics relevant to ongoing issues facing adoptive families.
- Ongoing parent education and training opportunities for adoptive families.
- Follow-up support services and liaison to adoptive families.¹⁷

COMMUNITY FACILITATION AND INNOVATIVE PRACTICES

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

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

- **Wendy’s Wonderful Kid’s (WWK)** through the Dave Thomas Foundation continue to support children matched and in placement until finalization occurs. The WWK recruiters continue to work on past and present connections to either obtain a placement for a child or ensure the child has familiar connections while in care.
- **Triple P Parenting Program** is an evidence-based parenting curriculum that is available to the dependency clients. The goal of Triple P is to ensure that families have the skills to respond to their individual child’s needs.
- **Safe Sleeping Program at Kids Central** offers safe sleep education and Sudden Infant Death Syndrome (SIDS) information for all parents or guardians that reside in the surrounding counties. If the parents or guardians have an infant under the age of one or are in their third trimester of pregnancy and meet income requirements, the parents or guardians may qualify for a pack-n-play upon completion of the educational training. Educational trainings are provided once a month in each of the counties, or as needed on a case-by-case basis.
- **Kids in Distress (KID) Coordinated Family Services (CFS)** program is designed to provide a one-stop-shop program to families requiring a single service or multiple services. The intent of CFS is to serve families who have been unable to successfully access or complete treatment services and/or to bridge the barriers inherent in multi-service coordination. All services are provided on the KID campus so that the family does not have to travel to multiple locations to access each service. Service delivery includes case management services, in-home services, evidence-based parent education classes, individual and family counseling, domestic violence counseling, and substance use counseling. The CFS program shall ultimately reduce family risk factors related to child abuse and neglect, to ensure the safety, permanency and well- being of the child, and the preservation and stability of families.

¹⁶ Activities related to creating new adoptive and foster parent support groups and supporting and maintaining existing parent support groups. The support groups seek to reduce the social isolation of families by developing a peer support network.

¹⁷ Lead agencies designate staff whose sole responsibility is to work with families who need assistance after the adoption is finalized. Staff attempts to locate resources within the community for the pre-and post-adoptive families to meet both the child’s and family’s needs.

Administration (.04% of the FFY 2021 Grant)

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

American Rescue Plan CAPTA Supplemental Funding

The Department plans to use American Rescue Plan additional CAPTA supplemental funding to supplement areas of family support and preservation which included enhance HOPE hotline to serve parents in pre-crisis by supporting 10 Other Personnel Services Family Engagement Counselor positions, 30 Resource Navigator Positions statewide, and 18 Multidisciplinary Team positions. The teaming model works to strengthen families to mitigate families from escalating into the child welfare system. The Department is in the process of securing the legislative budget authority for the funding to begin July 1, 2022.

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

Populations at Greatest Risk of Maltreatment

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

Coordinated Intake and Referral for In-Home Visiting Services

The Memorandum of Agreement Between Florida Association of Healthy Start Coalitions, Inc. and The Florida Department of Children and Families outlines the ongoing collaboration that occurs to implement a coordinated system of primary prevention services at the state and community level, including where practical the use of a single-intake system to facilitate the identification and appropriate referral of vulnerable families using the state's universal prenatal and infant screens. Over the past four years, DOH and Healthy Start Coalitions pilot-tested and then implemented a statewide strategy to further maximize community resources and link families with local programs that best match their needs and preferences. The local Healthy Start Coalition is now responsible for reviewing all universal screens conducted in their community and providing outreach to families to let them know what home-based visiting choices for which they are eligible. Participation in any home visiting program is voluntary. The choices of home visiting programs offered, depending on the locale, may be HFF, Nurse-Family Partnership, or Parents as Teachers.

Universal Newborn Screening

The goal of the DOH's Healthy Start program is to reduce infant mortality, reduce the number of low-birth-weight babies, and improve health and developmental outcomes. Since 1991, Healthy Start legislation has provided for the screening of all Florida's pregnant women and infants to identify those at risk for poor birth outcomes, health, and developmental outcomes. All pregnant women are offered the Healthy Start Prenatal Risk Screening at their first or consequent prenatal visit and the Healthy Infant (Postnatal) Risk Screening is offered to parents or guardians of all infants born before leaving the delivery facility. These completed screens

have provided the Healthy Start Coalitions with information for outreach to families to offer Healthy Start and other available community resources, including Healthy Families-Florida.

Additional Reporting Requirements for Infants Exposed Prenatally to Abuse of Prescription Drugs or Illegal Substances. [Section 383.014, Florida Statutes](#), requires hospital staff to identify and refer all infants prenatally exposed to abuse of prescription and illegal substances for Healthy Start services. All substance exposed children will receive Healthy Start care coordination regardless of the scoring on the postnatal risk screen or having been reported to the Hotline. If the current caregiver is not the biological mother, the caregiver has the authority to consent to Healthy Start participation. Identification of use/abuse of alcohol and/or illegal substances is determined as follows:

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

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

- Information, referral and ongoing care coordination and support to assure access to services.
- Psychosocial, nutritional, and smoking cessation counseling.
- Childbirth, breastfeeding, and substance use education.
- Home visiting through the child's age of 3 years.
- Inter-conception education and counseling.

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

Funds for HFF are appropriated by the Florida legislature to the Department. The Ounce administers HFF through service contracts with 35 community-based agencies in 67 counties (42 counties in their entirety and 25 counties in the highest-risk zip codes). Sites are required to provide a 25 percent cash or in-kind contribution as evidence of the communities' support of Healthy Families unless there is justification of why they are not able to meet the minimum 25 percent contribution. This program is a substantive and important investment made by the Florida legislature in evidence-based prevention designed for families at risk of child maltreatment or other adverse childhood experiences. HF-Florida outcomes are discussed in Chapter 2 in Safety Outcome 1.

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

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

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

The Department at the state and regional levels and CBCs have a long history of collaboration with HFF to expand access to Florida’s most vulnerable families and strengthen community collaboration. HFF is always “at the table” with the Department and other prevention partners to understand new threats to family well-being, such as Florida’s opioid crisis, and how to ensure that existing programs have the capacity to respond. During FY 20/21, HFF’s 38 community-based projects served 9,175 families and their 18,175 children with state funding and local contributions. Projects exceeded every goal for child and parent outcomes including:

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

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

Services for Families with Substance-Affected Baby (NAS)

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

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

- Maintain a statewide leadership group to coordinate the multiple systems involved.

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

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

Neonatal Abstinence Syndrome (NAS) Quality Improvement Initiative

With funding from the Maternal and Child Health Block Grant, the Maternal and Child Health Section within the DOH has contracted with the [Florida Perinatal Quality Collaborative](#) (FPQC), at the University of South Florida (USF), to develop and implement a NAS Quality Improvement initiative. The FPQC has established an expert multidisciplinary advisory group to develop the NAS initiative. The goal of the initiative is to standardize assessment and treatment of NAS to reduce the length of hospital stay and ultimately the cost to care for these infants. Data from the 2017 data¹⁸ from the Agency for Healthcare Research and Quality shows Florida has a NAS rate of approximately seven cases per 1,000 live births. Florida's rate is on par with the nation rate of 7.3 cases per 1,000 live births for the United States. Infants with NAS have longer hospital stays than healthy newborns without NAS. An average hospital stay for an infant experiencing NAS is about 15.9 days, which amounts to roughly \$22,550 according to a study by the Journal of American Pediatrics.¹⁹ Other complications of NAS include low birth weight, feeding difficulties, jaundice, respiratory distress syndrome, central nervous system irritability, and seizures.

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

Plans of Safe Care

The Department has long acknowledged the necessity for a close relationship between the behavioral health and the child welfare systems and continues to work on methods for supporting collaboration and coordination. Substance use and mental health disorders (behavioral health) are present in at least half of the cases of child maltreatment and in a much higher percentage of the cases where children are removed from their homes. The parents in these cases must receive treatment and have an opportunity for recovery. Children in these families are more vulnerable to instances of maltreatment as diminished parental capacities contribute to child safety concerns. The Department's integration of Child Welfare Substance Abuse and

¹⁸ NAS Hospitalizations Map - HCUP Fast Stats (ahrq.gov)

¹⁹ Neonatal Abstinence Syndrome Incidence and Health Care Costs in the United States, 2016; Andrea E. Strahan, PhD; Gery P. Guy Jr, PhD; Michele Bohm, MPH; et al

Mental Health has also focused on this population and includes a self-study completed in each region to analyze their local system of care's progress towards integration of services.

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

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

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

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

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

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. [Early Intervention Services for Infants with Neonatal Abstinence Syndrome \(NAS\)](#)

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

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

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

Florida recognizes that incidents with serious safety concerns should receive complete and comprehensive child protective investigations. However, some situations reported to the Florida Abuse Hotline (Hotline) do not allege abuse, abandonment, or neglect and are more appropriately addressed by the provision of resources or services outside of the child protection system. Situations reported to the Hotline that do not rise to the level of a protective investigation may be addressed as a "Special Condition Referral." Special Condition referrals are accepted when a child needs services or supervision and there are no allegations of abuse, neglect, or abandonment. Special Conditions Referral include Caregiver Unavailable, Child on Child Sexual Abuse, Foster Care Referral, and Parent Needs Assistance. In 2019-2020, the Hotline screened in 18,265 special conditions referrals that were followed-up by the regions and CBCs. The Department's procedures for acceptance of Special Conditions are published in CFOP 170-5, Special Conditions and new CFOP 170-5, Chapter 29 has been drafted to provide guidance to field staff on the response to Special Conditions Referrals.

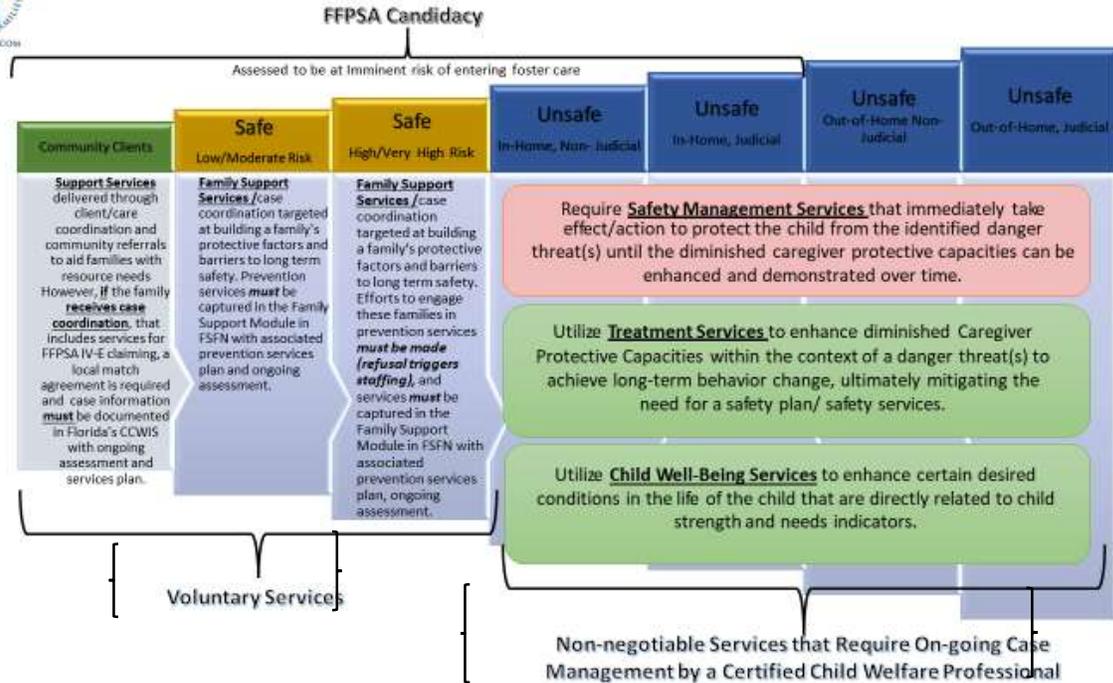
Family Support Services — 23.42 percent of the Promoting Safe and Stable Families federal grant (PSSF)

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

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



Florida's Levels of Service Intervention



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

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

At local discretion, family support services referrals may also come from local community sources or assessments. Basic information about the family and services received are captured in FSFN 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 170-4, Family Support Services](#).

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

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

The Department estimates that these funds will support approximately 30,000 individuals and 18,000 families statewide through various Family Support Services.

Title IV-B Child Welfare Services - \$2,727,901

The Department is the Lead Agency for administering Title IV-B, subpart 1 of the Social Security Act, also known as the Stephanie Tubbs Jones Child Welfare Services Program. The Department is using the CARES Act Funding to restore funding amounts for obligations incurred to prevent, prepare for, and respond to COVID -19 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, permanence, and well-being of children in foster care and adoptive families; and providing training, professional development, and support to ensure a well-qualified child welfare workforce. The Department has obligated thus far \$2,253,896 for COVID testing, cleaning supplies, janitorial services, printing, environmental health and safety, technology tools, and ongoing activities to ensure the safety, permanency, and well-being of children and families involved in the child welfare system. The Department plans to expend all the funding allocated to the State for continued response to COVID 19.

SERVICE CONTINUUM

According to the [2021 Annual Performance Report](#), Fiscal Year 2020-2021, Florida's child abuse and neglect investigation rate has remained flat for a decade but far exceeds the national average. The 2021 Annual Performance Report notes statewide reporting rates vary considerably by area with the highest rate area more than three times the size of the lowest rate area.

The services descriptions that follow are the primary components of Florida's child welfare system. This includes responsibilities of the Department of Children and Families (Department) and contracted providers; basic descriptions of interventions and relationship to the practice model; service coordination among the system components; and coordination with other services and benefits. The list below reflects where topics are included in components of the child welfare services continuum:

Prevention

- Efforts to Track and Prevent Child Maltreatment Deaths
- Populations at Greatest Risk of Maltreatment
- Family Support Services
 - Title IV-B, Part 1, Stephanie Tubbs Jones
 - Title IV-B, Part 2, MaryLee Allen Promoting Safe and Stable Families (PSSF)

Intake (Child Abuse and Neglect Statewide Hotline)

Child Protective Investigations

Case Management Services

- Monthly Caseworker Visit Grants and Standards for Caseworker Visits

In-Home Protective Services

- Title IV-B, Part 1, Stephanie Tubbs Jones
- Title IV-B, Part 2, MaryLee Allen Promoting Safe and Stable Families (PSSF)
 - Family Preservation, PSSF
 - Family Reunification, PSSF

Out-of-Home Care

Independent Living Services

Adoption

- Title IV-B, Part 1, Stephanie Tubbs Jones
- Adoption Promotion and Support Services, PSSF
- Services for Children Adopted from Other Countries
- Interstate Compact on Adoption

FLORIDA'S CHILD WELFARE PRACTICE MODEL

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

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

1. Engagement

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

2. Teamwork

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

3. Collect Information

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

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

Investigations and assess for impending danger, and a Risk Assessment to determine the likelihood of future harm.

4. Assess and Understand Information

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

5. Plan for Child Safety

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

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

6. Plan for Family Change

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

7. Monitor and Adapt Case Plans

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

Case plans are monitored and adapted to identify:

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

INTAKE - FLORIDA ABUSE HOTLINE (HOTLINE)

Table 2: Florida Abuse Hotline Data

Number of Reports	FY 2020-2021
Total Child Abuse Reports and Special Conditions Contacts	326,059

Total Child Abuse Reports and Special Conditions Contacts Screened-In	213,838
Total Investigations (Initial, Additional, Supplemental)	195,206
Total Special Condition Contacts	18,632

Source: FSFN BOE Reporting

REPORTING IN FLORIDA

Florida's single-entry point to child welfare services is the Hotline. Table 2 shows the number of contacts received; and the associated investigation and special condition types that were generated for FY 2019-2020. All child abuse and neglect allegations are received through the centralized Hotline located in Tallahassee. Reports may be made in English, Spanish, or Creole on different toll-free numbers provided. The Hotline also uses an interpreter service by making a conference call to the service and requesting whatever language the reporter speaks; the counselor assesses the call through the interpreter.

Reports may be made by one of the following methods:

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

Criteria for Report Acceptance and Response Priority Determinations

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

When the Hotline accepts a report for investigation the following criteria must be met:

- The victim must be a child, as defined in Florida Statutes - born alive, under the age of 18, and not emancipated or married,
- There must be an alleged perpetrator or caregiver responsible based on statutory and administrative definitions. If the alleged perpetrator's relationship to the child is unknown but all other screening criteria have been met, a report will be accepted.
- There must be an alleged maltreatment as described in, [CFOP 170-4 Child Maltreatment Index](#), and
- There must be an acceptable means to locate the child.

When a child is alleged to have been maltreated, there are three investigation sub-types utilized when the Hotline is creating a report for investigation: In-Home, Other, and Institutional. The main determinants in identifying the type of investigation are the alleged maltreater's relationship to the alleged child victim(s) and the setting or location at which the alleged maltreatment occurred.

The Hotline determines the initial response priority based on an assessment of present or impending danger, as indicated by the information provided. The Hotline assigns one of the following timeframes for the investigation:

- An immediate response time established by the Hotline requires the investigator to respond "immediate" or "immediately," but no later than four (4) hours following assignment by the Hotline, or
- A 24-Hour Response time established by the Hotline requires the investigator to respond as soon as possible, but no later than 24 hours following assignment by the Hotline.

Based upon having more complete or up-to-date information than initially collected by the Hotline, a CPI supervisor may change the response time established by the Hotline.

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

ABUSE HOTLINE UPDATES/ACCOMPLISHMENTS

During FY 2020-2021 the Florida Abuse Hotline experienced severe staff turnover depleting almost half of the available Abuse Hotline Counselors to respond to the reporting public. During FY 2019-2020 the vacancy rate for Hotline Counselor positions was 41.90%. During FY 2020-2021 the vacancy rate increased to 58.89%. To address the mounting challenges of recruitment and retention the Hotline Leadership Team implemented the following strategies:

Recruitment:

- Revised the language on the job advertisement to focus on promoting the positive benefits of working for the Florida Abuse Hotline. This also now gets reiterated during the first conversations had with potential applicants.
- Ran continuous job advertisements, and ensured advertisements were displayed on all social media platforms and job posting sites.
- Increased visibility at job fairs held at the local colleges and job fairs across the state.
- Identified areas in the onboarding process where delays were occurring and adjusted to maximize efficiencies. This included completing as many onboarding activities at once when the applicant first comes into the office – actions such as completing fingerprints, paperwork, providing drug screen information, etc.
- To shorten the time from application to start date, new hires were permitted to start earlier than the scheduled pre-service start date and assigned other duties until the class starts.
- To keep a constant steam of new staff, the onboarding process is now continual resulting in the Hotline Training Team manning overlapping pre-service classes.
- Virtual pre-service new hire classroom training was implemented for space and safety due to the number of classes being concurrently held.
- Implemented a new approach to assigning work shifts to newly trained staff that would better match employees with their shift preferences.
- Increased base salary for Hotline Counselor from \$30,000 to \$37,000.

Retention:

- Increased employee recognition and morale boosting activities.
- Providing mental break for a day to one randomly selected Hotline Counselor by assigning them alternate work requiring no phone calls.
- Leadership took strides to discontinue certain behaviors that could be perceived as being micromanaging in nature.
- Increased communication to staff from leadership regarding what was occurring within the Hotline and the Department.
- Revamped the Hotline's Telework Agreement Protocols, which now allows more Hotline staff to be eligible for telework.
- Increased base salary for Hotline Counselor from \$30,000 to \$37,000.

Although recruitment and retention are a continual uphill struggle, the above-mentioned efforts are yielding positive results. The current vacancy rate for FY 2021-2022 (as of February 2022) is at 32.84 percent.

Enhancements were made to the on-line web reporting tool to increase the usability of the reporting public. This enhancement included adding the ability for the Hotline to provide an email reply to reporters, which informs if a report for investigation was accepted. Based on feedback received from the reporting public, wording changes were also made on the on-line web reporting tool. This enhancement was done to ensure the instructions on completing the form is clear and user friendly to all.

CRIME INTELLIGENCE UNIT

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

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

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

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

- Florida Crime Information Center (FCIC) – Florida criminal history records and dispositions.
- National Crime Information Center (NCIC) – National criminal history records and dispositions.
- Hot files (FCIC/NCIC) – Person and status files such as: wanted person, missing person, sexual predator/offender, protection orders.
- Department of Juvenile Justice (JJIS) – Juvenile arrest history.
- Department of Corrections (DOC) – current custody status, supervision, incarceration information.
- Sexual Predator Website - This database provides face sheets that includes charges and release status of Sexual Offender/Predators.
- Clearinghouse Website - This database provides current and previous professional license information. This database is run on all adult participants for Child Initial intakes.

When a CBC case manager or CPI is considering a placement, the agency must submit a unified home study in FSFN to the Crime Intelligence Unit requesting criminal history record information on potential caregivers and household members for a child requiring removal from his or her current residence. When a CBC or child welfare professional is considering permanent placement of a child, fingerprint submissions must be obtained within 10 days for all persons in the placement or potential placement home over the age of 18 years following the Hotline's query of the NCIC database for the purpose of a placement initially requested by a CPI or case manager. The Department provides a comprehensive web page with information about [Background Screening](#).

CRIME INTELLIGENCE UNIT UPDATES/ACCOMPLISHMENTS:

- All planned placement results are reviewed in accordance with chapter 39, Florida Statutes, and a placement determination is made and sent to the requesting agency based on criminal history.
- All Planned, and Emergency Placements results are stored for review by the Region Points of Contact.
- An Analyst Helpline was created to assist with calls regarding FSFN history searches for multiple reasons including employment and placement.
- Technicians began calling out *Immediate* reports 24 hours Monday-Friday to assist counselors with being available for stakeholders trying to contact the hotline at a quicker rate.
- In January 2022, the Crime Intelligence Unit began reviewing all Emergency Placement results statewide and providing “concur” letters to field staff in order to assist with consistency statewide.

CHILD PROTECTIVE INVESTIGATIONS

Table 3: Child Protection Investigations Data (SFY 2020-2021)

Total Investigations (Initial, Additional, Supplemental)	195,199
Total Special Condition Contacts	18,631
Percent of Children Seen in 24 hours (DCF Standard is 90% or higher)	93.31%
Percent of Investigations Completed in 60 Days	98.78%
Percent of children determined to be unsafe removed from home	46.28%
Percent of children determined to be unsafe remaining at home with in-home safety plan	48.21%

Source: 2021 Annual Performance Report 2020-2021, Table 3 shows the number of total investigations conducted in FY 2020-2021, special conditions contacts and other data associated with investigations completed.

CORE RESPONSIBILITIES

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

Florida’s CPIs are charged with three main responsibilities. First, investigators are directed to determine “whether there is any indication that any child in the family or household has been abused, abandoned, or neglected” and to identify the individual responsible for the maltreatment. Second, CPIs are required to conduct and complete a family functioning assessment to identify the source of all danger threats in the home and assess the protective capacity of the caregivers responsible for caring for the child. Third, and lastly, when a child has been maltreated or is at high or very high-risk of being maltreated, CPIs are to determine “the protective, treatment, and ameliorative services necessary to safeguard and ensure the child’s safety and well-being and development and cause the delivery of those services.”

CHILD PROTECTION TEAM (CPT) CONSULTATION

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

Each CPT’s main purpose is to supplement the child protective investigation activities of the Department or designated sheriffs’ offices by providing multidisciplinary assessment services to the children and families

involved in child abuse and neglect investigations. CPTs may also provide assessments to CBC providers to assist in case planning activities when resources are available. Information from CPT assessments are critical in developing the family assessment information domains, determining findings, and establishing safety actions. The CPI must make a referral to CPT when the report contains the following allegations as mandated by subsection 39.303(4), F.S.:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
- Bruises anywhere on a child five years of age or under.
- Any report alleging sexual abuse of a child.
- Any sexually transmitted disease in a prepubescent child.
- Reported malnutrition of a child and failure of a child to thrive.
- Reported medical neglect of a child.
- 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.
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.
- A child who does not live in this state who is currently being evaluated in a medical facility in this state.

CO-LOCATED BEHAVIORAL HEALTH SPECIALISTS

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

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

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

CO-LOCATED DOMESTIC VIOLENCE ADVOCATES

The primary goal of the statewide CPI Project is to enhance collaboration between child welfare and domestic violence providers to enhance family safety and create permanency for children by focusing on keeping the child safe in the home with the non-offending parent, while increasing perpetrator accountability measures and strategies.

Each region has a CPI project that is provided funding through the state Domestic Violence Trust Fund for co-located advocates, housed at certified domestic violence centers. The purpose of the CPI Project is to collaborate with local Office of Child and Family Well-Being, primarily engaging child protection investigations involving intimate partner violence (IPV). This resource has proven exceptionally helpful to the Child Protective Investigations in determining impacts of IPV and needs for survivors and their children. The CPI Project has shown success in enhancing family safety, creating family permanence, and increasing perpetrator accountability.

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

Co-located Advocates serve as domestic violence subject matter experts to:

- Provide consultation to child welfare professionals to assist in assessing for intimate partner violence maltreatment.
- Assist child welfare professionals with identifying batterers' patterns of coercive control, gathering information to address harmful batterer behaviors, and assessing the impact of that behavior on children.
- Meet regularly with CPI Unit supervisors, Community-Based Care providers, and community partners in their respective service areas to discuss local goals, such as safely reducing removals of children from non-offending parents, increasing the capacity of child welfare professionals to work with survivors and perpetrators, and to review challenges and successes as they work together to develop protocols and guidelines for collaboration.
- Provide direct service support to survivors in their children; provide potential outcomes and offer supportive services that aid the survivor in navigating 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 Florida Safe Families Network (FSFN). This provides an assessment of the six information domains, parental protective capacities, impending danger threats, child needs, and a determination of child safety.

As a recently identified documentation efficiency, the Safe FFA documentation process was incorporated into operating procedures, which allows for a streamlined method of documenting the information collected to inform the family functioning assessment. The investigative response and practice of information collection around the six domains to inform the family functioning assessment remains the same, however the documentation of this information is now captured in the chronological notes and a modified version of the Family Functioning Assessment-Investigation tool is completed in FSFN. All children identified in the FFA-Investigation as unsafe are considered at imminent risk for entering foster care (out-of-home care) because of

the identification of an impending (ongoing) danger threat in the home and the insufficient protective capacity of the child's caregiver(s).

Upon the determination a child is in impending danger, the CPI must develop and implement an in-home safety plan with the provision of safety management services or place the child out-of-home with relatives, non-relatives, or in licensed care. The least intrusive safety action is dependent upon the CPI answering "Yes" to all five of the following statements:

- 1) The parent(s)/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.
- 2) The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.
- 3) Safety services are available at a sufficient level and to the degree necessary to manage the way in which impending danger is manifested in the home.
- 4) An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the need for results of scheduled professional evaluations.
- 5) The parent(s)/legal guardian(s) have a physical location in which to implement an in-home safety plan.

The safety analysis completed by the CPI must provide sufficient information to support the Yes/No determination for each of the five criteria. If a child's safety cannot be ensured in the home by implementation of a safety plan and the provision of safety management services, the CPI must identify the 'Conditions for Return' (what needs to change regarding any 'No' response) to allow the child to be returned home (with an in-home safety plan and provision of safety management services).

As part of Florida's Path Forward to transition from waiver funding back to traditional IV-E claiming, Florida has identified unsafe children who can be ensured safety in their homes through the implementation of a safety plan as candidates for foster care. States have an option that allows claiming for children who are at imminent risk of removal from the home, only if:

- (A) Reasonable efforts... are being made to prevent the need for, or if necessary, to pursue, removal of the child from the home, and
- (B) The State agency has made, not less often than every 6 months, a determination (or redetermination) as to whether the child remains at imminent risk of removal from the home.

Based on these criteria, all children who are being served in-home and considered unsafe (including reunifications) should meet the definition of a foster care candidate. For this population, the presence of a safety plan that has been updated within the prior 6 months will be used as a candidacy determination or redetermination.

RISK ASSESSMENT

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

REFERRAL FOR CASE MANAGEMENT AND TREATMENT SERVICES

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

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

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

CASE MANAGEMENT (SERVICE COORDINATION, CONTACTS, CHILD VISITS)

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

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

Case management responsibilities are to:

- 1) Monitor and modify safety plans and conditions for return when children are in out-of-home care.
- 2) Assess parent motivation for change; assess caregiver protective capacities and any associated underlying needs that must be addressed; assess child strengths and well-being needs; assess family resources and proposed solutions (Family Functioning Assessment-Ongoing).
- 3) Collaborate with the family to develop an individualized case plan that addresses the family’s underlying needs and the protective capacities that must be strengthened in order to care for and protect their children.
- 4) Identify and coordinate the treatment and/or other intervention services that are a match to family needs (e.g., substance use treatment, domestic violence shelter services, and for mental health treatment).
- 5) Arrange and monitor services necessary for child well-being, including family time for children temporarily separated; co-parenting with temporary caregivers; any services necessary for the child’s health, mental health, developmental and educational progress; ensuring that supports and services are provided for the temporary caregiver and/or child for the child to experience stability in a temporary out of home setting.
- 6) Support families preparing to reunify or adopt.
- 7) Assist families in obtaining other services and other supports necessary to address multiple needs.
- 8) Track family progress and complete updated assessments using tools in FSFN (Family Functioning Assessment-Ongoing and Progress Updates).

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

CASEWORKER VISIT GRANT AND STANDARDS

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

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

- 2021 requirement: 95 percent – Florida achieved 96 percent (245,381/255,216).
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.
- 2021: 83 percent (204,847/245,381).

Source: FSFN Data Repository as of 12/3/2021

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

- Children:
 - A physical face-to-face contact with the child in their home to occur no less than once every 30 days.
 - Face-to-face contact with the child is required once every seven days when a child is initially placed under shelter status in licensed care or with a relative or nonrelative. Visits are adjusted to occur no less than once every 30 days when the child is adjudicated dependent.
 - Frequency of child contacts is based on many factors such as level of risk, presenting issues in the case, or current circumstances in the child's life.
- Parent(s):
 - Face-to-face contact a minimum of every 30 days unless parental rights have been terminated or the court rules otherwise.
- Caregiver(s):
 - Face-to-face contact a minimum of every 30 days.

STANDARDS FOR QUALITY OF CASEWORKER CONTACTS

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

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

IN-HOME PROTECTIVE SERVICES

Of children investigated and determined to be unsafe, the number receiving services in the home	7,557 children end of month count on 2/28/2022
Of children determined to be unsafe, the percent remaining at home with in-home safety plan	98.94 % As of Feb 28, 2022

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

LEAST INTRUSIVE INTERVENTIONS

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

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

Table 4 shows the number and percent of children found to be unsafe as a result of an investigation and the percent of unsafe children who remained at home with an in-home safety plan. Prior to a child being removed from the home, the Department must determine if, with the provision of appropriate and available safety management services, the child could safely remain at home while the parent(s) participate in a case plan and the treatment services necessary to strengthen their protective capacities. The child is at serious or imminent risk of removal without the provision of in-home safety management services while the parent(s) receive adequate treatment services.

- If at any time it is determined the child's safety and well-being are in danger, the safety plan must be modified to control for the danger, which may include increasing the level of intrusiveness.
- **In-Home Non-Judicial Services.** In this initial tier, the child remains at home and the case manager manages the safety plan; develops the Family Functioning Assessment-Ongoing Services (FFA-O); and works in partnership with the family to develop a case plan based on the identified needs in the FFA-O. If, during in-home non-judicial services, there is no progress in increasing the diminished protective capacities or the safety plan is no longer sufficiently controlling the danger, the case manager will increase the level of intrusiveness of the safety management services and pursue judicial intervention.
- **In-Home Judicial Services.** In-home judicial services occur when it has been determined through safety analysis that the child can remain in the home with safety management services while receiving services under the supervision of the court. Judicial oversight is needed for the family to engage in treatment services and to achieve the case plan outcomes.

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 170-7, Chapter 8, Safety Management Services](#).

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

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

When families are well-engaged in both the assessment and the case planning process, as has been demonstrated with Florida's Early Childhood Courts (ECC), the Family Intensive Treatment (FIT) Teams and other evidence-based models, the family is more likely to achieve change/recovery. Most evidence-based interventions include the use of facilitated family team meetings to engage the family and their team of helpers in the assessment process and collaboratively developing, tracking, and adapting case plans.

A case manager's skills to engage a family are used during the assessment process to help caregivers recognize and identify protective capacities; reach areas of agreement regarding what must change to eliminate or reduce danger threats to child safety. The assessment also includes attention to children's strengths and needs. When the Department is involved with families whose children are unsafe, the case manager is responsible for assuring that the child's physical and mental health, development, and educational needs are addressed by their caregivers. The information needed by the case manager to complete the assessment will be gathered from the child, parent and other caregivers, and collateral sources such as child care providers, teachers and/or other professionals.

As noted in Chapter 2, the Florida child welfare system has some distance to go to improve the engagement skills of case managers, attitudes, and confidence level related to in-home safety planning. Turnover rates of case managers and variability of caseload sizes continue to impact the ability of the child welfare system to provide families with in-home supervision. The state's training plan discuss the strategies to address these issues. The Department, in partnership with the CBC, will implement motivational interviewing for all case managers to support the skillset for engaging an interacting with families.

The Department continues to align with [CFOP 170-1 Core Safety Concepts](#) and [CFOP 170-5 Chapter 5 Safety Planning](#) when releasing to a non-maltreating parent/legal guardian to align with the federal guidance in the CFSR to ensure that as an agency, we are completing assessments on all children. Each family assessment must include descriptions of existing risk and safety for all minor children residing in the household, as well as any family household needs. Other documentation included provisions for food, clothing, or services not included in the case plan.

FAMILY PRESERVATION SERVICES

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

- Information and referral to include substance use and domestic violence related services.²⁰
- Targeting services geographically in zip codes where there is an increased need.

²⁰ Activities that provide families with needed information about community and statewide services and agencies that provide specific services and if necessary, provide referral information.

- Use of the Family Team Conferencing Model.²¹
- Creation of the Clinical Response Teams.²²
- Home safety and maintenance activities Use of Wraparound services.²³

The population to be served= Prevention

Efforts to Track and Prevent Child Maltreatment Deaths

- Populations at Greatest Risk of Maltreatment
- Family Support Services
 - Title IV-B, Part 1, Stephanie Tubbs Jones
 - Title IV-B, Part 2, MaryLee Allen Promoting Safe and Stable Families (PSSF)

Intake (Child Abuse and Neglect Statewide Hotline)

Child Protective Investigations

Case Management Services

- Monthly Caseworker Visit Grants and Standards for Caseworker Visits

In-Home Protective Services

- Title IV-B, Part 1, Stephanie Tubbs Jones
- Title IV-B, Part 2, MaryLee Allen Promoting Safe and Stable Families (PSSF)
 - Family Preservation, PSSF
 - Family Reunification, PSSF

Out-of-Home Care

Independent Living Services

Adoption

- Title IV-B, Part 1, Stephanie Tubbs Jones
- Adoption Promotion and Support Services, PSSF
- Services for Children Adopted from Other
- Interstate Compact on Adoption

The services will be available in all 67 counties throughout Florida.

TREATMENT SERVICES

As discussed in Chapter 2, under Service Array, adequate evidence-based treatment capacity does not exist across the entire state for families who could be served with in-home supervision. It is expected that Florida's FFPSA work will 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. The Department has procured training/certification for four evidence-based services (Motivational Interviewing, Multisystemic Therapy, Parent and Child Interaction Therapy, and Homebuilders). The Department is also seeking to implement additional evidence-based services as follows:

²¹ 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.

²² Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote a healing and healthy growth towards the parent/child relationship.

²³ 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.

- Healthy Family Florida
- Functional Family Therapy
- Brief Strategic Family Therapy
- Nurse Family Partnerships
- Parent as Teachers

TIME-LIMITED FAMILY REUNIFICATION SERVICES

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

- Supervised visitation programs and parental coaching (healthy visitation, role modeling, and parenting skills are encouraged and enforced to promote a healing and healthy growth towards the parent/child relationship).
- Flexible Support Services (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).
- Family Team Conferencing with all families prior to reunification, and just before post-placement supervision services are successfully terminated (Prevention/Reunification Specialists facilitate meetings. These conferences are made available to families referred under the prevention referral process).
- Follow-up care to families (Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family).
- Mentoring/Tutoring services (Activities provided to children to enhance their self-esteem, self-confidence, and provide a positive adult role model. Tutoring allows the child to obtain additional educational support and training).
- Therapeutic child-care services.
- Parent (adoptive, biological, caretaker, foster) education and training relationship skill building activities (Parent education services are culturally sensitive. Parenting training is provided through educational groups and/or individual sessions. Parenting skills training provided to teach/promote appropriate discipline, anger management, child development and age-appropriate behaviors, parent-child communication, self-punishment using role playing, and modeling of appropriate parental behavior. Parenting training is provided through educational groups and/or individual sessions).

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

OUT-OF-HOME

Table 5 shows the total number of children in out-of-care and setting types as of February 28, 2022. More information about the characteristics of children in care is provided in Chapter 6, Foster and Adoptive Parent Diligent Recruitment Plan.

Removal rate per 100 children investigated	4.5
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Children in out-of-home care as of February 28, 2022	22,010
Percentage of children placed with approved relatives/non-relatives	36.04%
Percentage of children placed in licensed foster care	52.46%
Percentage of children placed in group care	6.81%
Percentage of children in other settings	3.77%

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

REASONABLE EFFORTS TO ACHIEVE REUNIFICATION

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

The CPI initially determines that a family does not meet the criteria for an in-home safety plan and must clearly document which of the in-home safety plan criteria are not met. At that point, the conditions for return are established so that the family has a clear understanding of the specific behaviors and/or conditions that they need to address for the child to be returned to their custody with an in-home safety plan. The case manager must track and modify as necessary the conditions for return, including the identification of services and supports to assist the family in achieving the changes or conditions necessary to have their child reunified with an in-home safety plan. The Department provides guidance in [CFOP 170-7- Establishing Conditions for Return](#).

Conditions for return have been a focus of ongoing training for child welfare professionals, GALs, CLS, and dependency judges. It is an extremely important way to effect reunification of children with their parent(s) as soon as appropriate, rather than wait until a “parent has substantially complied with a case plan,” which may be interpreted, unfortunately, as extensive participation in or completion of a treatment program.

There are a total of five trainings that have been developed using the core information regarding Conditions for Return. The core content is the same for all five trainings, but each training focuses on the specific audience in the child welfare system. The audiences include legal, Guardian ad Litem program staff and volunteers, foster parents, judiciary, and frontline staff. The training is directed at their specific knowledge base and what their role is in the Conditions for Return and reunification process. Each of these five trainings have been rolled out in the different site areas. A total of 124 training classes and 2089 participants have attended training as of March 2022.

As of the end of 2021, almost 300 out-of-home cases under Embrace Families have been formally tracked. Some have had a goal change (only cases with a goal of reunification are tracked), some were dismissed, and some were reunified, leaving the team with a total of 233 cases to track. More specifically, Strong Foundation is tracking 170 cases in Orange County, 62 in Seminole County, and 55 in Osceola County. Assistance is provided to several reunifications on both tracked cases and older cases.

Partners at Families First Network (FFN) are busy tracking over 75 cases as of the end of 2021. The final full dose site, Community Partnership for Children (CPC), is building their team and will start the tracking process in March 2022.

FUTURE

Strong Foundations is offering multiple make-up dates for those that either missed the original Conditions for Return training or are new to their position and have not had the opportunity to attend. Flyers have been prepared for the following four groups of child welfare professionals: 1) GAL program staff and volunteers, 2) foster parents, 3) the legal community, and 4) frontline staff & supervisors. Judicial trainings are also being planned in conjunction with the Office of Court Administration to ensure that the new judges and magistrates are provided the training. There are ongoing efforts to target professionals that practice in specific sites, with an anticipation of trainings being available at the state level in the future.

To complement the trainings, Strong Foundation is planning on printing some hard copies of both the CFR Legal Guide and the more recent Reunification Guide. Until then, the Guides continue to be available through our website under Conditions for Return in the Strong Foundations Resources section at:

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

REASONABLE EFFORTS TO ACHIEVE PERMANENCY

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

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

SPECIAL EFFORTS TO ACHIEVE PERMANENCY FOR CHILDREN AGE 0-5

IDENTIFICATION OF PROMISING AND EVIDENCE-BASED SERVICES

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

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

EARLY CHILDHOOD COURT (ECC)

Florida stakeholders involved in the CFSP process were united in pointing to the Florida’s Early Childhood Court (ECC) as one of most effective efforts in Florida to achieve timely permanency for children age 0-3. ECC is a problem-solving court docket designed to improve outcomes for abused and neglected children ages 0-3

through an integrated treatment of intensive child/parent therapy, frequent visitation, developmental supports, utilization of trauma-informed judges, and monthly family team meetings and judicial hearings.

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

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

ECC Team success has been achieved by the following practices:

- Monthly hearings in front of a trauma-informed judge or magistrate to ensure timeliness and accountability.
- Monthly family meetings with a multidisciplinary team facilitated by a community coordinator to prioritize family needs and fast track integrated services.
- Intensive child/parent clinical therapy to heal trauma by building parenting capacity and optimizing child well-being. The clinician reports findings to the court/team to inform decisions toward a timely, permanent, and stable family for the child.
- Monitoring and evaluating ECC processes and effectiveness to ensure continuous quality improvement and fidelity to the model.

FAMILY INTENSIVE TREATMENT TEAMS (FIT)

Family Intensive Treatment teams are a highly effective program model for parents with children 0-5 in out-of-home care that is currently provided by twenty-two providers across all regions and circuits. 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 use. FIT Teams are available to families with children under in-home protective supervision or with children in out-of-home. Although eligibility criteria require that families have at least one child between the ages of 0 and 10 years, priority is given to families with a child between the ages of 0 and 8 years. Most families served by FIT Teams have at least one child aged 5 years old and younger. A core component of the FIT model is the integration of substance use, mental health, and child welfare services for families served. To be eligible to receive FIT services parents must be eligible for publicly funded substance use and mental health services and have a substance misuse disorder.

FIT program guidelines require the use of evidence-based and evidence-informed practices to treat substance use, mental health, and improve parental capacity, though do not mandate specific interventions to be used. Most providers reported practicing:

- Motivational Interviewing.
- Cognitive Behavioral Therapy.
- Trauma-Focused Cognitive Behavioral Therapy.
- Dialectical Behavior Therapy was reported by eight providers.
- The parenting intervention models being used by most providers were Nurturing Parenting Program and Seeking Safety.
- Eleven of the providers reported offering support group activities for parents receiving FIT services such as daily recovery group meetings, peer support, and relapse prevention groups, and continuing care groups led by peer support specialists after formal treatment has ended.

A major challenge in offering FIT Team services to parents with children in out-of-home care was that Medicaid policy did not provide Medicaid for parents of children who have been temporarily removed. The Department collaborated with the AHCA establishing a process for Medicaid-eligible parents with children temporarily in out-of-home care to retain their coverage.

Substance Abuse and Mental Health amended their State Health Improvement Plan, outlining a target date of December 31, 2021, to increase the percentage by 10 percent from a baseline of 66 percent (2017-2018) to 72 percent of FIT participants that are retained and/or successfully complete the FIT program. As of February 2022, SAMH reports 75.9 percent of FIT participants are retained and/or successfully complete the FIT program.

PLACEMENT MATCHING

MULTIDISCIPLINARY TEAM STAFFINGS

The placement process established in [section 39.523, Florida Statutes](#), requires a comprehensive placement assessment to be completed prior to a child's placement in out-of-home care. A multidisciplinary team staffing must be held to determine the level of care needed for the child and to match the child with the most appropriate placement; review of the child's placement as often as necessary to ensure permanency and to address any special issues for the child; providing the court documentation of the placement assessment at each judicial review, alignment with FFPSA placement settings, and sibling separation.

During the 2021 legislative session, Senate Bill 80 was proposed and signed into law requiring multidisciplinary team staffing occur with an integrated group of individuals who meet to collaboratively develop and attempt to reach a consensus decision on the most suitable out-of-home placement, educational placement, or other specified important life decision that is in the best interest of the child. The goal of the multidisciplinary team staffing is to allow for better engagement with families and a shared commitment and accountability from the family and their circle of support. The goal of the team staffing is to:

1. Secure a child's safety in the least restrictive and intrusive placement that can meet his or her needs.

2. Minimize the trauma associated with separation from the child’s family and help the child to maintain meaningful connections with family members and others who are important to him or her.
3. Provide input into the proposed placement decision made by the Community-Based Care Lead Agency and the proposed services to be provided in order to support the child.
4. Provide input into the decision to preserve or maintain the placement, including necessary placement preservation strategies.
5. Contribute to an ongoing assessment of the child and the family’s strengths and needs.
6. Ensure that plans are monitored for progress and that such plans are revised or updated as the child’s or family’s circumstances change.
7. Ensure that the child and family always remain the primary focus of each multidisciplinary team meeting.

DILIGENT SEARCH AND DILIGENT EFFORTS

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

To support the reduction of placement in licensed care and the implementation of FFPSA, the Department collaborated with the University of South Florida to conduct intense train-the-trainer sessions from December 2020 through April 2021, with technical support through June 2021. The targeted audience were child protective investigators, case management, child legal services, guardian ad litem program and the Sheriff’s Office conducting child protective investigations. Each agency was required to conduct trainings for their agency to increase the knowledge base throughout the agency on family finding efforts.

Effective July 1, 2021, the family finding program became a requirement in Florida. The Department was allocated funding to support positions within the Department, CBC, and Sheriff’s Offices. The Department implemented 64 FTE throughout the state, each CBC and Sheriff’s Office implemented at minimum one family finder program specialist for their agency.

FLORIDA’S PLACEMENT SERVICES ARRAY

While Florida has a variety of types of placement settings in each CBC, the increasing numbers of children in care are resulting in inadequate placement matching and placement instability. Concerns related to the placement services array are discussed in Chapter 2 under Foster Parent Licensing, Recruitment and Retention.

NON-LICENSED RELATIVE CAREGIVER AND NON-RELATIVE CAREGIVERS

For many years the Department has offered financial assistance to relatives and non-relatives through the Relative Caregiver Program (RCP) and Non-Relative Caregiver Program (NRCP), respectively. Each program assists caregivers with providing for the basic needs such as food, clothing, and shelter, as well as Medicaid, 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. [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 and CBCs share responsibility for licensing and recruitment. The Department issues licenses to Child Placing Agencies and Child Caring Agencies, which are renewed annually. The regional licensing units conduct annual reviews to assure compliance with standards outlined in Florida Administrative Code. CBCs and their providers complete the licensure of family foster homes with oversight from the Department's licensure specialists in the regions. The Department's licensing specialists review samples of files to ensure compliance with Florida Administrative Code and complete a physical inspection of the providers property.

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

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

- Level 1. Child-specific foster home - The caregiver must meet all level 2 requirements pursuant to this section. However, requirements not directly related to safety may be waived.
- Level 2. Non-child-specific foster home.
- Level 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 FFPFA, 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. Each month, the Department places 300 children in residential treatment centers, excluding Specialized Therapeutic Group Homes (STGH) and Statewide Inpatient Psychiatric Program (SIPP), for ongoing treatment for mental health.

The Department is actively exploring the option to require all Residential Treatment Centers serving children to obtain a QRTP credential from the Department to allow for an expansion of QRTP and Florida's Placement Array. This would increase Florida's ability to claim for reimbursement of Title IV-E and reduce state revenue.

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

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

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

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

The Department's compact administrator participates in the AAICPC and has at times in the past served as the president of the associations executive committee. The compact administrator attends the annual AAICPC conference and serves on various committees within the organization, allowing for the establishment and maintenance of relationships with ICPC central office staff as well as local staff from other states. The compact administrator also attends conferences and presents at meetings with both private and public sector partners throughout the year.

The compact administrator works with CLS, case managers, and representatives from other states on difficult cases and often facilitates conference calls between Florida child welfare professionals and other states to ensure positive outcomes for children. Additionally, the Florida ICPC office provides presentations as needed to the CLS attorneys, judiciary, GALs, Attorneys ad Litem, case managers, supervisors, licensed social workers, CPIs, and ICPC liaisons at CBCs. Furthermore, the compact administrator works closely with CLS and members of the judiciary, participating in meetings and presentations throughout the year.

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

ICPC modernization converted the existing tracking system to a paperless file system called the Interstate Compact System (ICS). The process scanned all incoming and outgoing documents and created various data entry screens to capture and store information on each case.

Florida's ICS system served as the basis for NEICE, a national web-based program through which states can exchange ICPC cases and information. Florida served as one of the six pilot states for the NEICE system in 2014 and served as part of the technical advisory team on the project. The results of the pilot showed a significant decrease in processing time for ICPC cases and nationwide implementation began in June 2015.

Upon approval of the Bipartisan Budget Act of 2018, Florida was already compliant with the requirement that all states process ICPC via an electronic system by October 1, 2027. Florida's utilization of the NEICE system provides access to the courts, CBCs, GALs, and CLS for review of ICPC cases and case status. This transparency

has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida.

UPDATE/ACCOMPLISHMENTS

- Continued to be a part of the NEICE Project and serve on the technical team of the project. Florida assisted American Public Human Services Association (APHSA) and Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) in the national implementation effort. Additionally, Florida supports further development and enhancement of the NEICE system through testing and meetings to provide enhancement suggestions. As a result, a system update was released in July 2021. The update referred to as NEICE 2.0 implemented many user enhancements such as, better case tracking and oversight, reminders for key dates, enhanced reporting, and an overall efficient user experience.
- Provided virtual ICPC trainings throughout the state, as requested. These trainings are provided to the judiciary, Guardians ad Litem, Department attorneys, protective investigators, Community-Based Care agency staff, and other interested stakeholders.
- A common concern relayed from the public is the amount of time it takes to initiate the ICPC process. The ICPC office worked with stakeholders to provide additional resources, training, and update procedures to assist with initiating the ICPC process at the time of shelter (completed February 2022). Additionally, ICPC staff will continue communication with the public to provide insight and transparency on the ICPC process.
- Continued participation in the workgroup with APHSA and their Data Analytics Manager to provide feedback and input on state and national ICPC data needs to further enhance reporting capability.

FUTURE PLANS

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

ADOPTION

CBCs are responsible for identifying and reporting to the court the permanency options available to each child removed from a parent or legal guardian. The scope of case management services includes arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child. CBCs are responsible for pre-and post-adoption services including the provision of maintenance adoption subsidies. Data on the number of children available for adoption and adoption related information is included in the update to the Foster and Adoptive Parent Diligent Recruitment Plan (Attachment 1). In response to the national pandemic, updates were made to ensure the safety of the not only the families, but also the individuals providing the services. Guidance was provided around completing initial and updated adoption home studies as well as how to conduct background screenings for individuals who have received a fingerprint-based check recently.

PRE-ADOPTION SERVICES

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

ADOPTION DOCUMENTS & REGISTRY (ADORE)

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

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

POST-ADOPTION SERVICES COUNSELORS

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

The Department and its partners are committed to providing a sufficient and accessible array of post-adoption services in each circuit that includes information and referral services, temporary case management, assistance with assessments during investigations, assistance with subsidy and Medicaid issues, and assistance in maintaining one or more adoptive parent support groups for the many adoptive families who face significant challenges as their adoptive children age and experience the various developmental milestones. In 2021, state legislature recognized the increasing need to offer additional

support to adoptive families and allocated \$1,283,000 for post adoption supports. The funding was distributed across the Community- Based Care Lead Agencies.

ADOPTION COMPETENCY

Adoption-competent mental health professionals have completed the Rutgers Adoption Competency, or an equivalent curriculum approved by the Department, to provide educational and therapeutic services for adoptive families. The educational and therapeutic services focus on strengthening relationships within the family unit and assist families in understanding the developmental stages of adoption, and how adoption affects each family member and the family as a unit.

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

The state uses evidence-based, evidence-informed, promising and innovative practices in recruitment, orientation, and preparation of appropriate adoptive families, matching children with families, supporting children during the adoption process, and providing post-adoptive support.

ADOPTION PROMOTION AND SUPPORT SERVICES

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of Adoption Promotion and Support services. The Department dedicates 23 percent of the federal PSSF grant to fund family preservation services. In Florida, Adoption Promotion and Support Services have served a major role in the adoption of children from the foster care system. These adoptive homes are carefully chosen to ensure placement is in the best interest of the child. Pre-and Post-adoptive services and activities have shortened and strengthened the process to support adoptive families to avoid disruptions. The adoption of foster children continues to be a state and local partnership. Examples of Adoption Promotion include:

- Child-specific or targeted population recruitment efforts.
- Quarterly matching events for children available for adoption and potential families.
- Heart Galleries.²⁴
- Child Recruitment Biographies.²⁵
- Use of social media.
- Media blitzes targeting severely medically fragile available children.
- Town hall meetings and “Lunch and Learn” activities.

Examples of Support Services include:

- Collaboration with Early Learning Coalitions.
- Home and school visitation with post-adoptive families and children.
- Adoptive parent support groups.
- Counseling referrals.
- Post-adoption specialist.

²⁴ Traveling photographic exhibit created to find forever families for children in foster care.

²⁵ 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.

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

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

PROSPECTIVE ADOPTIVE PARENTS SURVEYS

The Department, in conjunction with the CBCs, conducts an Annual Adoption Survey to gather feedback from prospective adoptive parents, children in the child welfare system, adoptees, and other stakeholders between August 4, 2021 and August 31, 2021. Overall, participants reported that their CBC Lead Agencies excelled in three areas:

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

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

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

POST-ADOPTION SUPPORT SURVEYS

The Department, in conjunction with the CBC Lead Agencies, conducted a Post Communication Survey between August 4, 2021 and August 31, 2021 to gather feedback from families who requested and received services as a result of the One-Year Post Communication Contact requirement outlined in section 39.812(6), Florida Statutes. The intent of the survey is to determine the types of services received by the family and the quality of those services. The major findings about post-adoption services are:

- The majority of respondents felt comfortable asking their post-adoption worker for additional help/assistance. 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 mental health services.
- The majority of respondents reported that providers of services understood their needs.
- The top service that respondents tried to access but were unable to receive was support groups.
- The major reason for services desired but not available was that the provider in their area does not accept Medicaid or the Family Insurance.

- Prospective Parent and Post-Adoption Surveys are included in Appendix E.

Inter-country Adoptions

Currently, there are approximately 11 private agencies that handle international adoptions in Florida. The Department does not monitor the number of inter-country adoptions completed. When a child from an international adoption is removed due to abuse, abandonment or neglect, the child and family receive the services to help the child and family remain safe, and services are provided to assist with reunification efforts.

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

Federal Adoption Savings

The Department, through applying the applicable child standards for children eligible for adoption assistance, has used most of the adoption savings to support adoption services, post adoption services, and post guardianship services, while remaining funds are used for prevention services. The Department's Revenue Management Office, each CBC contract manager, and the CBC Fiscal Unit within the Administrative Services office all monitor expenditure of these funds and provide oversight toward timely, accurate, and fiscally responsible management of resources.

Adoption and Legal Guardianship Incentive Awards

Florida received an Adoption Incentive Award for four of the last five consecutive years and all incentive award payments have been used to assist with Florida's significant maintenance adoption subsidy budget. The primary reason for Florida's significant subsidy budget is the fact that over the last several years Florida has completed over 3,900 adoptions annually. The Department anticipates continuing net increases in subsidy costs over the next several years. To meet this expanding need, any future incentive funds will continue to be applied toward subsidies.

The Department's Revenue Management Office, each CBC contract manager, and the CBC Fiscal Unit within the Administrative Services office all monitor expenditure of these funds and provide oversight toward timely, accurate, and fiscally responsible management of resources.

Florida Adoption Reunion Registry (FARR)

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

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (CHAFEE PROGRAM) AND EDUCATIONAL TRAINING VOUCHERS

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) and Educational Training Vouchers (ETV) help ensure that youth and young adults who are involved in, or who have aged out of, foster care have access to the supports they need. Florida continues to provide a robust array of services designed to assist youth with a successful transition to self-sufficiency. As shown in Table 6, in SFY 2020, the Department provided services to 4,340 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. There are an additional estimated 6,000 former foster care youth that have aged out of the Florida foster care system between 18 and 22 years of age that are potentially eligible to receive services to become self-sufficient.

Table 6: Transitioning Youth and Young Adults

	FY 2017-2018	FY 2018-2019	FY2019-2020	FY 2020-2021
Total number of youth ages 13 to 17 in out-of-home care (end of month counts)	4,495	4,316	4,357	4,340
Number of youth ages 13 to 17 in relative/non-relative settings (end of month counts)	1,618	1,563	1,323	1,210
Number of youth ages 13 to 17 in group care (end of month counts)	1,342	1,233	1,144	1,055
Youth turning 18 while in foster care (end of month counts)	969	816	629	511
Youth age 16 and older who were adopted (potentially eligible for PESS)	74	82	169	260
Youth ages 16 and older whose cases were closed to guardianship (potentially eligible for PESS) 1	210	186	272	173
Number of young adults receiving EFC (end of month counts)	1,304	1,337	1,267	1,178
Number of young adults receiving PESS (end of month counts)	1,318	1,217	1,140	934
Number of young adults receiving Aftercare Services (end of month counts)	398	435	410	318
Unduplicated total number of young adults receiving ECF, PESS, Aftercare (end of month counts)	2,574	2284	2,364	2,092

Source: FSFN

PROGRAM OVERSIGHT AND MONITORING

The Chafee program is administered by the Department through contracts with Community-Based Care (CBC) lead agencies. All CBC contracts include requirements to administer services in accordance with federal guidelines, Florida Statutes, and Florida Administrative Code. Florida has highly structured statutory requirements for the Independent Living programs, Extended Foster Care (EFC), Postsecondary Education Services and Support (PESS), and Aftercare Services. The Department has incorporated real time policy support through the Office of Continuing Care and has a total of six child welfare professionals located in each region to provide oversight in program terminations for EFC Florida's Office of CBC/ME Financial Accountability continues to provide financial oversight on the expenditures for Chafee and ETV.

DESCRIPTION OF PROGRAM DESIGN AND SERVICE DELIVERY

Florida has codified all programmatic and general oversight requirements for Chafee program and ETV within Florida Statute and Florida Administrative Code. As a result, there are highly structured statutory requirements that govern. Extended Foster Care, Postsecondary Education Services and Support, and Aftercare Services. Program requirements include establishing client eligibility, payment calculations, payment disbursement requirements, payment amounts, standards of progress, as well as due process and appeals for a denial or termination of services. Requirements in Florida Administrative Code further detail the framework for how the array of Independent Living services are administered, including application and discharge procedures, transition planning, and documentation requirements.

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

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

Section 39.6035, Florida Statutes, requires that specific transition plans be developed for those youth that are going to age out of the foster care system. 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 transition plan that will support them as they transition to adulthood. Transitional plans are designed to supplement standard case planning activities and are subject to court review. The activities addressed within the transition plan must provide options for the child to use in obtaining services that include housing, health insurance, education, financial literacy, driver's license obtainment, workforce support, and employment services. The plan must also consider establishing and maintaining naturally occurring mentoring relationships, and other personal support services, as well as health care decisions and the opportunity for the child to create a health care surrogacy document pursuant to the Fostering Connections Act.

Florida Statute requires a judicial review within 90 days after the 17th birthday of a youth in out-of-home care. At that review, a report must be submitted to the court detailing what steps have been taken to inform the

youth of Independent Living programs and services. Subsection 39.701(3)(e), Florida Statutes, requires that Independent Living service eligibility be addressed, again, at the last judicial review hearing before the child reaches 18 years of age. This hearing is to include the child's plan to remain in the foster care, transitional plan requirements, and service or benefits for which the child may be eligible.

Young adults who at the age of 18, were in the legal custody of the Department, have the option to enter EFC. Section 39.6251, Florida Statutes, details the initial eligibility, continuation of services, case management standards and program exit and reentry requirements. Subsection 39.701(4), Florida Statutes, provides the judicial oversight requirements associated with the program which require the engagement of young adults in case planning and life skill development. Young adults who have chosen to participate in EFC are required to have their case reviewed by the court a minimum of once every six months. Requirements associated with the application, disbursement of payments, renewal, and appeal or denial of postsecondary educational stipend payments are established within subsection 409.1451(2), Florida Statutes.

Florida recently passed into law an increase the PESS monthly stipend from \$1,256 to \$1,720 for a young adult who does not remain in foster care and is attending a postsecondary school per section 409.1451 (2), Florida Statutes. In addition to the increased stipend, the Department will assess each young adult's financial literacy and executive functioning, self-regulation, and similar skills prior to the young adult being enrolled in post-secondary education and to provide information and referrals to the young adults to assist with strengthen those skills. This assessment must be included in the transition plan.

The Department must create a financial plan in meeting those needs while in post-secondary education and update the plan every six months until funding is no longer provided. This financial plan must be included in the transition plan. The Department or contractor shall review 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 adults current and future needs and challenges for self-sufficiency and at a minimum address how they will meet their financial needs when funding under the section is no longer provided.

[Section 409.1452, Florida Statutes](#), also requires that the Florida Board of Governors, the Florida College System, and the Florida Department of Education establish academic support systems. These systems provide a comprehensive support structure that helps assist youth and young adults who choose to attend college with the opportunity for successful transition from the foster care system to a publicly supported postsecondary educational program. All Florida public postsecondary institutions can engage former foster care youth in campus based academic support services, intended to improve former foster care student retention, and graduate 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.

YOUTH INVOLVEMENT AND VOICE

Florida's focus on providing opportunities with lived experience to influence policy is made possible by the state's strong connection with youth advocacy groups and organizations. Florida continues to engage with four primary organizations that help to support the engagement and provide a voice to youth, service providers, and advocates. The Department is also focused on ensuring that those with lived experience influence the daily culture and operations of the Department through the Office of Continuing Care, which is staffed by Care Navigators with lived experience.

Also noted below but the Office of Continuing Care makes youth voice a consistent part of daily culture. The young adults with lived expertise in foster care that are employed with the Department are compensated for

their time through their salary. This includes the youth advisor and OCC Care Navigators. The Youth Advisor will also be responsible for ensuring that every young adult's voice is represented, regardless of their readiness or participation in advocacy groups. Recognizing that experiences in foster care are unique to each individual means that we cast a wide net to capture the many experiences that make up "youth voice".

Youth Advisor Position- The Department established an internal position to employ a young adult with lived experience to support the policy and practice team and Office of Continuing Care. This position will allow for continued collaboration and communication between the Department and some of the youth advocacy programs including OVI and Florida Youth Shine to promote youth empowerment throughout the state.

The **Independent Living Services Advisory Council (ILSAC)** places youth and stakeholders in the driver's seat on policy considerations that affect their day to day lives. The council represents a collaborative approach with youth, foster parents, executive agencies, advocate attorneys, and child welfare service providers. The council members provide guidance and help to improve services through the exploration of topics and priorities laid out by the Council. Per Florida law, the Secretary appoints members who submit an annual report summarizing the Council's findings and recommendations.

Council members have a variety of experiences and are from diverse backgrounds, including young people formerly in foster care. The council continues to be a strong voice for youth and includes a diverse group of stakeholders to ensure various perspectives are heard. The council works closely with the Department and the CBCs to improve service delivery.

The youth councils and Youth advisory boards allow for youth ages 13 and up to participate in the councils with their respective community-based lead agencies.

Members of the council are active in their communities and across the state. They help to provide training and technical assistance to ensure the program is supported at the local and state level. Both the council chair and the members provide advice and consultation to the Secretary, Deputy Secretary, and leadership of child welfare programs.

Through direct participation on **Florida's Children and Youth Cabinet's Youth Commission**, current and former youth in foster care are given the opportunity to develop and advocate on a variety of issues that directly impact state agency efforts such as the Child and Family Services Review process and the agency improvement planning efforts.

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

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

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 initiated as a professional development project under the direction of the Department's Child Welfare Leadership Program and Connected by 25, grew into a statewide mentorship and leadership program for youth involved in the child welfare system. The FYLA mentees are typically between the ages of 15 and 18 and are paired with an adult mentor who works in child welfare. Throughout the program year, FYLA youth and their mentors meet regularly in their local areas to focus on specific learning objectives, including networking, public speaking, resume-building, and interviewing skills. Additionally, mentors assist their youth in achieving their individualized goals that they 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 Supreme Court, and college campuses across Florida. Each FYLA class concludes with a graduation ceremony during the annual Family and Child Well-Being Summit.

Youth Focus Groups- The Office of Child & Family Well-Being, along with One Voice Impact and Florida Youth SHINE, host various focus groups to engage youth and young adults to seek their lived experience and feedback on various topics. The feedback is compiled, disseminated, and discussed with Department leadership to utilize for policy and practice changes.

The youth councils and Youth advisory boards allow for youth ages 13 and up to participate in the councils with their respective community-based care lead agencies.

One Voice Impact

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

The youth councils and Youth advisory boards allow for youth ages 13 and up to participate in the councils with their respective community-based care lead agencies.

OVI Benefits:

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

The Department contracts with Community-Based Care lead agencies in Florida, each serving as state-designated lead agencies for child welfare services in Florida. In providing an array of services, the CBCs continue to collaborate and partners with various LGBTQ+ organizations to support the needs and provide resources to youth and young adults in their communities.

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 FSFN to align with the federally required reporting categories to track the independent living services provided to youth & young adults ages 13-22. Information on the services provided is transmitted to ACF every 6 months.
- To collect outcome measures of the youth/young adults who receive the independent living services provided. This data for outcome measures is collected through the administration of the National Youth in Transition Database (NYTD) Outcomes Survey.

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

The Office of Quality and Innovation plans to incorporate data from NYTD into future reviews to strengthen the assessment of:

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

PRINCIPLES OF POSITIVE YOUTH DEVELOPMENT

Florida's Quality Parenting Initiative (QPI) empowers Florida's foster care parents and group home providers to become more engaged in the child welfare planning and service delivery process. QPI is designed to help develop new strategies and practices, rather than imposing a predetermined set of "best practices." The core premise is that the primary goal of the child welfare system is to ensure that children have effective, loving parenting. The best way to achieve this goal is to enable the child's own parents to care for him or her. The system must ensure that the foster or relative family caring for the child provides the loving, committed, skilled care that the child needs, while working effectively with the system to reach the child's long-term goals. Section 39.4091, Florida Statutes, empowers caregivers to make decisions and use a reasonable and prudent parent standard when considering age-appropriate extracurricular, enrichment, and social activities for the children in their care. Liability for harm has been removed for caregivers using this standard, weighing potential risk factors, and acting in the best interest of the child. The Department and CBCs, along with their subcontracted agencies providing out-of-home care services, are to promote and protect children's ability to develop through normal childhood activities.

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 that are designed to promote the acquisition of general life skills, educational and employment attainment, maintenance of housing, and development of permanent connections. Within the parameters of federal and

state requirements, CBCs have the flexibility to create local services in response to local needs, cultural preferences, and resources.

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

Judicial oversight of life skills under [section 39.701\(3\)\(a\), Florida Statutes](#) requires the courts to inquire about the life skills the child has acquired, at the first judicial review hearing held after the child's 16th birthday. At the judicial review hearing, the Department must provide the court with a report that includes specific information related to the life skills that the child has acquired since their 13th birthday or since the date of entering foster care. Additionally, for any child who may meet the requirements for the appointment of a guardian advocate, an updated case plan must be developed in a face-to-face conference with the child, court-appointed guardian ad litem, the custodian of the child, and the parents of the child if those rights have not been terminated.

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

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

Transition plans must be as detailed as the youth chooses and be conducted in the youth's primary language as specified in [section 39.6035, Florida Statutes](#). Plans should address short and long-term goals, planned housing arrangement, health insurance coverage, educational goals, financial literacy, driver's license, 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](#). [CFOP 170-17, Services for Transitioning Youth and Young Adults](#) provides specific requirements for assessments, life skills development and transition plans.

Medicaid

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

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

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

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

SERVICES FOR YOUNG ADULTS 18 TO 26 YEARS OF AGE

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

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

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

EXTENDED FOSTER CARE (EFC)

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

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

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

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

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

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

Eligibility for Benefits and Services

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

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

- Who turned 18 while in the legal custody of the Department and who have spent a total of six months in licensed out-of-home care.
- Who were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption.
- Have earned a standard high school diploma, or its equivalent.
- Have reached 18 years of age but are not yet 23 years of age.
- Enrolled in at least 9 credit hours and attending a Florida Bright Futures eligible educational institution.
- Submitted a Free Application for Federal Student Aid.
- Has applied for other grants and scholarships.
- Signed an agreement to allow the Department access to school records.

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

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

Of the three independent living services categories, PESS is the only program that affords youth who are adopted or placed with court-approved dependency guardians after the age of 16 with the opportunity to participate. The law requires those youth to have spent at least six months in licensed care within the 12 months immediately preceding such placement or adoption. ETV and CFCIP federal funds cover room and board and other expenses necessary to pay the cost of attendance.

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

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

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

Prior experience and statistical evidence have shown that requiring former foster youth to maintain a standard full-time enrollment in postsecondary education can be detrimental to the completion of their education.

Many former foster youth struggle to complete secondary education; others need to work to supplement the financial assistance or are parenting young children. Florida defines “full-time” for this program as nine credit hours, providing additional flexibility for the young adults served; however, a young adult may enroll in additional credit hours.

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

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

Table 7: ETV Awards

	TOTAL ETVs Awarded	Number of New ETVs
Final Number: 2020-2021 School Year (July 1, 2020, to June 30, 2021)	809	215
2021-2022 School Year* (July 1, 2021, to June 30, 2022)	546	106

AFTERCARE SERVICES

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

- Mentoring and tutoring.
- Mental health services and substance use counseling.
- Life skills classes, including credit management and preventative health activities.
- Parenting classes.
- Job skills training.
- Counselor consultations.
- Financial literacy skills training.
- Temporary financial assistance for necessities, including but not limited to, education supplies, transportation expenses, security deposits for rent and utilities, furnishings, household goods, and other basic living expenses.

Rule 65C-42.003, F.A.C., governs aftercare services and states:

(1) Eligibility. A young adult is eligible for Aftercare Services if he or she:

(a) Reached the age of 18 while in licensed foster care, but is not yet 23 years of age. A young adult is considered to have been living in licensed care on the date of his or her 18th birthday if the young adult was in the legal custody of the Department on the date of his or her 18th birthday;

- (b) Is not in Extended Foster Care pursuant to Section 39.6251, F.S.
- (2) Application for Aftercare Services. Designated staff shall assist a young adult who is requesting Aftercare Services in completing the “Application for Aftercare Services,” CF-FSP 5391, incorporated in paragraph 65C-42.002(3)(e), F.A.C.
- (3) If the application is not completed at the time of the request for referrals or services, designated staff shall offer to assist the young adult in completing the application within 10 business days. Referrals may be provided prior to the completion of the application.
- (4) A young adult seeking Aftercare Services and Support shall also complete an “Aftercare Services Plan,” CF-FSP 5400, January 2015, incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-05835>. A community-based care lead agency may add its logo to form CF-FSP 5400. The Aftercare Services Plan shall be completed by the designated staff in consultation with the young adult.
- (5) All young adults with diagnosed disabilities or mental health needs shall be provided with an equal opportunity to receive Aftercare Services. A young adult with a diagnosed disability or mental health need may need additional support; therefore, the designated staff shall work in consultation with all of the young adult’s service providers, guardian ad litem, and attorney, if applicable.
- (6) The Aftercare Services Plan shall:
- (a) Include the amount of temporary financial assistance being provided and the specific reason(s) for the assistance; and,
- (b) Include the specific activities the young adult will complete in order to achieve self-sufficiency or transition into extended foster care or PESS.
- (7) In assessing the young adult’s needs, designated staff may consider such details as eviction notices, utility terminations, and moving expenses.
- (8) The designated staff shall re-assess the Aftercare Services Plan every three (3) months for as long as services are provided. The community-based care lead agency may discontinue Aftercare Services if the young adult has not made efforts to complete the activities outlined in his or her Aftercare Services Plan.
- (9) Processing Application for Aftercare Services.
- (a) Designated staff shall have 10 business days from the date of submission to review the application and approve or deny the award.
- (b) If the application is denied, designated staff shall notify the young adult within 10 business days of submitting the application. Designated staff shall also provide the young adult with information detailing the procedure for appeal and the brochure “Due Process Rights,” CF/PI 175-74, which is incorporated by reference in subparagraph 65C-42.002(3)(f)3., F.A.C. Designated staff shall notify the young adult of other available services, including Extended Foster Care, funding through PESS or Education and Training Vouchers, and services that are locally available.
- (10) If the request for assistance is to prevent homelessness, no application is required before services are provided and services shall be provided as expeditiously as possible, but in no case longer than 24 hours. If the application is not completed at the time of the request for referrals or services, designated staff shall offer to assist the young adult in completing the application within 10 business days.
- (11) Providing Aftercare Services.
- (a) Once approved, services shall be provided as soon as they are available. Referrals for services shall be provided to the young adult as expeditiously as possible and no later than 10 business days of approval.
- (b) Cash assistance shall be provided directly to a vendor for such items as security deposits for rent or utilities, until such time designated staff and the young adult determine the young adult can successfully manage the full amount of the assistance.
- (12) Portability. The services provided under this rule are portable across county lines and between lead agencies. The service needs that are identified when a young adult applies for Aftercare Services shall be

provided by the lead agency where the young adult is currently residing but shall be funded by the lead agency that approved the application.

(13) Confidentiality. The young adult's status as a former foster youth and recipient of public benefits is confidential and shall not be revealed to anyone without the young adult's permission.

(14) Documentation requirements. For each young adult receiving Aftercare Services, the Department or its contracted service provider shall maintain an active case file in the Florida Safe Families Network (FSFN) containing:

(a) Requests for service referrals;

(b) Requests for temporary cash assistance;

(c) The Aftercare Services Plan, incorporated by reference in subsection (4), of this rule; and,

(d) Documentation showing case management assistance given to the young adult to access the services directly.

(6) The Aftercare Services Plan shall:

(a) Include the amount of temporary financial assistance being provided and the specific reason(s) for the assistance; and,

(b) Include the specific activities the young adult will complete in order to achieve self-sufficiency or transition into extended foster care or PESS.

(7) In assessing the young adult's needs, designated staff may consider such details as eviction notices, utility terminations, and moving expenses.

(8) The designated staff shall re-assess the Aftercare Services Plan every three (3) months for as long as services are provided. The community-based care lead agency may discontinue Aftercare Services if the young adult has not made efforts to complete the activities outlined in his or her Aftercare Services Plan.

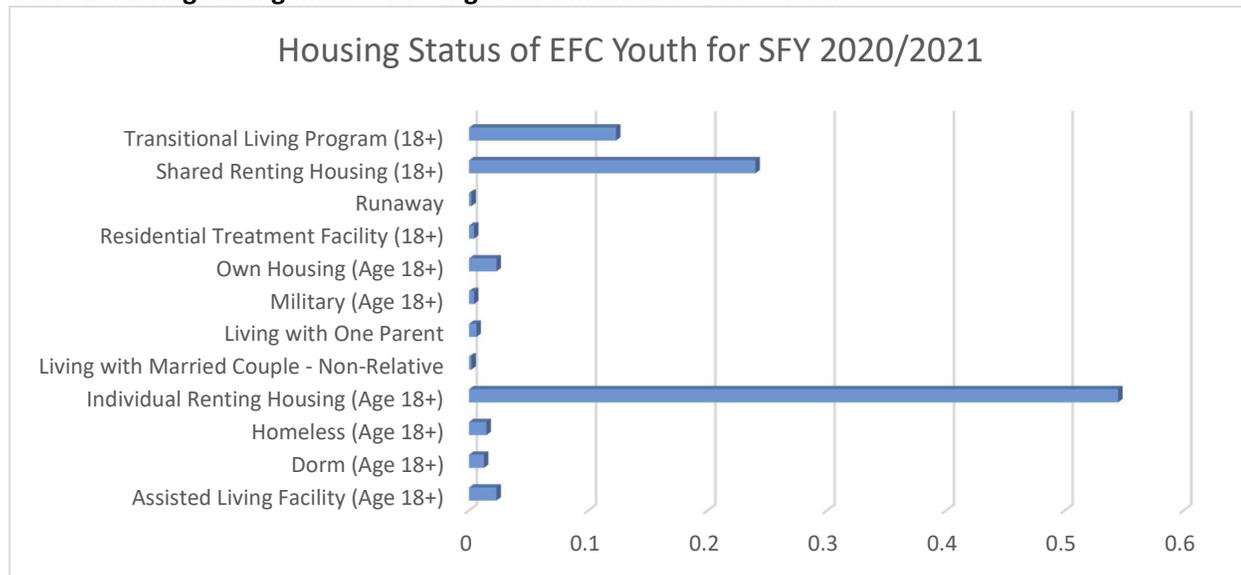
Page 96 of this report discusses the Office of Continuing Care, the CBC's responsibility of reaching out to young adults until 23, and how this office provides an avenue for young adults to receive continued resources until 26.

HOUSING (LIVING ARRANGEMENTS)

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

As depicted in Table 10 below, just over half, at 58 percent, of young adults in EFC are reported as renting housing while approximately 14 percent are in licensed placement settings. All living arrangement types showing zero percent reflect each having four or less reported entries.

Table 10: Living Arrangement of Young Adults in Extended Foster Care



Source: FSFN

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AWARDS

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

Ruthie White, Executive Director of the National Center for Housing & Child Welfare presented at the Annual Independent Living conference to provide information and training on the FYI-FUP Vouchers. She has been assisting the CBCs with starting the process of Public Housing Authorities around the state.

OCC has collaborated with DCFs Child and Family Well-being Council to spark conversation related to housing in Florida. OCC facilitated a discussion with the council on the various housing options for our youth and young adult engaged in our state and federal programs (Aftercare, Extended Foster Care, and Post-Secondary Education Services and Support). The need for mental health housing and better collaboration with our stakeholders including APD has been at the forefront of the OCC. OCC intends to focus on housing as an outcome to continue to push conversations about housing to ensure youth and young adults in our state have the most appropriate and diverse options of living arrangements upon Transitioning into adulthood.

The Department, as well as the IL staff, participated in a call with Capacity for Center States in May to discuss HUD's programs, FUP and Foster Youth to Independence (FYI) Vouchers to gain a better understanding on the differences between the two programs.

A few public housing authorities in Florida have applied for and were awarded FYI vouchers, which are strictly for foster youth. Florida currently has four CBC's utilizing the FYI vouchers.

- a. Oct/Nov 2019, Florida PHA's from Deerfield Beach \$235,771 (ChildNet)
- b. Oct/Nov 2019, Dania Beach HA Fort Lauderdale \$272,967 (ChildNet)

- c. Oct/Nov 2019, Volusia County Section 8 DeLand \$163,902 Community Partnership for Children)
- d. March 2020, HA of Brevard County Melbourne \$7,427 (Brevard Family Partnership)
- e. March 2020, HA of the City of Cocoa \$7,025 (Brevard Family Partnership)
- f. January 14, 2020, Florida Palm Beach County HA West Palm Beach \$141,805 (ChildNet)
- g. March 2020, Florida HA of Alachua County Gainesville \$183,870 (Partnership for Strong Families)

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

FLORIDA HOUSING AUTHORITY (FLHA):

Florida Statute allows the Florida Housing to provide funding to newly developed rental structures for the independent living population. The Office of Child & Family Well-Being partnered with Florida Housing to implement this initiative and ensure the program benefits the young adults. The FLHA did not award an application for the last cycle. The FLHA continues to accept applications to support the development of rental structures.

CONSULTATION WITH TRIBES FOR CHAFEE PROGRAM AND ETV

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

Chafee Program Improvement and Training

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

Florida plans on continuing to survey current and former foster care youth and maintain its connections with the Independent Living Services Advisory Council (ILSAC), Florida’s Children and Youth Cabinet’s Youth Commission, Florida Youth SHINE (FYS), One Voice Impaact (OVI) and the Florida Youth Leadership Academy (FYLA). These connections will continue to allow current and former foster youth to have a voice in developing, assessing, improving, and evaluating the services that they depend on for making the successful transition towards adulthood.

The Department takes part in monthly calls, quarterly meetings, and strategy meetings with youth and statewide mentors from Florida Youth SHINE and One Voice Impaact. The monthly calls include county wide reports of youth involvement in the system, their analysis of implementation in their respective regions, recommendations for improvement and a report of their advocacy in their local areas. The Department continues to meet with these groups as part of a collaborative approach for a youth focused and youth centered service implementation.

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

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

QUALITY STANDARD WORKGROUP

The Florida Coalition for Children (FCC), in collaboration with the Department, community stakeholders, and young adults with lived experience, initiated the workgroup in late 2019 with an overall goal of creating effective standards statewide to support child welfare professionals in providing quality service to youth and young adults. The workgroup expanded in July 2020 to develop a set of quality standards for IL program services for young adults, age 18 and older. The workgroup assessed the needs of young adults served by the IL program (EFC, Aftercare, and PESS) and identified and defined the quality standards essential to ensuring young adults are receiving the appropriate services and supports that was formalized into a quality standards tool that was submitted to the Department's Office of Quality and Innovation (QO) in December of 2020.

In January 2021, the Quality Standards Workgroup evolved into a phase two project where the workgroup focused on defining a set of data elements to support the data collection and outcome reporting related to the quality standards. The workgroup concluded its work in May 2021 with the recommendation for the Department to develop a report to support data collection related to the quality standards identified and implemented by the Department.

YOUTH BILL OF RIGHTS/ GOALS AND EXPECTATIONS BROCHURE

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

Both documents are accessible electronically on the Department website.

[Foster Expectations - Florida Department of Children and Families \(myflfamilies.com\)](https://myflfamilies.com)

[Foster Rights and Expectations - Florida Department of Children and Families \(myflfamilies.com\)](https://myflfamilies.com)

COVID-19 SERVICES AND SUPPORT

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

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

SUPPORTING FOSTER YOUTH AND FAMILIES THROUGH THE PANDEMIC ACT

The Consolidated Appropriations Act, 2021, P.L. 116-260, enacted into law on December 27, 2020, provided appropriations for specified federal agencies and provides temporary flexibilities and assistance in response to the COVID-19 pandemic and public health emergency. Division X of P.L. 116-260, titled, the “Supporting Foster Youth and Families through the Pandemic Act,” includes additional, supplemental, or enhanced funding for several programs authorized under Titles IV-B and IV-E of the Act and requires Title IV-E agencies to take a number of actions to protect and support youth/young adults currently or formerly in foster care. The Stimulus Bill provided an additional \$350 million for the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee), \$50 million for Chafee Education and Training Vouchers (ETV) (waiving the state match for these funds) and increases the maximum ETV award amount from \$5,000 to \$12,000 per youth for training and postsecondary education for eligible youth in foster care. The bill also raises the maximum age of ETV eligibility through 26 for Chafee-eligible former foster youth.

State statute precluded the use of funds for young adults over the age of 23.

Florida has continued to work with stakeholders under the spending authority of Division X to ensure that the dollars go directly to young people. Statewide meetings, trainings and continued feedback sessions have been held as recent as 8/1/2022. The department recently expanded incentive activities and increased flexibility based on feedback provided by the field and young adults. Two agencies have spent the allocation for their area and weekly updates are being provided to agency leadership until the rest of the funds are exhausted. The state used the funds listed in numbers 1-8:

1. Florida was awarded \$19,791,518 in additional Chafee funds and \$2,876,674 in additional ETV funds out of the \$400 million. Under the Act, Florida’s young adults were permitted to remain in, and re-enter extended foster care (EFC) without meeting the requirements of education and employment conditions during the period of December 27, 2020, through September 30, 2021. Each CBC was required to contact the eligible young adults between the ages of 18 and 21, or 22 with a disability, who exited extended foster care due to the inability to meet education and employment conditions and offer an opportunity to re-enter the program, which would be funded by the Division X award. Additionally, Florida implemented and continues to implement the following provisions for Chafee funding to serve children, youth, and young adults, ages 14-23 under the following categories. Transportation to youth and young adults:
 - a. Provided financial assistance of up to \$500 to youth ages 15-17 and \$2000 for young adults currently in extended foster care (EFC), post-secondary education (PESS), and Aftercare services to cover transportation needs upon request.
2. Financial stimulus checks to young adults:

- a. Provided a one-time financial check of \$1,500 to young adults currently in EFC, PESS, or entering EFC and PESS.
 - b. Provided a one-time financial check of \$1,000 for youth aged 14-17 placed in relative/non-relative/Level I placements under an open dependency case.
 - c. Provided a one-time financial check of \$500 to youth aged 14-17 placed in licensed care.
3. Additional funding to support the needs of young adults:
- a. Provided additional funding of \$1,000 to support the needs of young adults in EFC and PESS that were negatively impacted by the pandemic.
 - b. Provided additional funding of \$2,500 to support the needs of young adults in Aftercare that were negatively impacted by the pandemic.
4. Employment and Educational incentives for young adults:
- a. Provided educational incentive payments of up to \$1,000 for young adults in EFC, PESS, and Aftercare who achieved academic progression in Fall 2021 and Spring 2022 semesters.
 - b. Provided an employment incentive payment of \$1,000 for young adults in EFC, PESS, and Aftercare who are gainfully employed.
5. Life Skills incentive to youth:
- a. Provided a one-time \$200 incentive for any youth ages 14-17 in out-of-home care upon completion of an independent living assessment.
 - b. Provided a one-time \$500 incentive for any youth ages 14-17 in out-of-home care who successfully enrolled in a life skills program.
6. Driver's license incentive to youth:
- a. Provided a one-time \$100 incentive for any youth ages 15-17 in out-of-home care who enrolls into the Keys to Independence program drivers program.
7. Campaign outreach by the Department and community partners:
- a. Allocated funding to each Community Based Care agency for campaigning to provide awareness and outreach to youth and young adults on information related to Division X funds.
8. Public Awareness Campaign
- a. Partnered with, youth and young adult engagement programs, One Voice IMPAACT and Florida Youth Shine, to provide outreach to current and former youth and young adults who are eligible to receive the Division X Additional Chafee funds.
 - b. Outreach methods include, but is not limited to, Facebook, Instagram, Tik Tok, email, and community forums.

PROJECT PLAN FOR FLORIDA'S INDEPENDENT LIVING

Independent Living Curriculum-The Department continues to partner with the Department's training team to create an independent living curriculum to complement the vision of providing supports and resources for former foster youth. The implementation of the curriculum will align with the quality standards in addressing how to better equip the independent living staff with providing quality service to young adults, as well as developing youth voice through engagement and empowerment.

Independent Living (IL) App- The Department, along with young adults with lived experience, are in the exploration stages of creating an Independent Living APP to provide youth and young adults with easy access to important information related to independent living services and supports.

ADDRESSING NEEDS OF CROSSOVER AND MULTI-AGENCY INVOLVED YOUTH

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

For the last five fiscal years, the overall number of crossover youth has steadily declined from an overall average of 10,000 youth to 7,000 youth. The data source for dually served youth is a monthly Department and DJJ data match. The reporting population is defined as youth with an open case simultaneously in the Department and DJJ. Investigations is not included in the match for dependency. For DJJ, criteria include youth with an open case in detention, intake, probation, and residential.

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

The partnership between Department/DJJ provides an important foundation for the next several years as the Department aligns group home standards with the new FFSPA 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.

The Department has a Memorandum of Understanding (MOU) for 2017-22 titled the Interagency Agreement to Coordinate Services Served by More than One Agency. The eight-child serving agencies who have signed onto this MOU include Agency for Health Care Administration, Agency for Persons with Disabilities, the Department, Department of Juvenile Justice, Department of Education, Department of Health, Guardian ad Litem Program, and Florida’s Office of Early Learning. The goal of this agreement is to collaborate on developing necessary local and statewide resources for children being served by multiple agencies to advance the statutory change of the Florida Children and Youth Cabinet as outlined in Section 402.56, Florida Statutes. The Department is the Lead Agency for the MOU and is tasked with identifying Local (LRT), Regional (RRT), and State Review Team (SRT) leads. There are 20 LRT, 6 RRT, and 3 SRT Leads for the Department.

July -December 2021 Staffing Data

During the period of July to December of 2021, the Local Review Team completed 636 staffings for children in the community and involved with the dependency system. The staffing consisted of 338 new children, with the remaining 298 youth accounting for a follow staffing to identify services to prevent entry into the Department or DJJ’s care. Each youth is unique and required a collaborative approach to identify the most appropriate service to stabilize the youth. Of the 338 children, 167 new youth were identified as a lockout youth. Based on the complexity of each individual case and family dynamics, there were a total of 17 lockout youth that entered the foster care system. Overall, the team staffing prevented 142 children from entering foster care,

with a cost savings of \$6,463,350 for the period of July to December 2021.

The statewide and local MOU guiding principles and objectives that are currently being practiced are:

- 1) To provide services and supports that are family-centered, culturally, and linguistically appropriate and in the least restrictive environment. Residential placement should be provided as a last resort with a transition plan to return the crossover youth to their home as soon as possible.
- 2) To maintain ongoing coordination and collaboration of services to meet the comprehensive needs of crossover youth and their families.
- 3) To provide mechanisms for the equitable sharing of costs for services to crossover youth and their families.
- 4) To effectively involve community partners for the local collaboration of services and minimizing of state costs while providing the appropriate level of services needed.
- 5) To ensure the regular sharing of data for early identification of youth being dually served by DJJ and Department.
- 6) To maintain regularly scheduled joint team meetings for prevention/early intervention in cases to include addressing issues of family engagement and transition planning.

Department/DJJ continue to collaborate as follows:

- Actively implement the state and local MOUs to achieve resolution in complex cases involving multiple agencies.
- One Department and one DJJ Crossover Champion serve in each circuit as the point of contact for crossover-related matters and serve as the champion of local collaboration efforts, and Local Review Team Staffings, including education of staff and community partners.
- The Circuit Champions are responsible developing, implementing and refining local collaboration plans to meet the complex needs of these youth. The local MOU's establish specific local protocols that describe how these guiding principles are put into practice. Prior to the current crossover initiatives, several Florida counties were continuing to implement the "Crossover Youth Practice Model (CPYM)." This is a nationally recognized best practice model, and these Florida groups continue to receive technical assistance from the Center for Justice Reform at Georgetown University (Brevard, Broward, Duval, Flagler, Marion, Miami-Dade, Polk, Putnam, Seminole, Volusia).
- The Department/DJJ continues to maintain a Headquarters' Crossover and Interagency Team to:
 - Facilitate quarterly calls with Crossover Champions and Interagency Review Team leads,
 - Respond to technical assistance or training needs of Crossover Champions with webinars or other methods as appropriate,
 - Provide monthly recorded interagency collaboration trainings,
 - Utilization of an Interagency, using a cloud-based approach to information-sharing among Crossover Champions and additional relevant parties, and
 - Collaborate in maintaining the [DJJ Crossover Youth Profile](#) dashboard. The dashboard shows aggregate level data which highlights information that spans a period of 12 years of dependency involvement including data for children and youth with both open and closed DJJ/Department cases.

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

Local representatives of the Department participate in all human trafficking task forces across the state. Currently there are task forces operating in all 20 circuits, some are at the county level, and some are regional task forces. These task forces address local or regional needs around education and awareness, legislative response, continuum of care and response, as well as county/circuit plans to respond to cases of human trafficking. The Department has participants on all task forces and takes a leadership role on most of these task forces. This allows for the Department human trafficking unit personnel to have a true statewide understanding of the unique regional needs, flavor, and responses, as well as recognizing gaps in continuum of care.

The Department utilizes a collaborative approach to address several of the challenges and needs in human trafficking identification and response mechanisms. The Department utilizes both a collaboratively developed Human Trafficking Screening Tool (HTST) and a Multi-Disciplinary Team (MDT) Tool, which incorporates the previously used Level of Care Placement Tool, to determine victimization and service needs to address the victimization. The DJJ utilizes the same HTST to identify potential trafficking victims within their system. The MDT Tool has assisted in creating a statewide standardized response in addressing the service needs of victims. In addition to the MDT standardized response, the Department human trafficking unit staff follow up with families of verified victims, after six months, to obtain an update on how the victim is doing with his/her service plan.

Based on recognition of the need to engage survivor leadership in the development of policies and procedures, a volunteer advisory group comprised of Florida survivor leadership provides feedback to the Department on a variety of issues as requested.

The Department will continue to provide the following activities:

- Host meetings with providers who provide residential services to human trafficking victims. The Department connects the residential providers with licensing and placement staff in regional offices and CBCs. The Department also connects prospective residential providers with current providers for mentorship.
- Work on expansion of the specialized therapeutic safe house model, which is showing promising practice through independent analysis by USF. This model is currently being utilized by Chances with Citrus Mental Health and Delta with Devereux. This includes connecting providers with CBCs to pursue federal grants for potential expansion.
- Implement the recommendations from the 2019 Services and Resources Committee annual report and compile required annual reports.
- Increase the child welfare and substance use integration regarding the identification, response, and restoration of victims of human trafficking.
- Work with the MEs, CBCs, and Medicaid providers to identify clear pathways to obtain specialized treatment for victims of human trafficking.

- Work with CBCs and community partners to identify ways to provide more integrated, victim-centered practice for pregnant and parenting CSEC youth in Department care.
- Work with key providers to increase cultural competency and service options for LGBTQ victims of sex trafficking as a system of care.
- Continue to work with the FICW through FSU to modify the HTST created through Department and DJJ collaboration.
- Work with service providers to identify ways to provide parent education on human trafficking and family support services for victim's families to assist in stabilizing the family unit.
- Develop and include labor trafficking training in all specialized human trafficking training courses, all community awareness and professional license courses.

During SFY 20-21, the Department has participated in two federally funded research projects conducted by the Research Triangle Institute (RTI). Both studies were sponsored by U.S. Administration for Children and Families grants. Upon completion, the results of these two projects will be made available to the Department and will inform the development of future policies, procedures, screening tools, and service delivery models across the state.

CHAPTER 6. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

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

The two federally recognized tribes in Florida are familiar with the Child and Family Services Plan (CFSP) and the Annual Progress and Services Report (APSR) and the accessibility of the documents on the Department of Children and Families website. In the Department's work with the Seminole and Miccosukee tribes, access to various forms of federal funding have been discussed and neither tribe has expressed an interest in receiving federal funds as they have their own resources to provide services.

The Department has extended collaboration with a third federally recognized tribe that is geographically located in Atmore, Alabama, as this tribe has tribal families located on the Florida line. The Department continues to conduct conference calls to ensure needs and concerns are met for children that cross state lines.

The Department is responsible for child protective investigations for the tribes. The Department's operating procedure, [CFOP 170-1, Ch. 15, Reports and Services Involving American Indian Children](#), describes processes to be used by CPIs and case managers. The Department requires the Community-Based Care lead agencies (CBCs) to obtain a credit report for youth in care ages 14 to 17. This requirement is applicable to all youth in this age group. The case planning services are offered by the Department and the Seminole Tribe of Florida (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 point of contacts 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 office.

The Department is in the process of enhancing its CCWIS system to capture the new federal AFCAR requirements for ICWA reporting

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

The Department has regular communication with points of contact for all three tribes. We have invited the tribes to participate in the joint planning meetings specifically with our substance abuse mental health department or any initiatives. Our regular scheduled meeting is with the Seminole tribe. We are moving towards establishing yearly meetings with all three tribes.

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

The Seminole Tribe of Florida and the Department's Office of Child and Family Well-Being will conduct an ICWA training during the 2022 Summit Session for frontline staff and statewide stakeholders. The Department and the tribes participate in collaborative roundtables for the purposes of building relationships among programs and planning for Florida's STOP funding to address domestic violence, sexual assault, and stalking. The roundtable also includes enhancing cultural competencies for mainstream programs working with survivors who are tribal members and building statewide capacity for tribal and non-tribal providers through collaborative training and conferences. The Department keeps the tribes informed of ICWA compliance webinar series offered by the capacity building center for tribes to ensure both the tribes and Department obtain new knowledge and lessons learned.

The Department is in the process of setting up a call with all three tribes to provide copies of the APSR and CFSP and engage in dialogue regarding the states requirements per 45 CFR 1357.15(v) and 1357.16(d)).

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

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

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

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

The Department, in conjunction with the Seminole Tribe of Florida, provided ICWA training in select areas of the state where the Seminole Tribe is prominent, and with the intention to deliver this training to all case managers, sheriff's offices, and child protective investigators statewide by 2022. The Department will conduct an ICWA training for frontline and regional staff in the Central Region of Florida in the spring of 2022.

Beginning October 1, 2021, the Department identified 101 children in out-of-home care with race of American Indian/ Alaskan Native. Ending February 2022, at total of 101 children have at least one tribal affiliation. At total of 8 children in out-of-home care have at least two tribal affiliations. There was a total of 25 children identified as ICWA eligible. Of the ICWA eligible children, 15 were placed in an ICWA compliant placement.

The Department continues to strengthen the relationship with STOF through regular communication involving the circuit ICWA specialists and identifying ongoing practice challenges and solutions. The Judge in Broward County (Circuit 17) travels to the reservation to hear all ICWA cases on the tribe's reservation. The tribal courts along with the 17th judicial district Judge have continued with their new initiative that will focus on families with drug and alcohol abuse, to specifically address the risk and needs through a Healing and Wellness court, as well as incorporate a diversionary court for cases in the juvenile delinquency court.

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

The Seminole tribe has a non-relative group home on the Big Cypress reservation that is exclusively for the 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 state. The Case Manager assists in the process by completing local background checks as well as Florida Child Abuse Information System checks. The tribal advocate completes reunification home studies for any parent(s) that is a tribal member. By working in coordination, the families can be assured of receiving the best services aligned with state and federal law. The local CBC 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 tribe member receiving services. These coordinated efforts demonstrate the strong partnership that exists between the state and local tribes.

The Department continues to extend an invitation as efforts to ongoing collaboration to maintain communication.

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

Miccosukee Tribe of Indians of Florida

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

Seminole Tribe of Florida

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

Additionally, the representative from the Alabama tribe:

Poarch Band of Creek Indians

Martha Gookin, Department of Family Services
5811 Jack Springs Road
Atmore, Alabama 36502

Telephone: (251)368-9136 extension 2602 FAX: (251) 368-0828
TMS@pci-nsn.gov

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

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

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

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

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

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

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

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

This continuity in Lead Agency designation facilitates and promotes achievement of the following defined statewide objectives:

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

CAPTA ACTIVITIES AND ACCOMPLISHMENTS

OVERVIEW

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

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

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

Each Community-Based Care Lead Agency (CBC) under contract with the Department will continue to use CAPTA funds to support case management, service delivery, and ongoing case monitoring in its area. The array of services includes in-home supports, counseling, parent education, Family Team Conferencing, homemaker services, and support groups. In addition to the CAPTA funds, the Department uses a blended and braided funding approach to accomplish the full child welfare continuum of services. Both federal funds specific for child welfare and state funds (general revenue and trust funds) are also utilized to accomplish the goals and objectives of the overall system of care. Prevention services are delivered at the primary, secondary, and tertiary levels and treatment interventions are designed to prevent the reoccurrence of child abuse and neglect. Both federal and state monies are used to fund the prevention services.

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

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

Florida will commit annually to report on additional progress as it relates to the other CAPTA program areas and use of supplemental America Rescue Act funding.

ACTIVITIES AND ACCOMPLISHMENTS RELATED TO THE PLAN REQUIREMENTS

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

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

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

[The Department has established and launched the Child & Family Well-Being Council](#) to advance the well-being of Florida’s children and families and help fulfill the Department’s statutory mission and purpose of working in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The Council was created out of the CJA/Child Welfare Task Force as the number of stakeholders wanting to participate in that venue has grown over the years. The Council advances the Department’s vision and strategy to invite multiple stakeholder groups, including non-traditional stakeholders, parent and lived-experience voice, and sister agencies to the same discussions. As the Child & Family Well-Being council is being built over the second quarter of FFY 2021-22 there is intent to create a collaborative policy development and recommendation system for stakeholders to better inform the Department’s direction.

COLLABORATION

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

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

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

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

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

THE OFFICE OF ADOPTION AND CHILD PROTECTION

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

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

INDEPENDENT LIVING SERVICES ADVISORY COUNCIL (ILSAC)

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

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

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

THE FLORIDA CHILD ABUSE DEATH REVIEW COMMITTEE

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

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

FLORIDA FAITH-BASED AND COMMUNITY-BASED ADVISORY COUNCIL

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

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

CITIZEN REVIEW PANELS

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

Pursuant s. 39.702, F.S. states Citizen review panels may be established in each judicial circuit and shall be authorized by administrative order executed by the chief judge of each circuit.

Florida's 2020 Citizen Panel Report is included in the Annual Faith Based Community Based Advisory Council Report (page 32): <https://www.flgov.com/wp-content/uploads/childadvocacy/2020%20FBCB%20Annual%20Report%20-%20FINAL.pdf>

ACTIVITIES AND ACCOMPLISHMENTS RELATED TO STATE PLAN PROGRAM SERVICE AREAS: 42 U.S.C. 5106A

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

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

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

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

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

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

The Florida Abuse Hotline

The single-entry point to child welfare services in Florida is the Florida Abuse Hotline. The centralized Florida Abuse Hotline located in Tallahassee operates twenty-four hours a day, seven days a week. Reports can be placed via the toll-free telephone number (1-800-96-ABUSE i.e. 1-800-862-2873), toll-free TTY Services for the Deaf (711 or 1-800-955-8771); toll-free fax transmission (1-800-914-0004); or, electronically via the Department’s internet website: [Abuse Hotline - Florida Department of Children and Families \(myflfamilies.com\)](http://Abuse Hotline - Florida Department of Children and Families (myflfamilies.com))

Florida Abuse Hotline counselors assign response times (Immediate or 24-hour) to reports based upon the totality of the information gathered and assessed that informs if the child is in Present or Impending Danger. In addition, Hotline staff provide child protective investigators important criminal and child welfare history prior to their arrival at the home to improve safety assessments and front-end decision-making.

Assessment, Screening, and Special Conditions

Florida recognizes that incidents with serious safety concerns should receive complete and comprehensive child protective investigations. However, some situations reported to the Department do not warrant the initiation of a child protective investigation, because the information being reported does not rise to the statutorily required criteria to initiate a child protective investigation; or there is no allegation of abuse, abandonment, or neglect being reported.

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

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

Criminal Background Checks in Florida

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

Hotline Crime Intelligence staff complete criminal history checks for investigations to include subjects of the investigation for both child and adult abuse reports, other adult household members, and children in

the household 12 years or older. Staff also complete criminal history checks for emergency and planned placements of children in Florida's child welfare system.

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

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

When a CBC is considering a planned placement option for a child in out-of-home care they must require the potential caregiver to submit to a fingerprint check.

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

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

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

- Following initial Office of Child & Family Well-Being on-site visits, each Community-Based Care provider completed a self-assessment of their Family Support and Safety Management service array. Data collected was used to provide a baseline with the specific focus on family support services for safe children and to gain a better understanding of the formal and informal safety management services currently being provided. Updated assessments are on-going.
- Effective July 1, 2018, incarcerated parents are included in the case planning process for their dependent children.
- Effective July 1, 2018, several statutory changes were implemented to improve the use and support of relative and nonrelative caregivers for children removed from their homes due to abuse or neglect. The Department updated operating procedures to incorporate statutory changes regarding family finding requirements and continues exploring possible training packages for child welfare staff in relative search techniques to locate placements for children who are currently in foster care.

- Children and Families Operating Procedure (CFOP) 170-5 Chapter 10 Domestic Violence Consultations requires when information is available at pre-commencement or obtained during the Family Functioning Assessment indicates that intimate partner violence is believed to be occurring in the home, the child protective investigator must consult with a domestic violence advocate.
- Children and Families Operating Procedure (CFOP) 170-5 Chapter 11 Substance Abuse Consultations requires when information is available at pre-commencement or obtained during the Family Functioning Assessment indicates that substance misuse is believed to be occurring in the home, the child protective investigator must consult with a substance abuse expert.
- Procedure (CFOP) 170-5 Chapter 12 Mental Health Consultations, for purposes of child protection assessment and interventions, it is important for investigators to consult with mental health professionals to accurately identify mental health conditions in parents, caregivers, children and adolescents in order to determine the extent, if any, the condition has on the caregiver's ability to parent and, in extreme circumstances, the direct impact on child safety.
- Additionally, the Department collaborated with Florida's Center for Child Welfare and the Institute for Child Welfare.
- Effective October 1, 2021, the Department and CBC are required to conduct an MDT pursuant to s. 39.4022, F.S., when a child requires a child of placement, change in an education setting, or for a determination that is in the best interests of the child.

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

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

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

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

Domestic Violence and Child Welfare Collaboration:

The Office of Domestic Violence is responsible for providing oversight on the administration of state and federally funded initiatives designed to intervene and prevent domestic violence and support survivors and

their families. In collaboration with Florida’s network of certified domestic violence service providers and partners, the Florida has established a coordinated, multidisciplinary approach to enhancing advocacy and improving the criminal justice system’s response to domestic violence, dating violence, sexual assault, and stalking crimes. Partners in this effort include the Office of State Courts Administrator, Office of the Attorney General, Florida Prosecuting Attorneys Association and local State Attorney’s offices, Florida Council Against Sexual Violence, local law enforcement agencies, and numerous community-based victim and legal service agencies.

The contract between the Department and the Florida Coalition Against Domestic Violence (FCADV) was dissolved in 2021.

Behavioral Health Integration Information:

Integration of Child Welfare and Behavioral Health is critical to the successful outcomes for children and families served by the Department. Parental substance use and/or mental health conditions are evident in over half of the cases of child maltreatment and are represented at a higher percent for children in out of home care. For these parents, access to quality treatment and recovery support is essential. Children and youth, due to exposure to trauma and other factors, are at a high risk for behavioral health disorders as well. Over the last year, the Department has continued to strengthen working relationships between child welfare and the substance use and mental health programs both at the headquarters and regional levels.

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

Human Trafficking Information:

On a national level, the Department has partnered with multiple states to share information developed, lessons learned, legislative language, and tools developed. The Department also partnered with other states to co-author the *Guiding Principles for Agencies Serving Survivors of Human Trafficking*, which provides a framework for any providers interested in serving this population.

The Department continues to host and provide technical assistance to states interested in the safe house model. Florida continues to participate in the Region IV, Administration for Children and Families Human Trafficking work group and continued work on the Shared Hope International Expert Panel drafting policy recommendations for national application. Florida also participates in the Colorado Compendium, a

national group of anti-trafficking experts from over 20 states, and serves a supportive role for the Region VI, ACF Human Trafficking work group.

The Department Secretary serves as the Vice Chair for the Florida Statewide Human Trafficking Council as well as chair of the Services and Resources Committee of the Statewide Council.

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

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

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

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

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

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

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

and practices and ensure a complete record of each child's current and historical child welfare information.

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

- System improvements and defining build content.
- Defining and validating functional requirements and designing system improvements.

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

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

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

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

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

ICPC modernization initially converted the existing paper tracking system to a paperless file system known as the Interstate Compact System (ICS). Florida's ICS system then served as the basis for the National

Electronic Interstate Compact Enterprise (NEICE), a national web-based program through which states can exchange ICPC cases and information. Florida served as one of the six pilot states for the NEICE system in 2014 and served as part of the technical advisory team on the project. The results of the pilot showed a significant decrease in processing time for ICPC cases and nationwide implementation began in June 2015. Nationwide implementation continues.

(6) Developing, strengthening, and facilitating training.

Organizationally, the Department’s training unit is situated within the Office of Child & Family Well-Being. The unit consists of one supervisor and two specialists. The supervisor is dedicated solely to training initiatives. One specialist is dedicated to curriculum design. The other specialist is dedicated training initiatives.

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

- The seven professional child welfare practices are effectively taught and reinforced through curricula, performance expectations, structured field experiences, coaching and supervision.
 - Training curricula and field experiences are safety focused, trauma-informed, and family centered.
 - Child welfare trainers have ready access to quality training materials and resources and are adequately prepared, supported, and – eventually - certified.
- Administratively, the training unit is responsible for the following:
- Tracking the training activities of the Department and community-based training providers to ensure they are supportive of the Child and Family Services Plan goals and objectives as well as the ongoing professional development of child welfare staff.
 - Monitoring the expenditure of Title IV-E training dollars.
 - Acting as liaison between the Office of Child & Family Well-Being and its Center for the Advancement of Child Welfare Practice (housed at the University of South Florida).

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

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

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

Florida’s Center for Child Welfare, “The Center,” operating within the University of South Florida’s College of Behavioral and Community Sciences, Department of Child and Family Studies, works in collaboration with the Department to ensure information contained on the site is timely, accurate, and useful to child

welfare professionals and others. The Center is funded by the Department. Information and training resources are available 24 hours a day.

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

Key areas include:

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

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

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

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

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

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

Child Care Staff.

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

Teachers. The Florida Department of Education (FDOE) in partnership with the Florida Department of Children and Families, and the Florida Department of Health (DOH), Children’s Medical Services developed the Child Abuse Prevention Sourcebook for Florida School Personnel. The purpose of the sourcebook is to provide Florida teachers and other school district employees with information about their legal responsibilities as mandatory reporters of suspected child abuse and/or neglect, to assist them in recognizing indicators of abuse and neglect and to better prepare them to support students who have been maltreated. A one-hour course is also available to educators. This course is available online and details the reporting process and outlines individual reporting requirements.

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

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

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

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

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

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

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

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

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

interactive 2-day training where participants will gain knowledge on reporting requirements, common signs of abuse or neglect, and what commonly happens after the report is made.

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

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

Program Activities

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

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

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

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

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

At the state level, the Department has Memoranda of Understanding with the Departments of Juvenile Justice, Education, Health, and Law Enforcement that outline coordination efforts to include prevention. An example of such collaboration efforts are frequent meetings with the Department of Health, Prevent Child Abuse Florida, Healthy Families Florida, and The Governor's Office of Adoption and Child Protection. As a result of these key agencies meeting on a regular basis, consistent, and cooperative messaging of efforts is occurring.

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

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

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

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

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

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

Children who are exposed to domestic violence in the home are also victims. The highest reported child maltreatment categories in Florida each year alternate between domestic violence and substance use. The Department's Domestic Violence Program primary responsibilities include oversight of funding, initial certification of newly formed domestic violence centers, and annual renewal of certifications for existing centers. The Department works directly with Florida's 42 certified domestic violence shelters and partners committed to serving Florida's domestic violence survivors and their children.

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

The Department has long acknowledged the necessity for a close relationship between the behavioral health and the child welfare systems and continues to work on methods for supporting collaboration and coordination. Substance use and mental health disorders (behavioral health) are present in at least half of the cases of child maltreatment and in a much higher percentage of the cases where children are removed from their homes. The parents in these cases must receive treatment and have an opportunity for recovery.

Children in these families are more vulnerable to instances of maltreatment as diminished parental capacities contribute to child safety concerns. The Department's integration of Child Welfare and Substance Use and Mental Health has also focused on this population and includes a self-study completed in each region to analyze their local system of care's progress towards integration of services.

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

Also updated was [CFOP 170-05, Chapter 11, Substance Abuse Consultations.pdf \(myflfamilies.com\)](#). For the purposes of child protection assessment and interventions, it is important to accurately identify substance abuse disorders in order to determine child safety and inform parents of the comprehensive array of services available to achieve or maintain recovery. Out-of-control conditions in substance abusing families can be particularly challenging for investigators to assess because family and individual dynamics, such as denial and co-dependency issues, minimize if not outright deny that alcohol or substance misuse are problematic or are active in the family. These aspects associated with the dynamics of addiction emphasize the need for the investigator to consult with substance abuse professionals in order to assist in an accurate assessment and identification of any substance misuse or dependency problem.

[CFOP 170-8, Chapter 1 and 2 Safety Methodology Practice Guidelines, Investigations \(myflfamilies.com\)](#) were written in consultation with field staff to address the needs of infants and their families that have been affected by substance use. The updated chapters ensure clear, concise guidance and policy when dealing with the needs of infants and families affected by substance use.

[CFOP 170-8 Safety Methodology Practice Guidelines, Investigations \(myflfamilies.com\)](#) was updated to incorporate and address the requirements of CARA. It outlines the action steps and engagement efforts needed to serve families affected by substance use. Components of the Plans of Safe Care will be addressed and incorporated into assessments and work products addressing the infant's, mother's, and family's needs.

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

- Infant's medical care, including prenatal exposure history, hospital care, other medical or developmental concerns, pediatric care and follow up, referral to early intervention and other services.
- Mother's medical care including prenatal care history, pregnancy history, other medical concerns, screening and education, follow-up care with obstetrician/gynecologist referral to other health care services.
- Mother's substance use and mental health needs including substance use history, mental health history, treatment history, medication assisted treatment history and referrals for service.
- Family/caregiver history and needs including family history, living arrangements, parent-child relationships, prior involvement with child welfare, current services, other needed services and child safety and risk concerns.

Agency involvement may vary depending on the concerns and the level of need of the family. 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.

Using the CAPTA grant funds, the Department specifically allocated funds to be used for evidence-based home visiting services, provided by registered nurses. The home visiting services target infants born affected by substance use and their families, with a focus on providing plans of safe care and addressing the specific service needs of the infant and family. The Department has awarded two contracts at this time specifically using CAPTA funds for the delivery of evidence-based home visiting services directed towards this vulnerable population, it is expected that an additional contract will be finalized in the months to come.

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

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

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

Screening for potential developmental delays or disabilities is a critical component of assessing child functioning for child protection 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.

A statewide workgroup remains committed to ongoing policy and practice review of all partners and providers. Included on the statewide workgroup are the Department of Children and Families' Offices of Child Welfare and Substance Abuse and Mental Health, Department of Health, Agency for Health Care Administration, Healthy Start, MIECHV, Florida Hospital Association, Early Steps, behavioral health care providers and associations, and the University of South Florida.

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

Maternal and Child Health (MCH)

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

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

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

The CI&R system is leveraging the DOH's established universal prenatal and infant screening process to facilitate access to an array of home visiting programs that focus on maternal and child health, prevention of abuse and neglect, and school readiness. The universal screening process began in 1992 and is primarily used to identify pregnant women and infants at risk and are referred for services through the DOH's state Healthy Start program.

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

Florida Birth Defects Registry (FBDR)

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

The [Florida Birth Defects Registry \(FBDR\)](#) is currently conducting enhanced surveillance of NAS, which in addition to multi-source passive case finding efforts, incorporates trained abstractor review of maternal and infant hospital medical records in order to capture all relevant clinical information to classify potential NAS

cases, determine specific agents to which mother/infant were exposed, and to obtain a more complete understanding of this public health issue.

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

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

CHAPTER 8. FINANCIAL INFORMATION

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallocation for Current Federal Fiscal Year Funding				
For Federal Fiscal Year 2023: October 1, 2022 through September 30, 2023				
1. Name of State or Indian Tribal Organization and Department/Division:			3. EIN:	593458463
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES			4. UEI:	GKB5R3B9JGE4
2. Address: (insert mailing address for grant award notices in the two rows below)			5. Submission Type: (select one)	
2415 N. MONROE ST, SUITE 400				<input checked="" type="checkbox"/> NEW
TALLAHASSEE, FL 32303				<input type="checkbox"/> REALLOTMENT
a) Contact Name and Phone for Questions: DIANE SUNDAY 850-717-4740				
b) Email address for grant award notices: diane.Sunday@myflfamilies.com				
REQUEST FOR FUNDING for FY 2023:				
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. Hardcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:				\$16,191,676
a) Total administrative costs (not to exceed 10% of the CWS request)				\$0
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:			% of Total	\$25,737,378
a) Family Preservation Services			20.0%	\$5,147,476
b) Family Support Services			24.6%	\$6,337,991
c) Family Reunification Services			35.4%	\$9,104,435
d) Adoption Promotion and Support Services			20.0%	\$5,147,476
e) Other Service Related Activities (e.g. planning)			0.0%	\$0
f) Administrative costs			0.0%	\$0
<i>(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)</i>				
g) Total itemized request for title IV-B Subpart 2 funds:			100.0%	\$25,737,378
<i>NO ENTRY: Displays the sum of lines 7a-f.</i>				
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)				\$1,309,023
a) Total administrative costs (not to exceed 10% of MCV request)				\$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)				\$10,730,176
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:				\$26,986,616
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).				\$8,095,984
11. Requested Education and Training Voucher (ETV) funds:				\$6,007,105
REALLOTMENT REQUEST(S) for FY 2022:				
Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW"				
12. Identification of Surplus for Reallocation:				
a) Indicate the amount of the State's/Tribe's FY 2021 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year (should they become available for re-allotment):				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official			Signature of Federal Children's Bureau Official	
Title	Chief of Revenue Management		Title	
Date			Date	

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

Name of State or Indian Tribal Organization: FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

For FY 2023: OCTOBER 1, 2022 TO SEPTEMBER 30, 2023

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (narrative)	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 3,099,262			\$ -				\$ 1,033,087	426,830	213,415	reports of abuse/neglect	6 Regions
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 5,147,476		\$ -				\$ 1,035,441	15,299	6,652	all eligible children	6 Regions
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ 6,337,991		\$ 10,730,176				\$ 1,334,424	27,925	14,697	all eligible children	6 Regions
4.) FAMILY REUNIFICATION SERVICES	\$ 13,054,740	\$ 9,104,435		\$ -				\$ 6,123,478	33,670	19,805	all eligible children	6 Regions
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 37,674	\$ 5,147,476						\$ 1,047,999	3,820	2,247	all eligible children	6 Regions
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -	-	-	-	
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 42,688,345	\$ 19,941,269	8,253	4,855	all eligible children	6 Regions
(b) GROUP/INST CARE	\$ -						\$ 30,126,720	\$ 14,073,280	1,424	838	all eligible children	6 Regions
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 151,124,033	\$ 71,741,145	42,139	24,788	all eligible children	6 Regions
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 3,899,514	\$ 1,859,417	601	354	all eligible children	6 Regions
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 26,986,616			\$ 1,798,775	406	406	eligible 18-22 year old youths	6 Regions
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 6,007,105		\$ 782,608	887	887	eligible 18-22 year old youths	6 Regions
12.) ADMINISTRATIVE COSTS	\$ -	\$ -	\$ -				\$ 157,785,854	\$ 149,265,789				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 40,841	\$ 40,841				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 335,196	\$ 335,196				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 8,666,879	\$ 2,606,180				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 1,309,023				\$ -	\$ 436,341				
18.) TOTAL	\$ 16,191,676	\$ 25,737,378	\$ 1,309,023	\$ 10,730,176	\$ 26,986,616	\$ 6,007,105	\$ 394,667,382	\$ 273,455,270				
19.) TOTALS FROM PART I	\$16,191,676	\$25,737,378	\$1,309,023	\$10,730,176	\$26,986,616	\$6,007,105	----	----	----	----	----	----
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	----	----	----	----	----	----
(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds request)								21.) Population data required in columns I - L can be found:				
								<input checked="" type="checkbox"/> On this form				
								<input type="checkbox"/> In the APSR				

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher
Reporting on Expenditure Period For Federal Fiscal Year 2020 Grants: October 1, 2019 through September 30, 2021

1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 593458463	
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES		2415 N. MONROE ST, SUITE 400		4. UEI: GKB5R3B9JGE4	
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION		TALLAHASSEE, FL 32303			
Description of Funds	(A) Actual Expenditures for FY 19 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) Population served (narrative)	(E) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 15,866,274	30,502	17,942	all child welfare clients	6 Regions
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 86,800				
7. Total title IV-B, subpart 2 (PSSF) funds:					
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 20,902,058	30,502	17,942	all child welfare clients	6 Regions
a) Family Preservation Services	\$ 4,182,083				
b) Family Support Services	\$ 4,894,834				
c) Family Reunification Services	\$ 7,634,699				
d) Adoption Promotion and Support Services	\$ 4,182,648				
e) Other Service Related Activities (e.g. planning)	\$ -				
f) Administrative Costs					
(FOR STATES: not to exceed 10% of PSSF spending)	\$ 7,794				
g) Total title IV-B, subpart 2 funds:					
NO ENTRY: This line displays the sum of lines a-f.	\$ 20,902,058				
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 1,341,491				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ 6,860,062	-	-	eligible 13-20 year old youths	6 Regions
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ 1,104,383	274	249	eligible 16-20 year old youths	6 Regions
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 2,345,325	887	887	eligible 16-22 year old youths	6 Regions
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.					
<i>Signature of State/Tribal Agency Official</i>			<i>Signature of Federal Children's Bureau Official</i>		
<i>Title</i>	<i>Date</i>	<i>Title</i>	<i>Date</i>		
Chief of Revenue Management					

ESTIMATED EXPENDITURES: State Fiscal Year 2019-2020

PROMOTING SAFE AND STABLE FAMILIES

Fiscal Data

Program/Service	Funding Source	Family Preservation Services		Family Support Services		Time-Limited Family Reunification Services		Adoption Promotion and Support Services	
		STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL
Associated Marine Institute-DJJ	State Funds	6,234,525							
Child Sexual Abuse Treatment Program - DCF	State Funds	5,420,958							
Child Protection Teams - DOH	State Funds, SSBG	3,210,030	7,334,248						
Child Abuse Prevention	TANF, SSBG								
Child Care and Development Fund-OEL	SSBG/CDBG & TANF			128,925,050					
Children's Mental Health and Substance Abuse	DJJ- General Rev	57,941,343	22,018,169						
	DCF - Comm MH Block Grant and SA Block Grant	19,072,447	4,115,878						
CINS/FINS Runaway Shelter	DJJ - State Funds, Title IV-E	38,503,990	750,000						
Comm-Based Family Resource	State, Family Resource & Support			332,046	1,328,184				
Community Food & Nutrition	Comm Food & Nutrition Grant				233,496,345				
Day Care Quality Improvement	CCDBG, SSBG and State			2,608,595	11,755,846				
Day Care Resource & Referral	CCDBG, SSBG and State			972,647	4,249,116				
Domestic Violence	Fam Viol Prev & Svcs/STOP/SSBG/TANF			15,315,346	23,446,085				
Early Intervention Services	State, IDEA, Part C			43,143,317	25,581,342				
Epilepsy	State Funds			2,974,890					
Family Planning	Title X, Family Planning, State	4,245,455	12,562,004						
Family Safety	State, IV-E, IV-B, TANF	126,626,494	95,951,917	61,098,649	18,397,868	4,590,270	14,965,091	62,381,333	37,219,662
Full Service Schools	DCF - State Funds								
	DOH -								
Healthy Families	TANF, State			17,314,251	11,066,012				
Improved Pregnancy Outcome	Maternal & Child Health Blk Grant			20,600,176	4,133,215				
Interstate Compact/ ISS	State Funds, IV-E, TANF-DCF	462,023	223,296						
	State Funds DJJ	74,193							
Local Services Program	Refugee Assistance Fed Grant TF				28,003,672				
Ounce of Prevention	State			1,805,401					
PACE	State Funds			21,319,808					
Primary Care (CMS)	Maternal & Child Health Blk Grant			1,715,385	474,599				
Protective Services Staff - DJJ	SSBG, Med Asst, TANF, CWS- State, & Title IV-E		43,103,861						
Protective Services Staff - DCF		99,369,625	121,227,133						
Regional Perinatal Program				222,788					
School Health				16,909,412	11,625,846				
Women, Infants & Children Program	Women, Infants & Children Program				312,927,964				
Totals by Program AREA & FUND SOURCE		361,161,082	307,286,506	335,257,761	686,486,094	4,590,270	14,965,091	62,381,333	37,219,662

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

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

1992 Comparison to 2020 for State and Local Funds

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

Period	Crisis Intervention (Family Preservation)	Prevention & Support Services (Family Support)	Family Reunification Services	Adoption Promotion and Support Services	Total
2020	\$ 361,161,082	\$ 335,257,761	\$ 4,590,270	\$ 62,381,333	\$ 763,390,446
1992	\$ 85,737,000	\$ 311,374,000	\$ -	\$ -	\$ 397,111,000
Diff 2019 from 2020	\$ 275,424,082	\$ 23,883,761	\$ 4,590,270	\$ 62,381,333	\$ 366,279,446
Funds have not been supplanted to meet this federal requirement to equal or exceed the amount spent in 1992 for Family Preservation and Family Support Services as stated in 45 CFR 1357.32(f).					

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

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ATTACHMENT 1: FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN UPDATE

This plan reflects the activities that will continue to be conducted over the next five years to ensure that there are a sufficient number of foster and adoptive homes that meet the needs of children served by the child welfare system. Findings from the Contract Oversight Unit (COU) reviews of Community-Based Care (CBC) placement resources and processes are included in Chapter 2 in Foster Parent Licensing, Recruitment, and Retention. With regard to recruitment plans, the COU found that, "As a whole, CBCs had recruitment plans that identified a target based on some analysis of their needs; however, in many areas there was a lack of a strategic analysis of the needs of the children coming into care, paired with a strategic recruitment plan aimed at recruiting homes to meet those specific needs." Individual [CBC Contract Monitoring Reports](#) are posted at the Center for Child Welfare (Center).

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

Characteristics of Children for Whom Foster and Adoptive Homes are Needed

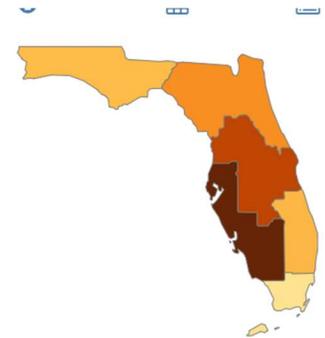
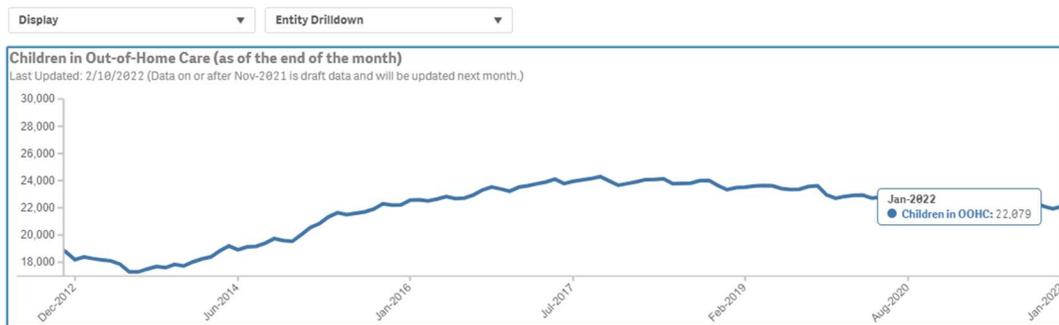
All Children in Out-of-Home Care

As of January 31, 2022, there were 22,079 children in out-of-home care. Table 2 shows the statewide age, gender distribution, and placement types. This information is available on the Child Welfare Dashboard, Trend Reports. Each region and CBC use the dashboard to create local profiles. The following information reflects the characteristics of the statewide number of children in care as of January 31, 2022:

- Placement settings:
 - 36 percent with approved relative/non-relative caregivers
 - 52 percent with licensed foster families
 - 7 percent in group care
 - 4 percent in other settings
- Race:
 - 59 percent White,
 - 30 percent Black/African American
 - 11 percent are a mix of other races
- Gender:
 - 51 percent are male
 - 49 percent are female
- Age:
 - 48 percent are 0-5 years of age
 - 28 percent are 6-12 years of age
 - 24 percent are 13-19 years of age
- Of 5,405 sibling groups, 64 percent are placed together (Source: CBC Scorecard Dashboard, 12/31/21):
 - 48 percent of sibling groups placed together are placed with relative/non-relative caregivers

- 50 percent of sibling groups placed together are placed in licensed foster care
- The size of sibling groups placed together in care
 - 66 percent of sibling groups are comprised of 2 children
 - 24 percent of sibling groups are comprised of 3 children
 - 10 percent of sibling groups are comprised of 4 or more siblings
- 83 percent of children in out-of-home care are placed in the circuit in which they were removed.
(Source: Source: CBC Scorecard Dashboard, 12/31/21)

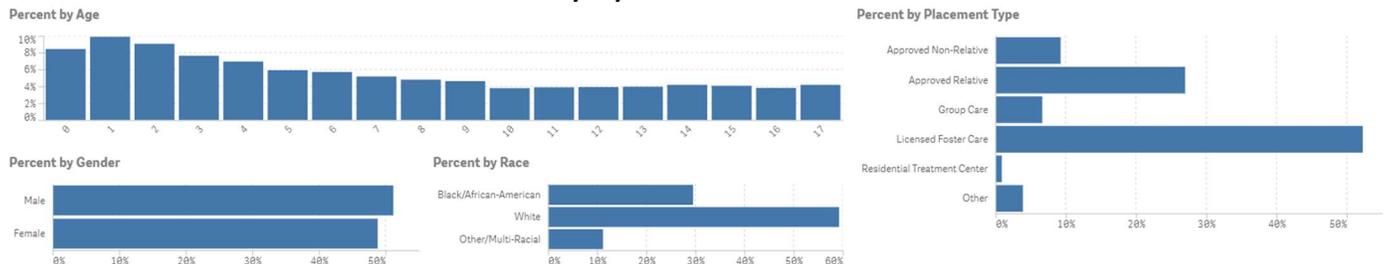
Table 1: Children in Out-of-Home Care as of 1/31/2022



Children in Out-of-Home Care as of 1/31/2022

Source: Florida Child Welfare Dashboard

Table 2: Children in Out-of-Home Care as of 01/31/2022



Source: Florida Child Welfare Dashboard

Children Entering Out-of-Home Care

A total of 839 children entered care between 1/1/2022 and 1/31/2022. (Source: Child Welfare Dashboard, Trend Reports) The following information describes the characteristics of the new children entering foster care:

- Age:
 - 32 percent were 0-1 year of age
 - 26 percent were 2-5 years of age
 - 27 percent were 6-12 years of age
 - 15 percent were 13-17 years of age
- Gender:

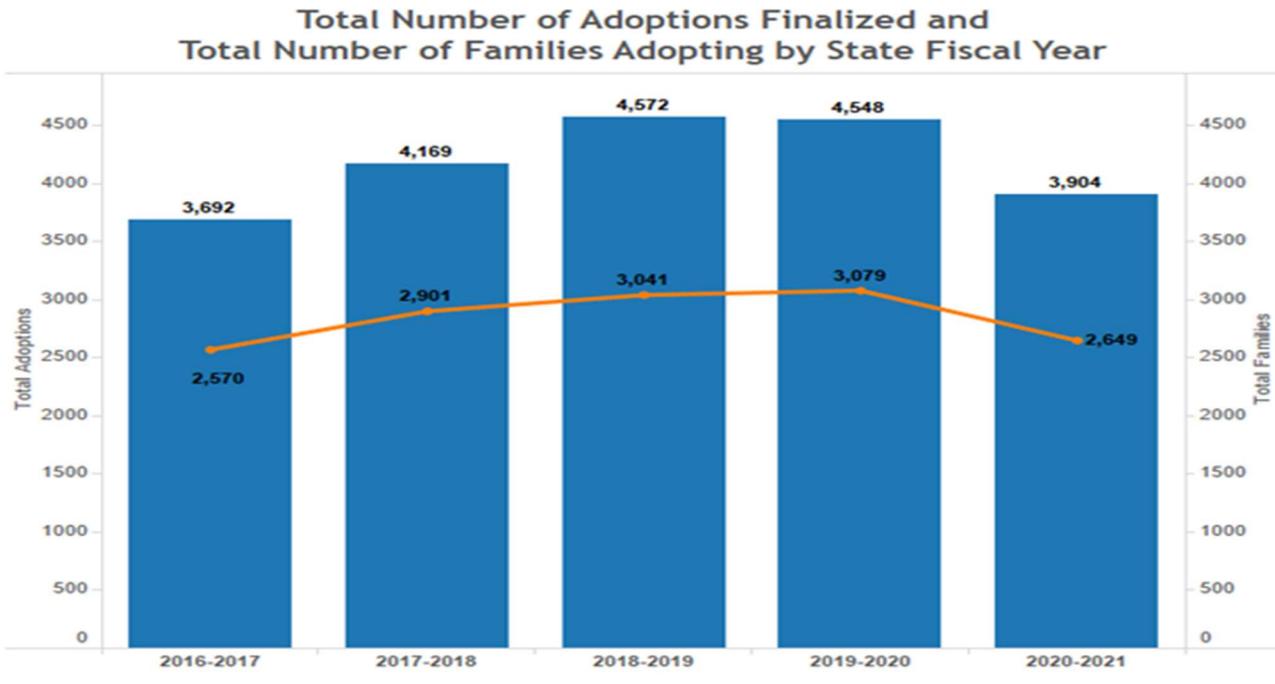
- 48 percent female
- 52 percent male
-
- Race:
 - 59 percent White, 27 percent Black/African American, and 14 percent a mix of other races

Characteristics of Children with a Goal of Adoption

As shown in Table 3, 20,885 children were adopted from foster care during the last five years. Of the 3,904 children adopted in 2020-2021:

- 48 percent were adopted by relative caregivers
- 27 percent by foster parents
- 24 percent by non-relatives

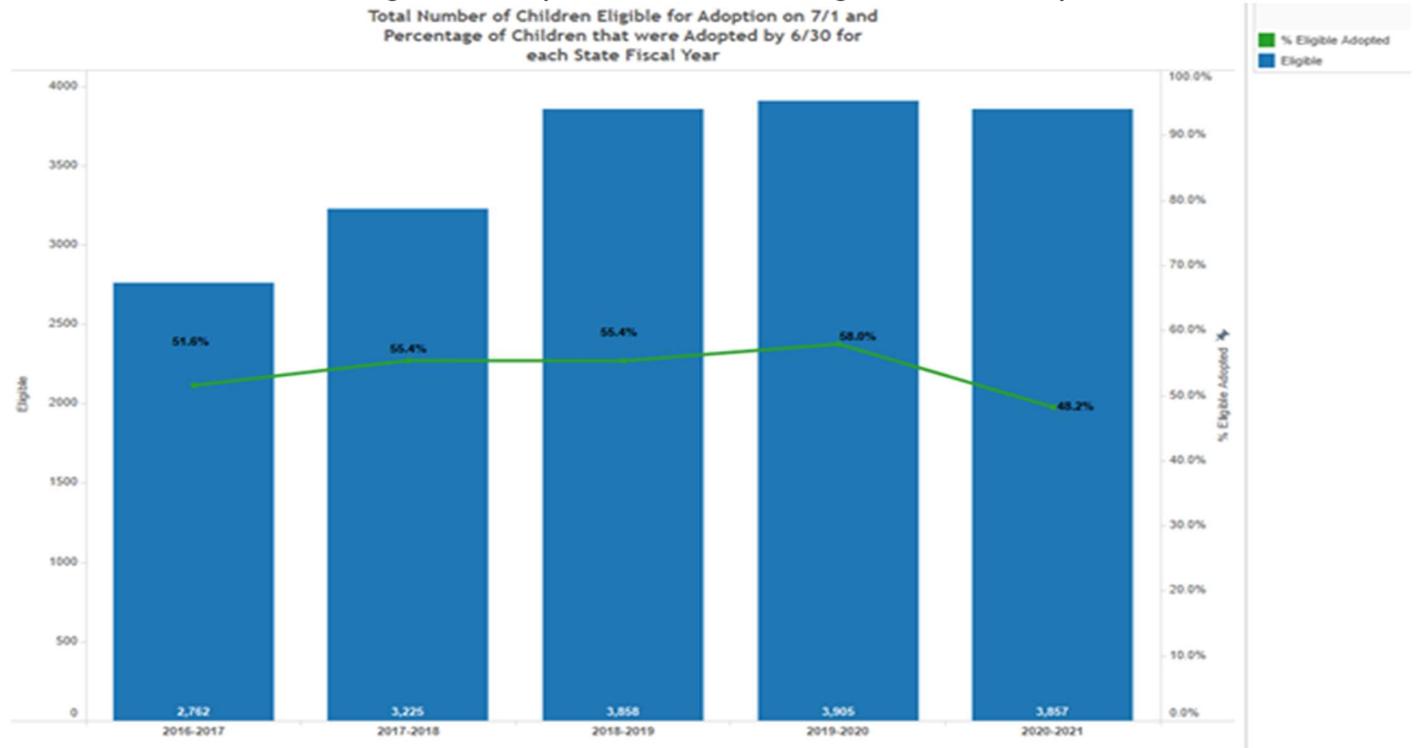
Table 3: Total Number of Adoptions Finalized and Total Number of Families Adopting



Source: Adoption Incentive Annual Report November 15, 2021

Table 4 illustrates the overall trend in the number of children eligible for adoption on July 1 of the particular fiscal year and the subset of those children who were subsequently adopted by June 30 of that fiscal year. The number of children eligible for adoption decreased from 3,905 in SFY 2019-2020 to 3,857 in SFY 2020-2021. The percent adopted decreased from 58.0 percent to 48.2 percent.

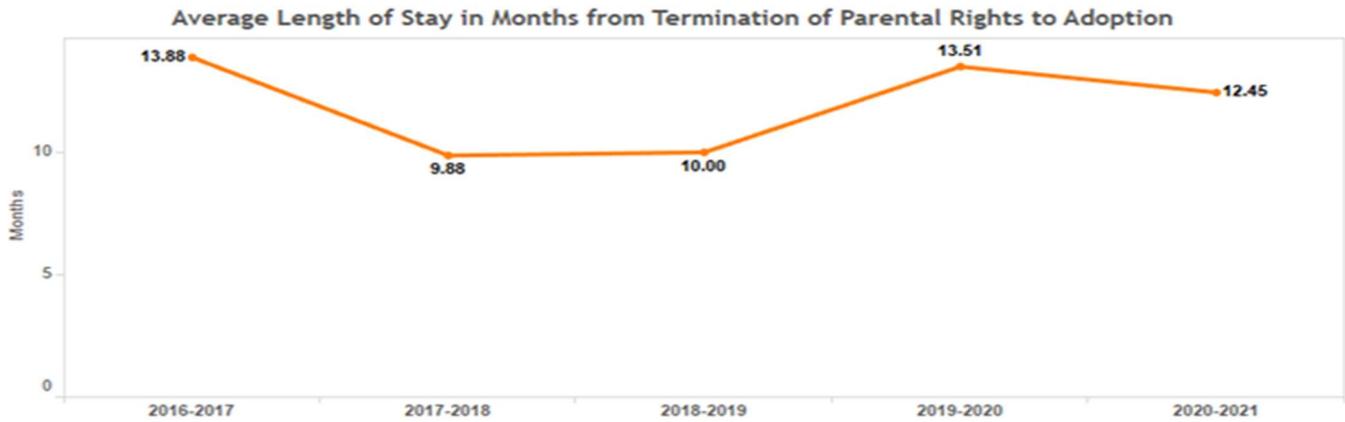
Table 4: Number of Children Eligible for Adoption on 7/1 & Percentage of Children Adopted



Source: Adoption Incentive Annual Report November 15, 2021

In Florida, children are not eligible for adoption until the parental rights of their legal and/or biological parents have been terminated. Table 5 below represents the average length of time from the termination of parental rights (TPR) to finalized adoption for children. The chart shows a decrease of the statewide average for the length of time from TPR to adoption finalization increase from 13.51 months FY 2019-2020 to 12.48 months in FY 2020-2021.

Table 5: Average Length of Stay in Months from Termination of Parental Rights to Adoption

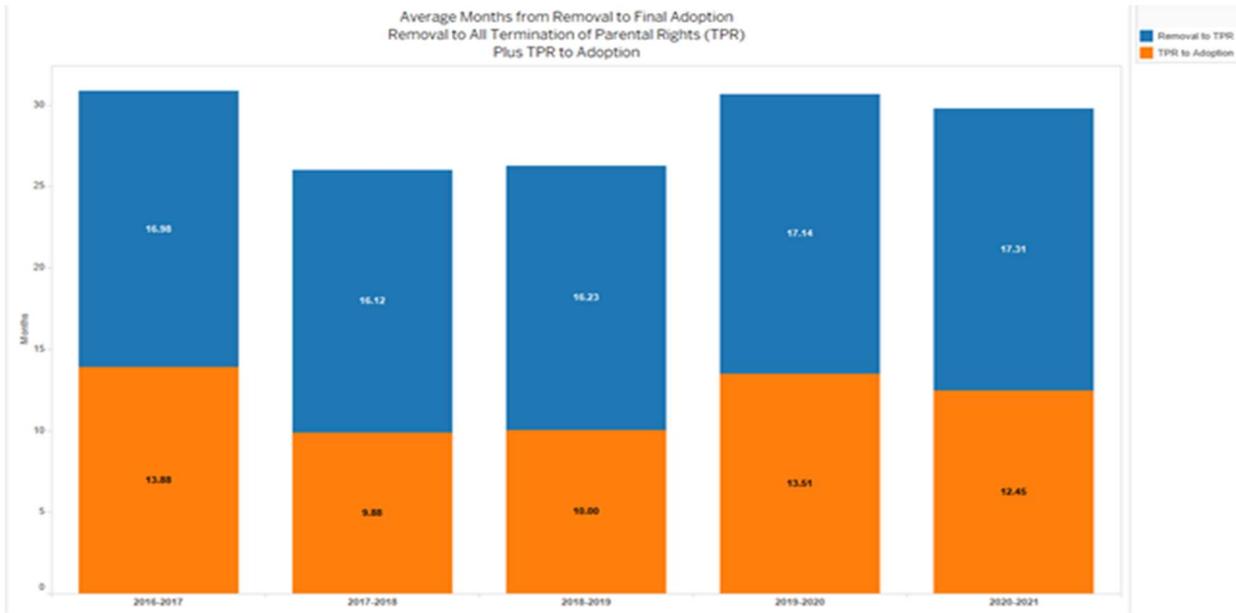


Source: Adoption Incentive Annual Report November 15, 2021

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

Table 6 displays the length of time to complete each phase of the adoption process during the last five state fiscal years, as well as the total length of time it took to reach adoption completion. During FY 2020-2021, there was decrease in the length of time from TPR to adoption by 1.06 percent.

Table 6: Average Length of Stay in Months from Removal and Time to Finalization from TPR



Source: Adoption Incentive Annual Report November 15, 2021

Recruitment and Retention Strategies

1. Outreach and Dissemination Activities

Websites and Social Media

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

- [Fostering Success](#) provides information about the benefits of being a foster parent; multiple publications about foster parenting, including the process; links to local contacts and resources; a calendar incorporated from the Foster/Adoptive Parent Association's (FAPA) website that includes local association meetings and events; links to multiple other websites with information about foster parenting and Florida resources; and videos that share stories about fostering children who need temporary care.
- [Explore Adoption](#) - One of the major initiatives Florida uses to recruit adoptive families is the Explore Adoption campaign and associated website. Explore Adoption is a statewide adoption initiative aimed at promoting the benefits of public adoption. Explore Adoption urges families to consider creating or expanding their families by adopting a child who is older, has special needs, or is part of a sibling group. Through public education, expanded partnerships, and social media, Explore Adoption invites Floridians to learn more about the children immediately available for adoption in their home state and community. The initiative puts a new face on public adoption by telling many stories of families who have enriched their lives by adopting Florida's children.
- All Pro Dads raises awareness through online, on-air, and social events to recruit foster and adoptive parents for the Department. All Pro Dads features children who are available for adoption through their Coach's Kid of the Month campaign. Additionally, the organization meets with each lead Community-Based Care agency to assist with child specific recruitment. All Pro Dads offers support in the school system to foster and adoptive parents. In addition, All Pro Dads host a statewide recognition event to honor foster and adoptive parents who have committed their lives to serving Florida's most vulnerable population.
- Center for Child Welfare - The Center for Child Welfare maintains current Florida information and publications for prospective and current foster and adoptive parents.
 - [Foster Parent Resources](#)
 - [Adoptive Parent Resources](#)

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

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

Quality Parenting Initiative (QPI)

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

The QPI philosophy is that in order to thrive, all children and youth need excellent parenting. When parents cannot care for their children, the foster or relative family must be able to provide the loving, committed, skilled care that the child needs, in partnership with the system, to ensure children and youth thrive. Both the caregiver's parenting skills and the system's policies and practices should be based on child development research, information, and tools. QPI promotes the concept that when caregivers are well-supported and well-engaged as team members, not only will children thrive but other Florida families will be more likely to become a foster parent. QPI offers practices that result in improved retention of foster parents, which also results in improved success with recruitment.

QPI is an approach, a philosophy and a network of sites that share information and ideas about how to improve parenting and recruit and retain excellent families. It is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the expectations of and support for caregivers. The child welfare system commits to fully supporting excellent parenting by putting the needs of the child first. The key elements of the approach are:

- Defining the expectations of caregivers.
- Clearly communicating expectations (the Brand Statement) to staff, caregivers, and other stakeholders.
- Aligning system policy and practice with those expectations.

When QPI is successful, caregivers have a voice. They work as a team with agency staff to support children and youth. Caregivers receive the support and training they need to work with children and families, understand what is expected of them, and know what to expect from the system. Systems are then able to select and retain enough excellent caregivers to meet the needs of each child for a home and family. When these changes are accomplished, outcomes for children, youth, and families will improve. The Department is committed to implementing QPI in every circuit by 2024. Currently, Department has 14 contracts in place for delivery of the QPI.

One QPI best practice is "the comfort call." The comfort call is a phone call made by the Child Protection Investigator or caseworker and foster parent to the birth parent(s) shortly after a child is removed from their home to comfort the child, take the first step in establishing a positive co-parenting relationship between the foster parent and birth parent(s), and discuss vital information needed to meet the child's needs. This call also provides an opportunity for the child and parent to speak to each other after removal, which can help both to feel more comfortable with the placement. This call should always occur within 12 hours, if at all possible, otherwise, as soon as it can be done once the child is placed. During the call, the foster parent should allow the birth parent(s) to be the expert on their child by discussing information needed to meet the child's needs.

The [Quality Parent Initiative Florida](#) website provides a wealth of resources for foster parents and caregivers and for CBC staff. A significant number of recruitment tools are provided which include various campaign flyers; recruitment presentations and scripts; a mock recruitment plan; information for developing a targeting recruitment plan; and transition planning information.

The Office of Child & Family Well-Being is currently contracting with the Quality Parenting Initiative/Youth Law Center on the implementation of the Excellent Parenting legislation from the 2020 legislative session. In 2020-2021, the QPI worked to develop a curriculum for transition planning and comfort calls. Train the trainer sessions were held throughout the state for each region and their associated CBCs. Additionally, the QPI worked with each region to develop comfort call and transition protocols and identify components in a regional plan. Lastly, the QPI collaborated with the OCWF to develop a statewide plan on the excellent parenting initiatives.

The Office of Child & Family Well-Being has contracted with the Youth Law Center's Quality Parenting Initiative (QPI) to hold a series of regional meetings with local child welfare stakeholders including sheriff's offices, child protective investigators, case management, Children's Legal Services, Regional Counsel, Guardian Ad Litem, judiciary, service providers, licensing and placement staff, foster parents, caregivers, youth, and birth parents. The outcome of these meetings is to assist in the development of plans that outlined the following:

- Guidelines to improve communication and information sharing between staff and caregivers.
- Clarify individual roles of stakeholders to support respectful relationships.
- Develop tools and resources to improve responsiveness and dispute resolutions between staff and caregivers.

The development of these plans will assist in improving the relationships between birth parents and caregivers.

Other Family Finding Methods

The Department of Children and Families is committed to seek both emotional and legal permanency for children and youth in Foster Care. Per Florida Statute 39.4015, Family Finding is a priority. The primary framework of Family Finding is built on six steps to connect and build a team that will support a child or youth with significant connections. The six steps are:

- Discovery - find support options by identifying individuals who may be supportive adults and possible placement options.
- Engagement - engage those who know the child the best to advocate for permanency for the child.
- Planning - meet with family members and others important to the child to focus on planning for the successful future of the child or youth.
- Decision making - involve the team to explore all permanency options.
- Evaluation - assess the suitability and safety of the connections for the child or youth.
- Follow up support - the team will support the child or youth and their family to plan for and access essential formal and informal support.

The Office of Child & Family Well-Being, in partnership with the University of South Florida, implemented an intensive train the trainer sessions to build knowledge on the requirements for the family finding model. In addition, the Department was allocated funding to support the enhancement in capacity throughout Florida.

The Department received 64 new full time employee positions to support the model in each county, while each CBC and Sheriff's Office conducting child protective investigations received funding to support, at minimum, one family finder position for each agency. The Family Finding Model is an approach designed to discover "lost relationships," people who could be re-engaged to have meaningful connections with youth in foster care, possibly provide a home. Family finding supports foster youth in developing a meaningful and enduring connection with adult relatives who will support the youth throughout his or her life. The family finding model often results in relative placement options. Relative placements are less likely to result in placement disruptions and enhance prospects for locating a permanent family if the child cannot safely return home.

There are several search techniques in Family Finding:

- Mobility Mapping. The youth is walked through a process where they remember where they have lived and who were the important people in those locations. This elicits memories of the relationships that can be captured to help build a team of supportive adults.
- Case Mining - searching and digging through the case information in FSFN. Review case notes, meetings, and intakes.
- Internet searches - include the use of social media platforms, public records services, and vital statistics to assist in the search and discovery process of finding connections for a child or youth.
- Cold Calls - calls made to family members who may not know them, know that a child or youth from their family is in foster care, and are not likely to be expecting to hear from someone in child welfare.

Permanency Roundtables

Permanency Roundtables developed and implemented with technical assistance and training from Casey Family Programs continue to provide a dependable method for child-specific family finding. The purposes of the permanency roundtable process are:

- To develop a child-specific plan to achieve permanency.
- To stimulate thinking and learning about pathways to permanency for other children in foster care.
- To identify and address barriers to permanency through creative thinking, professional development, policy change, resource development, and the engagement of system partners.

Rapid Permanency Reviews (RPR)

Rapid Permanency Reviews, also developed by Casey Family Programs and implemented with technical assistance and training from Casey, are an effective process to find any local operations barrier or bottleneck that is keeping a child in care. The OCWF currently has three trained implementors who can provide regional trainings. The OCWF is committed to finding ways to provide additional training and technical assistance to the field. The Department has been collaboratively working with Casey Foundations to explore additional targeted populations to address permanency which may include reunification or permanent guardianship.

Florida State Foster/Adoptive Parent Association (FAPA)

The Florida FAPA is a key partner in recruitment activities. The association conducts quarterly training sessions, hosts an annual training conference, and attends Children's Week activities during Florida's annual legislative session. Partnership with the association provides opportunities for feedback from current caregivers for recruitment and retention efforts. The association continues to provide wonderful "real life" examples of foster care/adoption experiences to share with the media and others for recruitment purposes.

Adoption Benefits for State Employees and Other Eligible Applicants

The Department provides state employees and other eligible applicants who adopt a special needs child from Florida's child welfare system a one-time lump sum of \$10,000 for a special needs child and \$5,000 for a non-special needs child. In 2020, individuals eligible to receive this benefit expanded to other personal staff employed with a state agency, veterans, and service members who adopted and continue to reside in Florida.

Successful Foster Parent Recruitment Strategies

Licensure specialists in the OCWF will continue to conduct quarterly statewide calls with the regions and CBCs to report on local recruitment and retention strategies and share best practices. There will continue to be a focus on finding homes for siblings and teen youth in care. The recruitment strategies for each CBC are recorded by the OCWF and posted on the Department's Child Welfare Dashboard for [Placement in Out-of-Home Care Data](#). (Refer to the Additional Data section at the bottom of the web page, CBC Recruitment Strategies.)

Each CBC is asked to present their most effective recruitment strategies. The most effective strategies across all agencies include:

- Faith-based outreach and social media/printed marketing were the top two effective strategies reported statewide.
- Word of mouth and financial rewards.
- Foster Parent Associations/Support.
- Quality Parenting Initiative.
- Florida's Foster Information Center.

The Department has implemented the use of the Foster Home Estimator as a recruitment strategy to aid in identifying foster homes for the population of children most in need of placement throughout the state. The foster home estimator, allows agencies to see a view of the current population in foster parents and children to determine the level of recruitment needs based off age, race, ethnicity, etc.

The Office of Child & Family Well-Being has contracted with Family's First/All Pro Dads to help with the recruitment throughout the state. All Pro Dads uses online social media platforms and social and virtual events as recruitment efforts to raise awareness for the need for more foster and adoptive parents for Department. Additionally, each month, All Pro Dads meet with each lead Community-Based Care agency to discuss child specific recruitment needs are provided several children who are available for adoption. These children are featured on the All Pro Dads Coach's Kids of the month campaign. All Pro Dads also offers support in the school system for to the current foster and adoptive parents as well as meets with school administrators to discuss hosting recruitment events to their staff. As an effort to demonstrate appreciation to foster and adoptive parents, All Pro Dads host a statewide recognition event to honor foster and adoptive parents who have opened their homes to provide stability and permanency for Florida's children in care.

Additionally, the Faith Based recruitment campaign with First Lady Casey DeSantis was launched in 2020. Prior to each monthly event, weekly meetings were held with Department and Family's First/All Pro Dads to discuss the details of the events. Due to the pandemic, all events were virtual. The virtual "An Act of Good Faith featuring Tony Dungy and Chris Tomlin" purpose was to build faith-based partnerships which will lead to new members on the portal answering the needs of local children and families. The goal and objectives were

to address the Foster Care + Adoption crisis in each community, offer solutions, tools, resources, and clear action steps to the faith community. The events were held December 10, 2020, and January 19, 2021. Guest speakers during the campaign events included Tony Dungy, Chris Tomlin, Casey DeSantis, Erik Dellenback, Chad Poppell, and CEOs from local Community Based Care (Stephen Pennypacker, Mark Jones, Mike Watkins, Bob Miller, Irene Toto, Karin Flositz, Shawna Novak, Brian Bostik, Brena Slater, Rebecca Kapusta, John Cooper, Glen Casel, Larry Rein, Carol DeLoach, Ester Jacobo).

In light of ongoing work with Family's First/All Pro Dads and the faith-based initiative, the recruitment and retention statewide calls with the regional licensing team continues to be reevaluated.

The Florida Foster Information Center (FFIC), the FFIC is a Department headquarters-based hotline that provides a welcome front door for families considering fostering. The FFIC employs current and former foster and adoptive parents with personal insight and firsthand knowledge about the foster home licensing process. The FFIC helps to answer common questions from prospective foster parents and refers them to the appropriate licensing agency in their area once they are ready to move forward with the licensure process. As of February 2022, FFIC has referred more than 5,000 families to their local licensing experts.

Successful Adoptive Parent Recruitment Strategies

Throughout the state CBCs reported the use of various tools and practices used in the preparation of appropriate adoptive families, matching children with families, and providing post-adoption supports. Examples follow:

- The Family Match Pilot created by Adoption-Share utilizes data analytics and predictive models to assist adoption staff in their decisions regarding matching children available for adoption with prospective adoptive parents. Currently, there are 2,000 prospective adoptive families registered on the site.
- In partnership with Casey Family Programs and the Department, ChildNet-Broward, Children's Network of SW Florida, Community Partnership for Children, Embrace Families, Inc., Heartland for Children, Family First Network, Citrus Family Network, Eckerd Community Alternatives, and Kid's Central Inc. implemented the Rapid Permanency Review (RPR) process model. The RPR process is a method intended to identify barriers and bright spots related to the permanency efforts of children in care. The focus of the RPR process is children who have been in foster care for two years or more with a goal of adoption who have been in the same family type setting for at least six months. The intent is that these children will achieve permanency in a safe home and that barriers will be mitigated and/or removed, resulting in a positive impact.

Adoption Promotion and Support Services

In Florida, Adoption Promotion and Support Services are an important factor for promoting the adoption of children by relative, non-relative, and licensed foster caregivers. These services are also important to prospective adoptive parents who are not yet as knowledgeable about the needs of the children they will adopt. A description of adoption promotion and support services is provided in Chapter 5, Description of Child and Family Services Continuum.

Adoptive Parent Training, Communication, and Organizations

The Department hosts a statewide training opportunity for adoptive parents once a year, in May. The training contains a general information and question and answer session conducted by the state's adoption policy specialist.

The Department continues to collaborate with the Florida Association of Heart Galleries to provide general awareness of the needs of foster parents, respite providers, mentors, volunteers, and adoptive families. The Department's Communication Office works closely with foster/adoptive families and child welfare personnel throughout the state to support recruitment efforts and to conduct public awareness events. This includes prevention events, legislative session activities, and partnerships with CBCs.

Sunshine Health implemented a specific health care program to provide specialized services for post-adoptive families. Sunshine Health specialized care managers work directly with the adoptive family. For members preparing to transition out of the foster care system due to a pending adoption, Sunshine Health care managers with expertise in adoption educates the adoptive family about the child's needs and care, and the benefits available through the Sunshine Plan. Care management staff also connect post-adoption families to needed services and when appropriate develop comprehensive, integrated care plans for at risk and complex members. Sunshine Health also has expanded availability of adoption competent therapists within the Sunshine Health network. Through these proactive interventions and supports Sunshine Health intends to prevent crises from arising that could lead to hospitalizations, higher levels of care, or adoption disruptions.

Information and Access Strategies

The Department uses and will continue to use several different strategies for potential and existing caregiver access to information, services, resources and supports.

Guardianship Assistance Program (GAP)

The 2018 Florida legislature authorized the Department to develop and implement the Title IV-E GAP, starting July 1, 2019. Relative and non-relative caregivers (referred to as fictive kin) who are committed to caring for children placed in their care will be eligible for guardianship assistance payments. The child would be eligible not only for subsidies paid to the caregiver for the care of the child, but also for Title IV-E Medicaid coverage, and nonrecurring legal costs incurred in establishing permanent guardianship for the child. Relative and non-relative caregivers will have the option of choosing to become licensed under Level 1 foster care licensure standards or continuing to provide care as an approved home.

The Guardianship Assistance Program (GAP) was implemented on July 1, 2019. The Office of Child & Family Well-Being has used many strategies to communicate the new program to child welfare professionals, other stakeholders, and current families.

- September 2020 -The Office of Child & Family Well-Being presented at a workshop during the Child Protection Summit on the Guardianship Assistance Program and Extension of Guardianship Assistance Program. The training was targeted towards caregivers and front-line level I and GAP Staff.
- January 2021 -The Office of Child & Family Well-Being presented at the 2021 Winter Licensing Conference. The target audience during this training was regional licensing, GAP and Level I front line staff.
- May 2021 -The Office of Child & Family Well-Being facilitated workshops for the State of Florida, which included training on the Guardianship Assistance Program. During this training, staff was provided with policy and practice updates. Additionally, bi-monthly statewide calls are held with the GAP specialist across the state.
- February 2022 - The Office of Child & Family Well-Being provided training to the Office of Inspector General hearing officers. These officers are responsible for overseeing the appeals process for any family denied GAP benefits wishing to appeal such decision.
- May 2022 - A GAP training will be held during the statewide licensing training with GAP specialist and others responsible for the assessing of GAP. This training will provide a refresher to those familiar with

the program as well as foundational information for those less familiar. This training is open to those throughout Florida.

The guardianship assistance program has continued to see growth over the past two fiscal years. Between 2019 and 2020 fiscal years, GAP saw increase in over 800 new participants. The successes and barriers are related to ensuring key stakeholders are knowledgeable about the GAP components to ensure that children that are eligible for benefits are not closed out prior to GAP eligibility being determined. Statewide, a process has been established which requires the assessing of all cases closing to permanent guardianship to help ensure families are able to access the most appropriate benefits based on their case.

Adoption Information Center and Multiple Websites

The Department contracts for the statewide adoption information services provided by the [Adoption Information Center](#). This statewide resource operates as a clearinghouse in every area of adoption. The services of the Adoption Information Center are free and include a toll-free helpline for providing adoption information and referral services to potential and current adoptive parents, adult adoptees, birth relatives, pregnant women, and professionals. The Adoption Information Center monitors the Hague Convention Website to ensure private agencies licensed through the Department remain in compliance. The Department continued to maintain multiple statewide websites for obtaining information about fostering and adoption. CBCs continued to offer the following based on local needs and capacity:

- Deliver training and supportive services in multiple locations (churches, neighborhoods, etc.), which helps with transportation.
- Provide childcare services so that families can attend pre-service and in-service trainings.
- Designate staff at CBCs for foster parent liaison work.
- Provide foster parent mentors (voice of experience).
- Conduct site visits when prospective parents inquire. The purpose of the site visit is to answer questions the parents have, and to do a preview of the home to determine if there are any apparent barriers to becoming a foster or adoptive parent.

Training for Diverse Community Connections

- Discussions about working with children and foster parents from various diverse communities are woven throughout the Licensing Specialty Pre-Service curriculum which thoroughly addresses this topic.
- The Department's Training Program developed and will continue to provide Cultural Competence Train-the-Trainer workshops. The goal is to educate child welfare trainers so they can in turn teach child welfare professionals how important it is that they are aware of and understand the dynamics of cultural competence when working with Florida's diverse population. This training will help the child welfare professional become accustomed to and understand different cultures, especially those they are most likely to be working.
- The Department continues to contract with the Center for Child Welfare which includes maintaining and updating a web page Cultural Competency and Diversity Publications and Resources. The Center also offers online training on [Cultural Competency and Diversity](#).
- The Department hosted the annual Child Protection Summit – this comprehensive conference includes opportunities for diversity training, such as working with children who have special needs, being sensitive to children's cultures, and understanding and working with gender identity matters.
- The Adoption Information Center and the Department will host one statewide in-service adoption trainings in May. The two-day trainings are conducted by nationally recognized adoption experts such

as Dr. Denise Goodman, Sue Badeau, Pat O'Brien, and Dr. Wayne Dean. The attendees include adoption case managers, adoption supervisors, Guardians ad Litem, private adoption agency staff, and Children's Legal Services' attorneys.

- Through Daniel Memorial, the Department will host one statewide in-service foster home licensing and group home licensing trainings in May. The two-day trainings are conducted by OCWF staff in conjunction with community stakeholders. The attendees include statewide CBC and private agency licensing staff and supervisors, regional Department licensing staff, fiscal staff, revenue maximization staff and Children's Legal Services' attorneys.
- Spaulding for Children, in collaboration with the Department, launched a pilot of the National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents. NTDC includes 17 classroom based themes and 2 additional themes that are complete online outside the classroom_helps to teach them about trauma, grief, and loss for children in the child welfare system. NTDC has facilitated a train-the-trainer program for the sites that will participate in the pilot. The pilot is designed to provide in-person classroom training, online components, in addition to trainings to occur once the caregivers are licensed. NTDC will included an evaluation related to the effectiveness of the training with the intent of the training becoming nationally recognized and evidence based. The Office of Child & Family Well-Being has participated in train-the-trainer, along with facilitators from two of the CBCs that will be providing the training to their populations in February of 2020. The two sites implemented in the NTDC in March 2020 and continues to utilize the training. As of October 2020, 257 foster and adoptive families had enrolled in the training at the two pilot sites.

Strategies for Dealing with Linguistic Barriers

The Department has a [2019 Statewide Auxiliary Aids and Service Plan for Persons with Disabilities and Persons with Limited English Proficiency](#). The guide provides the Department's protocols for provision of auxiliary aids and services to ensure accessibility to all programs, benefits, and services to persons with disabilities and foreign language interpreters for persons with Limited English Proficiency. The plan's provisions apply to all Department programs and contracted client services providers who provide direct services to clients/customers or potential clients/customers. Each of the six Regions within the Department as well as the Headquarters Office, has an Auxiliary Aids Plan unique to their location.

For persons with linguistic challenges, the plan provides for:

- Translation of written materials.
- Competency of interpreters and translators.
- Provision of interpreters in a timely manner.
- Other means of communication.
- Effectiveness of communication.

The plan also provides significant resource information in the appendices, including:

- In-person communication etiquette guide.
- Interpreter and translation services poster.
- Florida relay information.
- Assistive listening devices,
- Directory of agencies and organizations.
- Language line services.
- Video remote interpreting.

Year 1 Progress: In an effort to address linguistic barriers related to foster parent recruitment and training. As of 5/4/2020, [Chapter 65C-45, Florida Administrative Code](#) now requires Community-Based Care lead agencies to utilize culturally and linguistically appropriate competencies when recruiting out-of-home caregivers.

Year 2 Progress: In continuation of addressing the cultural and linguistic barriers related to foster parent recruitment and retention in 2021, the Department made available the Office of Child & Family Well-Being developed foster parent preservice training in Spanish.

Non-discriminatory Fee Structures

The Department ensures that fees, if charged, are fully disclosed, and defined in an impartial manner.

- All out-of-home care and adoption services are available free-of-charge.
- Prospective adoptive families may choose to pay for a private adoption home study to expedite the process.
- [Chapter 65C-15.010, Florida Administrative Code](#), governs “Finances” for child-placing agencies and provides a structure to ensure fees are based on reasonable costs and are non-discriminatory.

Procedures for Timely Search for Prospective Adoptive Parents

All children available for adoption and who have no identified family must be, according to Florida Statute, on the statewide website Explore Adoption with a photo and narrative within 30 days of termination of parental rights. In addition, the national photo listings at [AdoptUSKids](#) and [Children Awaiting Parents](#) are also utilized. The Department will continue to collaborate with One Church One Child in their efforts to recruit adoptive families for children in foster care by engaging local churches across Florida. Additional child specific recruitment efforts will be conducted for National Adoption Month in November, December, and again for Black History Month in February. A video of an available child, primarily a teen, will be shown each day in November, December, and February on Explore Adoption. The recruitment event is called “30 Days of Amazing Children” and each video will show a child speaking directly to the camera about topics important to him/her. These recruitment efforts have resulted in increased numbers of inquiries to the Department’s Adoption Information Center.

The statewide Association of Heart Galleries completes annual child specific recruitment initiatives for 30 days and the event generates numerous inquiries and interest to the Department’s toll-free number.

Currently, the Dave Thomas Foundation’s Wendy’s Wonderful Kids program has Wendy’s recruiters in eight CBCs.

Recruitment and Retention Plan

1. The Contract Oversight Unit (COU) will continue to conduct comprehensive reviews of each CBC which include evaluation of [Standards for Systems of Care](#) for Placement Resources and Process. The COU review includes assessment of local recruitment plans and the CBC’s analysis of the needs of children served. The reviews include stakeholder interviews with foster caregivers and will be broadened to include relative caregivers.

Year 1 Progress: The COU conducted on-site monitoring for the following CBC during the FY19/20 Community Partnership for Children, Families First Network, St. Johns County BOCC-Family Integrity Program.

Future Activities: Ongoing monitoring of CBC through desk reviews and on-site monitoring.

2. The Office of Child & Family Well-Being will:
 - 2.1. Collaborate with and support Goal 2, Strategic Initiative 2, Placement Services Array workgroup, including developing agreement ongoing respective roles, responsibilities, and communication.

Year 1 Progress: The Placement Service Array workgroup concluded in February 2020. The Department, in collaboration with Casey Program, identified three objectives that would satisfy the goal of achieving and maintaining an adequate supply of placement resources that support children in out-of-home care. Furthermore, the workgroup agreed that, regardless of a child’s placement, from the least to most restrictive, the needs of the child must be met and the caregiver must be supported. Not only do birth parents, kin, and licensed caregivers need to be supported; but the right services must be in place for a child throughout the placement continuum. The sooner the “right” placement is found for a child in conjunction with the right services, the more likely the child will have stability and experience less trauma, which is critical to every aspect of child well-being. The three objectives and recommendations are as follows:

OBJECTIVE I: RETAIN AN ADEQUATE NUMBER OF QUALITY PLACEMENT OPTIONS TO MEET THE NEEDS OF CHILDREN

- Recommendation 1: Support Birth Families to Keep Children Safely at Home
- Recommendation 2: Increase Kin Placements
- Recommendation 3: Utilize Foster Home Estimator Tool Across CBC Agencies
- Recommendation 4: Utilize Market Segmentation
- Recommendation 5: Utilize an Electronic Placement Matching System
- Recommendation 6: Standardize Foster Home Closure Reasons

OBJECTIVE II: INCREASE THE STABILITY AND WELL-BEING OF CHILDREN IN CARE

- Recommendation 7: Create Repository of Evidence-Based Programs
- Recommendation 8: Utilize Mobile Response Teams

OBJECTIVE III: IMPROVE CAREGIVER SUPPORT AND ADVOCACY

- Recommendation 9: Formalize Caregiver Peer and Mentor Supports to Increase Quality Retention
- Recommendation 10: Create a Statewide Foster, Kin, and Birth Parent Advisory Board to Advocate for Caregivers
- Recommendation 11: Conduct Annual Foster and Kinship Caregiver Survey

Future Actions: The Department has implemented recommendations #3, #6, and #8. The Department has begun to implement recommendation #2 through the allocation of family finding positions to support the model. #1 through the implementation of FFPSA prevention, and #5. The Department will continue to work towards having all recommendations implemented by 2024 to align with FFPSA.

2.2. Support local licensure specialists, adoption specialists, other child welfare professionals, kinship peer navigators, and other system stakeholders with the ongoing implementation and tracking of new strategies to improve stability in care and permanency resolution:

2.2.1. Guardianship Assistance Program.

Year 1 Progress: Complete.

- The Office of Child & Family Well-Being (OCWF) partnered with licensing specialists, other child welfare professionals, and system stakeholders with the implementation of the Guardianship Assistance Program (GAP). On July 8, 2019, staff with the OCWF team attended a Florida Coalition for Children adjunct meeting to share updates on GAP and level I license.
- To further facilitate the implementation of GAP, weekly meetings were held throughout the month of July with Department regional staff and representatives from the CBC lead agencies. During the month of July, Guardianship Readiness Assessment calls were held with each region and CBC to help provide technical assistance for level I licensure and GAP and assess their readiness with the two new programs. During the month of August 2019, the Office of Child & Family Well-Being provided a presentation to the judiciary during the Circuit Judges Educational Training Event in Naples, Florida.
- The Office of Child & Family Well-Being facilitated a workshop during the Child Protection Summit in December 2019 on the Guardianship Assistance Program and Extension of Guardianship Assistance Program. The target audience for this workshop was front line workers and caregivers.
- In preparation of additional Florida Safe Families Network (FSFN) enhancements for the Guardianship Assistance Program, train-the-trainer sessions occurred in April 2020 with staff across the state to ensure the new enhancements are implemented.

Year 2: Complete.

- The Office of Child & Family Well-Being (OCFW) continues to partner with licensing specialists, other child welfare professionals, and system stakeholders to promote the Guardianship Assistance Program.
- The Office of Child & Family Well-Being participated in a training in June 2020 in partnership with Growing Tree Solutions. The target audience for this training was front line staff working on level I and Guardianship Assistance Program implementation.
- The Office of Child & Family Well-Being facilitated a workshop at the September 2020 virtual Dependency Summit to provide ongoing support, policy, and guidance to child welfare professionals.
- The Office of Child & Family Well-Being facilitated a statewide policy training which included staff across specialties. Specifically, training was provided to the Independent Living staff across the state on the impact of Guardianship Assistance Program and the Extension of Guardianship Assistance Program for young adults.

Year 3: Complete.

- During year 2021, the Office of Child & Family Well-Being continued to partner with licensing specialist, other child welfare professionals, and system stakeholders to promote the Guardianship Assistance Program.
- The Office of Child & Family Well-Being are participated in training in January and May of 2021 to provide training, technical assistance, and review policy changes and updates.

- The Office of Child & Family Well-Being provided an internal training to the Office of Inspector General’s office staff across Florida to help ensure understanding and adherence to policies and procedures related to the Guardianship Assistance Program.

Year 4: Complete.

- The Department will continue to provide technical assistance on a regular basis during bi-monthly statewide Guardianship Assistance Program calls.
- During the Spring 2022 statewide Licensing conference, the Office of Child and Well-Being will facilitate a training on the Guardianship Assistance Program.

2.2.2. Kinship support services.

Year 1 Progress: In progress.

Department contracted with Children’s Home Network (CHN) to implement kinships services in select areas, while being evaluated by the Children’s Bureau for a rating in the Title IV-E Prevention Clearinghouse. The rating revealed that the CHN’s program did not meet the criteria of evidence-based services. CHN’s contracted terminated in the fall of 2019.

Year 2 Progress:

OCFW was awarded another grant to implement a Kinship Navigator Program. Department’s planned activities include:

- Procurement of funds for a vendor
- Collaborate with FICW to work closely with the provider towards becoming rated in the Title IV-E Prevention Clearinghouse
- Implement Kinship services in select counties
- Expand to additional counties in Florida
- Develop a statewide Kinship Call Center

The Department utilized the 2019-2020 Title IV - B grant to expand kinship services in multiple counties using two kinship navigator providers. The Department added an additional provider (Kid Central Inc) along with Children’s Home Network to provide kinship services and supports to caregivers. In addition, the Florida Institute for Child Welfare (FICW) is assisting both providers with progressing towards becoming rated through the Title IV-E evidence-based clearing house.

Florida Institute for Child Welfare (FICW)

The contracted provider conducted an evaluation plan designed for Kid’s Central Inc. The evaluation includes two evaluation components. The process evaluation and the outcome evaluation component. The outcome evaluation will only involve initial data collection and preliminary data analyses due to the anticipated small sample size. The second portion of the project will continue to assist Children’s Home Network with contributing to the evidence of becoming rated through the development of a third research proposal for a third manuscript focusing on child-related outcomes.

Kid's Central, Inc.

The kinship provider is providing kinship services to an array of community-based Family support services, navigation, and case management to families with relatives, non-relatives, and other fictive kin raising their children.

- Citrus
- Hernando
- Lake
- Marion
- Sumter

Kids' Inc. provides intake referrals, support groups, and case management services for kinship families. A comprehensive assessment is completed on the kinship families to evaluate risk factors and make determinations for which services may benefit the family. System navigation using systematic approaches are used to increase family access to supports and resources include applying for public benefits, relative caregivers' funds, and other community resources. The provider continues to collaborate with the Department's chosen contractor to assist with becoming rated through the evidenced based clearinghouse through the implementation of their evaluation plan. The agency implements and conducts kinship support groups.

Children's Home Network

This kinship provider is providing kinship services to an array of community-based Family support services, navigation, and case management to families with relatives, non-relatives, and other fictive kin raising their children. The agency implements and conducts kinship support groups. The project developed and submitted an implementation plan to address kinship services and supports. The following counties are currently being served under this project:

- Miami-Dade

Future Action: The Department plans to continue to work with each kinship provider to align their program with the Title IV- E evidenced- based clearinghouse requirements. The Department will assist Kid's Central and Children's Home Network in their progression outlined in their evaluation plan provided by the Department's chosen provider FICW.

2.2.3. Extended Maintenance Adoption Subsidy.

Year 1 Progress: Complete.

- The Office of Child & Family Well-Being (OCFW) implemented the Extension of Maintenance Adoption Subsidy (EMAS) program on January 1, 2019. In October 2019, statewide training was provided to adoption specialist, eligibility staff, and other community stakeholders regarding updates made to the state CWISIS reporting system around EMAS program documentation.
 - A webinar was conducted to increase awareness regarding the EMAS program and changes to the federal reporting system. The webinar is found on the state of Florida's Center for Child Welfare site.
- 2.3. Support local licensure specialists, adoption specialists, other child welfare professionals, kinship peer navigators, and other system stakeholders with the ongoing implementation and tracking of new strategies to improve stability in care and permanency resolution.

- 2.3.1. In effort to streamline the appeal rights of adoptive parents and young adults, updates will be made to the Adoption Florida Administrative Code, 65C-16. Additional training will be provided to adoption specialist and other community stakeholders regarding changes to F.A.C.
- 2.4. Implement a quality parenting initiative in every circuit by 2024. Develop and implement one or more pilots of the QPI best practice of “comfort calls.”

Year 1 Progress: Complete. Department continues to work with QPI on executing a contract that will allow for training and technical assistance of “comfort calls.”

Year 2 Progress: Department executed a contract with QPI to provide training on comfort calls and transitions. A train the trainer was held In March 2021 in each of the six regions. The QPI also helped facilitate meetings with the Department regions to help with the development with QPI has continued to work with the Department regions and the CBCs on the implementation and roll out of the comfort call and transitions protocol.

To ensure the voice of the child is heard, the system of care throughout the Suncoast Region has identified the trauma that a visit from a child protective investigator can have on a child. Through the “Handle with Care” initiative anyone who is aware that a child has suffered trauma at home, had to be removed from their home, or otherwise has been impacted by the child welfare system can submit an alert to the child’s school. While still maintaining confidentiality, the alert can serve as notice to the school administrators and teachers that a child may need extra love and attention. The school may allow a child to skip an assignment or test until they have overcome some of the immediate trauma that they have suffered. Many of the school systems throughout the region have a designated point of contact for any child involved in the child welfare system. Additionally, the liaison attends many of the circuit meetings to be aware of child welfare issues that may impact the district’s educational goals. These educational liaisons coordinate staffings, arrange transportation and work to ensure the child’s educational needs are met. The system of care continues to struggle with keeping children in the same school following a removal episode. This is in part due to the large geographical area of some of the counties within the region.

Youth involvement is key to any effective child welfare system. Nothing is more traumatic for a child than being removed from a parent. While sometimes necessary, the removal of children from their caregiver(s) to whom they are attached, can have both positive and negative consequences. From a child protection perspective, separation has several benefits, the most obvious being the immediate safety of the child. Separating a parent and child can also have profoundly negative effects. Even when it is necessary, research indicates that removing children from their homes interferes with their development along many continuums. It is imperative that foster parents be informed and ready to help a child begin the journey towards healing. To facilitate a smooth transition into a new living environment, Comfort Calls are initiated Circuits 6, 13 and 20 to allow placement staff to hear directly from the foster parents and youth about any adjustment difficulties. These calls are made within three days after a new placement is made to ensure that any issues are addressed. These calls are especially important when there are large sibling groups, interim placements or placements that involve children with extra needs. This communication is important for example, when a child does not necessarily need a medical foster home but still has some medical issues that need to be managed by the foster parents. This initiative has proven successful in the areas where it has been implemented. After these initial placement calls are made the information will be transferred to a Family Support Worker for follow up contact in two weeks.

Future Actions: Incorporate QPI best practices with 2020 legislative updates to implement excellent parent practices.

- 2.5. Continue quarterly statewide calls with recruitment and retention specialists in order to continue identify and share “best practices” for foster parent recruitment and retention.

Year 1 Progress: Ongoing. The Office of Child & Family Well-Being held calls with the regional licensing managers and specialists quarterly to discuss the recruitment and retention strategies in their areas. During the calls, the regions have reported their successes and areas they wish to improve within their regions.

Future Actions: Additional calls have not been scheduled at this time due to the pending recruitment initiative with First Lady DeSantis. The Office of Child & Family Well-Being will reevaluate the direction of the calls to ensure that the discussions are aligned with accomplishing the goal set out in the recruitment initiative.

- 2.6. Develop and implement an approach for statewide implementation of the completed pilot project on investigations of allegations concerning foster parent abuse/local system of care.

Year 1 Progress: Complete. During the 2019 Child Protection Summit, a workshop was held on the Institutional Investigations pilot.

Year 2 Progress: Completed. The Department concluded the pilot on investigation of allegations concerning foster parents in 2020. The Department concluded that child protective investigators will continue to oversee the investigations and incorporate the licensing teams with the Department and CBC during the institutional staffing.

Future Action: Develop and implement an approach for statewide implementation of the completed pilot project on foster care referrals concerning foster home licensing standard violations and complaints.

- 2.7. Explore and strengthen ways to build local capacity to provide post-adoption services and achieve more parity across CBCs.

Year 2 Progress: In progress. The Office of Child & Family Well-Being has taken the feedback from the Annual Adoption Survey where adoptive parents shared that access to behavioral and mental health services has been challenging. The Department has updated the Statewide Explore Adoption website to centralize contact information for post adoption specialists throughout the state.

Future Actions: The Office of Child & Family Well-Being will be working with Post Adoption Specialists statewide to create a statewide listing of commonly requested post adoption services and providers in each area and providers that offer this service. A centralized listing will be maintained by the statewide Adoption Information Center.

- 2.8. Enhance Adoption Documents and Registry (ADORE) system functionality to expand matches and build out reports, including more functionality for matching sibling groups.

Year 1 Progress: Due to budgetary restraints, efforts to make modifications to the ADORE system have been postponed.

Future Actions: The Department will continue to search for funding to support modifications.

3. The Florida Foster/Adoptive Parent Association (FAPA) identified strategies that their organization will provide over the next five years to contribute to recruitment and retention of foster caregivers. Department will collaborate and support FAPA as the organization:
 - 3.1. Continues to provide quarterly and annual education conferences with relevant training for foster, adoptive and kinship caregivers.

Year 1 Progress: Complete.

Florida FAPA has held two quarterly conferences during the months of November 2019 and February 2020. During the quarterly (mini) conferences, trainings were provided on alternative treatments for Oppositional Defiance Disorder and Attention Deficit Hyperactivity Disorder in addition to trainings on working with children exposed to human trafficking.

The second 2020 conference is tentatively scheduled for June 2020; however, it may be postponed or provided in a different forum due to COVID-19 concerns.

Year 2 Progress: Complete.

Florida FAPA was unable to hold their annual educational conference in 2020, due to COVID-19. Florida FAPA has continued to provide quarterly (mini) conferences throughout the pandemic. Mini conferences were held on November 14, 2020, and February 6, 2021. The Office of Child & Family Well-Being participated in the February 2021 conference to training licensed caregivers on Caregiver Rights and Responsibilities, and the new Enhanced Level II Foster Homes. Additionally, Florida FAPA has begun holding monthly Presidents Council meetings with local FAPA Presidents throughout the state. The purpose of these meetings is to get input on legislative requests, discuss barriers specific to the local areas, and provide ongoing support.

Florida FAPA plans to hold additional quarterly conferences during 2021. The executive board has discussed expanding the conference locations to ensure they have full representation across the state. Additionally, Florida FAPA will continue to expand their presence with the FCC through partnerships with the organization.

Year 3 Progress. Complete. During the 2021 year, Florida FAPA was able to continue with their community engagement through workshops and conferences. The annual education conference was held on June 5, 2021, as virtual conference quarterly conference was held which gave the foster and adoptive parent communities the opportunity to engage with executive leadership in an open forum presentation. Families were presented with information related to the Department's mission and goals and new Florida legislation. Additionally, on November 13, 2021, the mini conference was held in a virtual forum which allowed forum. Included during the conference was a presentation that addressed placement disruptions and foster parent turnover. Florida FAPA has also collaborated with the Department and the Quality Parenting Initiative on the development of a training curriculum for educating out-of-home caregivers on life skills for teenagers in their care.

Florida FAPA also started a book club for foster and adoptive parents in Florida, which was designed to provide additional outreach to caregivers and provide a forum to obtain information. Book clubs were held throughout 2021 and will continue throughout year 4.

A quarterly conference will be held in March 2022 as a virtual event. The 2022 Florida FAPA annual education conference is scheduled to be held in-person on June 10-12, 2022. This conference will include workshops specifically related to the foster and adoptive parents across Florida.

- 3.2. Continue to implement Foster Allegation Support Team and continue to track trends around the state regarding foster and adoptive parent allegations of abuse. Provide training statewide to understand the process and their rights. Provide advocates locally to support families who call in.

Year 1 Progress: Complete. During the 2019 Child Protection Summit, the Florida FAPA team helped facilitate a training on the Foster Allegation Support team (FAST). Additionally, they have continued to train their network of foster parents on FAST during their quarterly conferences.

During the 2021 National Foster Parent Conference, a representative from Florida FAPA will present on the FAST response model. Florida FAPA will also continue to train on FAST during their upcoming conferences.

Year 2 Progress: Complete. The 2020 National Foster Parent Conference was cancelled to Covid-19. The 2021 National Foster Parent Conference is anticipated to be virtual, and Florida FAPA plans to present on the FAST response model during the conference.

Year 3 Progress: Complete. During 2021 Florida FAPA was participated in the National Foster Parent Conference and reported they were able to send several foster parents due to the virtual platform.

- 3.3. Continue to collaborate with Department Regional Managing Directors (RMDs) and staff, CBC CEO's and staff, QPI, and staff to:

- 3.3.1. Resolve local concerns raised. FAPA will monitor Facebook pages of all local FAPA's and support groups for foster and adoptive parents to identify local concerns and support local resolutions. This allows FAPA to educate families on who are the partners in the system of care and what roles they play. Help support and redirect their expectations.

Year 1 Progress: In progress. The executive board for Florida FAPA is actively involved with social media platforms related to the various local FAPA groups. In addition, monthly meetings are held with the CBCs to address concerns that may rise from foster parents in their communities. Monthly contact is made with the Regional Managing Directors or more frequently to discuss concerns.

Future Actions: Florida FAPA will continue to engage in contact with the CBCs and regional Department offices to address concerns as this has been effective.

Year 2 Progress: Florida FAPA continues to engage in contact with the CBC leadership to address concerns. Florida FAPA is strategizing effective ways of engaging with regional Department offices in light of Covid-19.

Year 3 Progress: Florida FAPA continues to engage with CBC leadership to address concerns locally. Additionally, efforts have been made to continue supporting local foster parents in light of covid-19.

3.3.2. Support new processes and legislation, such as the Guardianship Assistance Program (GAP), to ensure that caregivers have consistent information and tools to support better outcomes.

Year 1 Progress: Ongoing. To support to the new Guardianship Assistance Program and promote level I licensure, the Florida FAPA has asked that CBCs send at least one level I family to the FAPA Annual Conference. Additionally, caregiver brochures are provided to families that meet requirements for Level II-V.

Future Actions: Continue to provide brochures for the Guardianship Assistance Program to caregiver's that meet the criteria or seek additional information about the program.

Year 2 Progress: Florida FAPA continues to provide information to caregivers regarding the Guardianship Assistance Program.

3.3.3. Demonstrate to regional leadership that stronger communication and inclusion of local chapters of FAPA can be an avenue to improve the system of care.

Year 1 Progress: In progress. Florida FAPA has continued to communicate with the regional leadership on the inclusion of local FAPA through face-to-face meetings. Additionally, Florida FAPA has reached out to licensing managers in their respective regions as needed when case specific issues arise.

Future Actions: Florida FAPA and Department will continue with their efforts to ensure that they are communicating with regional leadership as necessary.

Year 2 Progress: Due to Covid-19. Florida FAPA has continued to explore avenues for engaging with Department regional leadership. Florida FAPA does meet regularly with the Office of Child & Family Well-Being leadership and hopes that through this engagement they will be able to create opportunities to engage regularly with regional leaders.

3.3.4. Promote the inclusion of seasoned, dedicated foster and adoptive parents within the CBCs, on their respective Board of Directors and within the provider agencies. No one understands the journey of a foster or adoptive parent better than one who has lived the journey. FAPA plans to highlight through social media and on their website CBCs that have added relative and foster parent caregivers to the Board of Directors and CBCs that have hired foster parents to run their system of care--seasoned educated foster and adoptive parents (foster parent peer champions).

Year 1 Progress: In progress. Florida FAPA has continued to advocate for the inclusion of experienced foster and adoptive parents to sit on the Board of Directors at the CBCs. As this is of importance to Florida FAPA, they continue to highlight agencies that demonstrate the understanding of having the insight from caregivers with lived experience represented on their boards.

Year 2 Progress: Complete. Florida FAPA was unable to hold their annual educational conference in 2020, due to COVID-19. Florida FAPA has continued to provide quarterly (mini) conferences throughout the pandemic. Mini conferences were held on November 14, 2020, and February 6, 2021. The Office of Child & Family Well-Being participated in the February 2021 conference to training

licensed caregivers on Caregiver Rights and Responsibilities, and the new Enhanced Level II Foster Homes. Additionally, Florida FAPA has begun holding monthly Presidents Council meetings with local FAPA Presidents throughout the state. The purpose of these meetings is to get input on legislative requests, discuss barriers specific to the local areas, and provide ongoing support.

Year 3 Progress: Complete. Florida FAPA held a virtual annual education conference on June 5, 2021. There was an increased participation at the conference which included participation by foster parents across all levels of licensure.

Future Actions: Florida FAPA is gearing up for their first in-person annual education conference scheduled for June 10, 2022.

Future Actions: Florida FAPA and Department will continue their efforts to inform their communities on the importance of having insight from those with lived experience represented.

ATTACHMENT 2: HEALTH CARE OVERSIGHT AND COORDINATION PLAN UPDATE

The Department allowed for telehealth services during COVID. Although each child was required to receive all medical treatment, the Department was unable to overcome systemic barriers of other agencies that prevented service delivery to the public and results in youth not receiving timely appointments.

The Agency for Health Care Administration (AHCA) is responsible for the administration of Florida's Medicaid program. Florida operates under a Statewide Medicaid Managed Care program that is responsible for both physical and behavioral health care for Medicaid recipients. Sunshine Health Child Welfare Specialty Plan (Sunshine Plan) was created by AHCA in collaboration with the Department to provide specialized health care and behavioral health services to children and youth in the child welfare system. To be eligible for enrollment in the child welfare specialty plan a child must be Medicaid eligible and served by the child welfare system, as documented by an open child-welfare case or post-adoption case in Florida Safe Families Network (FSFN), including young adults who choose to remain in extended foster care up to the age of twenty-one years. All children in out-of-home care, including children placed with relatives or in foster care, are automatically enrolled in the Sunshine Plan. Families may opt out of the Sunshine Plan, for example children with complex medical issues who need the Children's Medical Services Plan. Other examples would be the family's desire for their child to stay with their existing Managed Medical Assistance (MMA) plan and providers. Young adults and children who age out of foster care are eligible to receive Medicaid up until the age of twenty-six years, under a plan other than the Sunshine Health Child Welfare Specialty Plan.

Sunshine Health restructured their organization, and as of April 1, 2019, they terminated their contract with Cenpatico, moving the management of behavioral health managed care back to Sunshine. Sunshine Health continues to subcontract for mental health and substance abuse services. One of their subcontractors is the Community-Based Care Integrated Health (CBCIH), a consortium of child welfare CBCs, to provide assistance with plan operations and facilitates communication between child welfare and managed care services. The Sunshine Plan has an established Child Welfare Advisory Committee with broad representation of child welfare system stakeholders and the provider network, including an adolescent psychiatrist, a pediatrician, and a CBCIH representative.

A major focus of the Sunshine Plan has been the integration of physical health, behavioral health, and child welfare services for children. To accomplish integration, the Sunshine Plan provides funding for health and behavioral health expertise as part of the plan's core operations within the CBCs to be available for frontline support. Teamwork is promoted across all levels of expertise:

- Sunshine Plan Care Management team of licensed nurses and behavioral health clinicians provides specialized care management to meet the unique needs of children in child welfare.
- Community-Based Care Integrated Health (CBCIH) provides care coordination and clinical expertise to support the CBC care coordinators and case managers.
- Nurse care coordinators provide local care coordination at each CBC.
- Behavioral health care coordinators provide local care coordination at each CBC.
- Adoption coordinators provide local care coordination at each CBC for post-adoption members.

The Phase 9 Florida Title IV-E Waiver Demonstration Evaluation Final Report (10/2013-09/2018), resubmitted March 29, 2019, provided the following information about Medicaid enrollment for children in the child welfare system:

- The majority of children enrolled in Medicaid after removal from the home were also enrolled prior to removal.
- Medicaid-funded service use was much higher after removal from the home, especially behavioral health services.
- The majority of children who receive in-home services are Medicaid enrolled and use Medicaid-funded services.

The Sunshine Health Plan reports serving approximately 53,000 children involved in the child welfare system (Child Welfare Specialty Plan and MMA combined). About 45% of the children served are in out-of-home care, including children placed with relatives. Just over half of children served were adopted from the child welfare system (post-adoption).

As of March 28, 2022, 80.83 percent of the children in out-of-home care are enrolled in the Sunshine Plan (Source: CBC Integrated Health data received from FSFN and matched with AHCA eligible, and Child Welfare Specialty Plan enrolled). Children opting out of the Sunshine Plan are enrolled in other Medicaid managed care plans that provide the same basic health and behavioral health covered services. As other plans do not offer the additional services and supports provided by Sunshine for the child welfare population Department and CBCs strive to increase enrollment in the Sunshine Plan.

Health and Behavioral Health Services for Children Across All Medicaid Managed Care Plans.

In addition to the analysis of lessons learned over the last five-year period, the Health Care Oversight and Coordination Plan includes:

Schedule for initial and follow-up health screenings that meets reasonable standards of medical practice.

During child protection investigations, an evaluation by a Child Protection Team (CPT) is required for children with specific physical injuries or suspected medical conditions, including malnutrition, medical neglect, or failure to thrive. A CPT evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same condition. A CPT assessment ensures the involvement of specialized child abuse and neglect clinical expertise to inform initial maltreatment findings and follow-up treatment services necessary.

The Department requires that a child’s physical health needs must be assessed within five working days of removal from his/her own home. Any child who appears to be sick or in physical discomfort must be examined by a licensed health care professional within 24 hours. The Department’s requirements for initial health care assessments are provided in Chapter [65C-29.008, Florida Administrative Code](#).

Medicaid requires the provider to assess and document in the child’s medical record all the required components of the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) or Child Health Check-up. [Medicaid Well Child Visits](#) (Child Health Check-Up Visits) include preventive and comprehensive services for children enrolled in the Medicaid program. They follow the Bright Futures/American Academy of Pediatrics [Recommendations for Preventive Pediatric Health Care](#).

In addition, the Department requires a Comprehensive Behavioral Health Assessment (CBHA). A CBHA is an in-depth assessment of a child’s emotional, social, behavioral, and developmental functioning within the family home, school, and community, as well as the clinical setting. The child welfare professional responsible for a child must make a referral for a CBHA for all children within seven days of the child’s removal from his/her household. A CBHA must be filed with the court. The requirements for a CBHA, including provider

qualifications, are provided in the [Specialized Therapeutic Service Coverage and Limitations Handbook](#), AHCA, March 2014.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

In all cases, the child welfare professional has primary responsibility throughout the case for coordinating, managing, and monitoring all aspects of the child's care and treatment. Each referral and the coordinating, managing, and monitoring efforts for the referral must be documented in FSFN. There are rigorous court reporting requirements to keep the court well-informed about the child's current health, dental and mental health status. The case manager must create a Judicial Review Report in FSFN to submit before each court hearing that provides information on current diagnosis, treatment(s) received, progress being made, and any treatment gaps.

For children enrolled in the Sunshine CW Specialty Plan, the plan provides a care management team of licensed nurses and behavioral health clinicians to provide ongoing specialized care management to meet the unique needs of children in child welfare. Among other responsibilities, the care coordinator is responsible for monitoring compliance with scheduled appointments; planning for pediatric and psychiatric treatment that is tailored to the individual enrollee and aligns with evidence-based guidelines for pediatric and psychiatric treatment. Sunshine Health also subcontracts with CBCIH, who, in turn, contracts with the CBC to hire or contract for nurse care coordinators and behavioral health care coordinators at each CBC to support the ongoing provision and coordination of services needed.

As discussed in the description of the systemic factor of Service Array, Chapter 2, Florida stakeholders express concerns about the availability and quality of behavioral health providers to meet the well-being needs of children. Strategic Initiative 1, Objective 1.5 will address capacity and quality issues through joint planning activities with the Office of Substance Abuse and Mental Health.

How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record.

Each child has a Medical/Mental Health record in FSFN that the case manager is responsible for updating. The record includes all medications that are prescribed, including the reasons for each medication. The Department provides "read-only" access to the Guardian ad Litem program. The Medical/Mental Health record is also used to provide a high-level FSFN monthly healthcare report that provides leadership point in time performance in four areas:

- Percent of children in out-of-home care for whom a Medical/Mental Health record has been created.
- Percent of children in out-of-home care who have received a medical service within the last twelve months. This is a CBC scorecard measure posted on the Child Welfare Dashboard ([Percent Receiving a Medical Service in Prior 12 Months](#)).
- Percent of children in out-of-home care who have received a dental service within the last twelve months. This is also a CBC scorecard measure posted on the Child Welfare Dashboard ([Percent Receiving a Dental Service in Prior 12 Months](#)).
- Immunizations up to date. This is the percent of children in out-of-home care whose immunizations are up to date.
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[Chapter 65C-30.011\(4\), Florida Administrative Code](#) requires the creation of a Resource Record for every child in out-of-home care. The child's resource record must be physically located with the caregiver, whether the child is in licensed care or placed with a relative or non-relative. The case manager is responsible for ensuring that medical and court-related documentation are kept current at each visit that is made at least every 30 days. If additional information is needed in the child's resource record, the case manager and the caregiver are expected to work together to ensure that the child's resource record is updated. The child's caregiver is responsible for updating the resource record after every health care, psychological, psychiatric, behavioral and educational service or assessment provided to the child.

Data sharing and management is facilitated by the Sunshine Plan's partnership and formal agreement with CBCIH. CBCIH provides Sunshine Health with information on the location of the child and authorized callers. Sunshine Health provides CBCIH with claims data that is then added to the CBCIH electronic information system, Integrate, which provides all CBCs with a view of the child's access to care with details on the type of provider seen, date seen, diagnosis, medications filled, and date filled. This database provides an integrated system for CBCs to access essential health information for the members served. Sunshine Health also provides CBCIH with monthly files identifying children who have not received an age-appropriate preventive service and those that have. This information is provided by CBCIH to the applicable CBCs so that they can assist in getting the child the services needed.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.

The subcontracted Nurse Care Coordinators and Behavioral Health Coordinators are located at the CBCs to work directly with child welfare case management staff and caregivers daily in developing a comprehensive, coordinated care plan for each member. CBCs participate in integrated staffings and share concerns about quality and gaps in services. CBCIH employs regional integration managers as physical health and behavioral health experts as a resource to the CBCs. These experts consult with the sub-contracted CBC Nurse Care Coordinators and Behavioral Health Coordinators in accessing, integrating, and assuring continuity of care.

This team-based, integrated model and collaboration with CBCs helps Sunshine Health, providers, members, caregivers, families (as authorized and appropriate), and other stakeholders improve outcomes for children in child welfare. Examples of how Sunshine case management staff, CBCIH, CBC Care Coordinators, and CBC case managers work together as a team to assure continuity of treatment include:

- For inpatient admissions, Sunshine utilization management staff and care management teams contact the CBC Coordinator to assist in coordinating with the case manager to schedule post-discharge appointments, arrange tests, and ensure needed in-home services are in place and coordinated with the child's caregiver. Sunshine Health works with the case manager to address any family concerns or issues with the post-discharge placement and if needed, address any placement changes.
- Sunshine Health's physical health and behavioral health care coordinators conduct weekly integrated case rounds with CBCIH to review needs and develop effective care plans for complex members. This may include discussion of needed appointments and supports needed to keep the child in the placement or to prevent placement in a higher level of care.
- CBC Coordinators work with CBCIH and the dependency case manager to identify complex physical or behavioral needs or need for care from multiple providers and notify Sunshine Health care managers to engage the caregiver and child, enroll the child in case management, and coordinate services.
- The CBCIH behavioral health specialist, Integration Manager, CBC Coordinator and dependency case manager jointly review all care recommendations for children in higher levels of care which include

Specialized Inpatient Program (SIPP), Specialized Therapeutic Group Care (STGC), and Specialized Therapeutic Foster Care (STFC) or children who have two or more hospitalizations. Sunshine Health case manager attends the child's Multidisciplinary Team (MDT) meetings and ad hoc meetings to discuss progress, step down plans, and service needs.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

There are statutes, administrative rules, and operating procedures that govern psychotropic medication monitoring and oversight for children in the child welfare system. Section 409.912(51), Florida Statutes, does not allow for Medicaid reimbursement for psychotropic medication without the express and informed consent of the child's parent or legal guardian. The physician must document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription. Florida has the ability to capture the informed consent in FSFN. The Department is in the process of enhancing the medical/mental health module in FSFN to support additional information related to psychotropic medication such as pre-consent reviews.

AHCA contracts with the University of South Florida for the Medicaid Drug Therapy Management Program for Behavioral Health to maintain and develop evidence-based guidelines for the use of psychotropic medications for children. This program includes the development of Florida-specific best practice guidelines and their dissemination through a variety of methods created and implemented by the prescriber community. AHCA provides oversight through pharmacy claims, prior authorization protocols, and operation of the pediatric psychiatry consult lines.

The Department protocols for monitoring and oversight of psychotropic medications are established in Rule 65C-35, Florida Administrative Code. The express and informed consent of a child's parent(s) or court authorizations for a prescription for psychotropic medication for a child in the custody of the Department must be obtained. Florida Administrative Code 65C-35 includes the ability for psychiatric nurses, certified under Chapter 464, Florida Statutes, and defined in Chapter 394, Florida Statutes, to prescribe psychotropic medication for children under the age of 18 and complete the Medical Report Form 5339.

- A Psychotropic Medications Detailed Summary Report is produced monthly from FSFN, providing a variety of information about children in care who are prescribed psychotropic medications. This report is utilized in the field by supervisors and managers. It is also used in the Department's Child Welfare Key Indicators Monthly Report to show the percent of children in out-of-home care by CBC prescribed one or more psychotropic medications, and the percent of children with consent for prescribed psychotropic medications.
- A pre-consent review is mandatory for any child ages 0-17 on two or more psychotropic medications. If the pre-consent review process is not used, a second opinion by a child psychiatrist is mandatory. The Department contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to provide the pre-consent review. Although not required, the contract provides for pre-consent reviews for any child up to age 17.
- The Department also contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to operate the Med Consult toll free line. This service is available for caregivers and decision makers for children and youth involved in the child welfare system. Callers may schedule a call with one of the Board-Certified Psychiatrists to discuss psychotropic medication resources and

suggested medication treatment. This service is not a second opinion but is designed to help callers make informed decisions about medication. This service makes available the latest psychiatric medical information. This includes indicated uses and practices, Black Box Warnings, on or off label use, and precautions such as laboratory work, etc. The line is used by caregivers, judges, Guardians ad Litem, and case managers.

- Training is required for all caregivers and child welfare professionals assuming responsibility for children in out-of-home care who are prescribed psychotropic medications. Required training topics are as follows:
 - An overview of the use and effects of psychotropic medications.
 - An overview of evidence-based interventions and treatment options.
 - Names and uses of commonly prescribed psychotropic medications.
 - Medication management, roles, and responsibilities.
 - Monitoring for side effects of psychotropic medications.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

The Agency for Health Care Administration has an established Medical Care Advisory Committee that serves in an advisory capacity on health and medical care issues. The committee includes:

- Board certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people and with the resources available for their care.
- Members of consumer groups, including Medicaid recipients.
- Agency heads from the Department of Children and Families and the Department of Health.

The Sunshine Child Welfare Specialty Plan has a dedicated child welfare medical director. The Sunshine CW Plan has a Child Welfare Advisory Committee comprised of representatives from stakeholder organizations. Currently, the Advisory Committee includes representation from the Foster and Adoptive Parent Association, a young adult who transitioned out of the foster care system, Florida State University's Center for Prevention and Early Intervention Policy, Guardian ad Litem Program, executive directors of two CBCs, and Department child welfare state and regional leadership. Sunshine Health also has representation from providers including a child and adolescent psychiatrist, a pediatrician, and a CBCIH representative.

The procedures and protocols established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.

The CBHA is the Department's established, independent assessment process for assessing a child's emotional or behavioral issues. The CBHA assessor may recommend additional specialized assessments necessary. The child welfare professional may refer the child for an updated CBHA to assist in determining services that would allow the child to maintain his or her current placement.

The Department issued a memorandum, effective December 15, 2018, advising that the Comprehensive Behavioral Health Assessment is to be used as the initial assessment to determine and identify special needs to prevent inappropriate diagnoses. In October 2019, the Department incorporated the placement assessment as the preferred tool to assist with ensuring children in out-of-home care are not inappropriately referred for a

clinical assessment for the purpose of rendering a diagnosis of mental illness, emotional or behavioral disorders, for the purpose of satisfying placement requirements in a clinical licensed setting.

Section 39.523(1) and (2), Florida Statutes, Comprehensive Placement Assessment, requires any child removed from a home and placed into out-of-home care have a comprehensive placement assessment completed to determine the level of care needed by the child and match the child with the most appropriate placement. [Chapter 65C-28.004, Florida Administrative Code](#), addresses this requirement:(1) requires an initial assessment to determine whether relative or non-relative placement is an appropriate out-of-home placement; (2) requires a multidisciplinary team staffing to prior to placement in licensed care; (3) specifies factors that must be considered by the multidisciplinary team; (4) sets forth documentation requirements; (5) establishes requirements for the placement and care of children with special behavioral and physical health needs; (6) sets forth child welfare professional placement responsibilities

The procedures and protocols established to ensure that children in out-of-home care are not inappropriately placed in residential treatment centers for the treatment of mental health.

[Section 39.407, Florida Statutes](#), requires children in need of intensive mental health residential treatment program, to receive a suitability assessment by a qualified assessor assigned through the Qualified Evaluator Network (QEN). The Department contracts with Magellan, to oversee the assessments statewide. There are currently 18 assessors statewide, who conduct assessments within 5 days from receipt of referral.

Upon admission into a specialized therapeutic group home or Statewide Inpatient Psychiatric Program (SIPP), each child must receive a 60 day follow up assessment and additional 90-day assessments thereafter during their admission to the facilities. CFOP 170-11 Chapter 5 requires each qualified assessor to conduct a face-to-face interview with the child, review case records, and speaking with relevant collaterals.

[Section 39.407, Florida Statutes](#), requires the courts to conduct a hearing to review the status of the child's residential treatment plan, no later than 60- days after the child's admission to a residential treatment program. In addition, an independent review of the child's progress towards achieving the goals and objectives of the treatment plan must be completed by a qualified evaluator and submitted to the court before its 60-day review. [Chapter 65C-27, Florida Administrative Code](#) and [Chapter 65C-28.015, Florida Administrative Code](#) for Residential Mental Health Treatment outlined Department's policy and practice for children in need of residential treatment.

The Department developed a statewide Qualified Evaluator Network (QEN) workgroup in November 2019. Participants included stakeholders from the Agency for Healthcare Administration, Community Based Care Lead Agencies, Substance Abuse and Mental Health, Seminole Tribe, and Magellan of Florida. The workgroup was tasked with streamlining the suitability assessment process for children in out-of-home care. Diligent efforts towards enhancing best practices and policies for the system of care has been identified as the main goal. The workgroup recommendations will guide in the enhancement of practices and policy in Florida under [CFOP 170-11, Chapter 5](#).

Steps to ensure that the components of the transition plan development process of the John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program) that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

The court is required to hold a judicial review hearing within 90 days after a child's 17th birthday and may review the status of the child more frequently during the year before the child's 18th birthday. The Department is required to include in the judicial review report, among many other items, written verification that the child has a current Medicaid card and all necessary information concerning the Medicaid program. Medicaid remains available for all youth turning 18, until the age of 21. Upon turning 21, the young adult is responsible for applying for coverage with the assistance of the CBC, which is available until the age of 26. Youth who apply for coverage at the age of 21 have a variety of managed care choices and need assistance to understand how to navigate the system and select a plan of their choice.

Health and behavioral health planning are essential elements of transition planning activities. Additionally, youth are provided information about the importance of designating another person to make health care treatment decisions on their behalf should the youth or young adult become unable to make these decisions, and the young persons does not want a relative to make these decisions.

To augment existing CBC efforts to prepare transitioning youth for adult life, the Sunshine CW Specialty Plan reviews each 17-year-old member's transitional independent living plan and works with the CBC Coordinator and case manager to identify any needs for ongoing case management, including disease or condition management. For those who need ongoing case management, Sunshine Health assigns a care manager who educates the member about their physical and behavioral health needs, diagnoses, and current treatment protocols and how to continue accessing care through the Medicaid system. The care manager collaborates with all stakeholders and caregivers to coordinate needed services and resources for a successful transition, such as identifying a new care plan and answering questions about benefits.

Sunshine Health continues to enhance the program to increase member access to other transition support services that address social determinants of health, including housing, through partnerships and linkages with centers that serve transitioning youth. Sunshine Health provides workshops at these centers on healthcare education including the importance of preventive services, health care visits, and how to access care.

For any child who may meet the Regis Little Act requirements for appointment of a guardian pursuant to Chapter 744, Florida Statutes, or a guardian advocate pursuant to section 393.12, Florida Statutes, the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court-appointed guardian ad litem, the temporary custodian of the child; and the parent, if the parent's rights have not been terminated. At the judicial review hearing, if the court determines pursuant to Chapter 744, Florida Statutes, that there is a good faith basis to believe that the child qualifies for appointment of a guardian advocate, limited guardian, or plenary guardian for the child.

Youth Certified Recovery Peer Specialist (CRPS-Y)

Peer support services for youth are being implemented in many states around the country in the areas of education, mental health and substance use, foster care, and juvenile justice. Peer support services help engage youth in services and supports, build positive social connections with peers, reduce death by suicide, promote normalcy and resilience and promote healthy transition into adulthood.

CRPS-Y was recently added by Sunshine Health Child Welfare Specialty Plan and CMS as an "In Lieu of Service" for psychosocial rehabilitation. CBCs and Managing Entities can also fund it if not covered/approved by Medicaid.

The Florida Certification Board (FCB) offers certification for people who use their lived experience and skills learned in training to help others achieve and maintain recovery and wellness from mental health and/or substance use conditions. Once certified, these individuals are known as Certified Recovery Peer Specialists (CRPS). <https://flcertificationboard.org/certifications/certified-recovery-peers-specialist/>

There are four types of endorsements. For Certified Recovery Peer Specialist - Youth (CRPS-Y), the following lived experience is required:

Are between the ages of 18 and 29 at the time of application and have lived experience as a person who, between the ages of 14 and 25 experienced a significant life challenge and is now living a wellness and/or recovery-oriented lifestyle for at least two years.

CRPS-Y certification and funding through Medicaid is relatively new with very few applicants in the pipeline. Young adults meet the criteria to be certified to serve youth. However, no one has gone through the process to become certified specific to youth. Sunshine continues with efforts to recruit providers and young adults to become certified with limited success. Partnerships with the Department, The Peer Network, Sunshine Health, and providers are beginning to form in a few local communities to make this service available and sustainable. There is ongoing discussion with plans to target Brevard and Broward County. Sunshine Health restructured their organization, and as of April 1, 2019, they terminated their contract with Cenpatico, moving the management of behavioral health managed care back to Sunshine. Sunshine Health continues to subcontract for mental health and substance abuse services. One of their subcontractors is the Community-Based Care Integrated Health (CBCIH), a consortium of child welfare CBCs, to provide assistance with plan operations and facilitates communication between child welfare and managed care services. The Sunshine Plan has an established Child Welfare Advisory Committee with broad representation of child welfare system stakeholders and the provider network, including an adolescent psychiatrist, a pediatrician, and a CBCIH representative.

A major focus of the Sunshine Plan has been the integration of physical health, behavioral health, and child welfare services for children. To accomplish integration, the Sunshine Plan provides funding for health and behavioral health expertise as part of the plan's core operations within the CBCs to be available for frontline support. Teamwork is promoted across all levels of expertise:

- Sunshine Plan Care Management team of licensed nurses and behavioral health clinicians provides specialized care management to meet the unique needs of children in child welfare.
- Community-Based Care Integrated Health (CBCIH) provides care coordination and clinical expertise to support the CBC care coordinators and case managers.
- Nurse care coordinators provide local care coordination at each CBC,.
- Behavioral health care coordinators provide local care coordination at each CBC.
- Adoption coordinators provide local care coordination at each CBC for post-adoption members.

The Sunshine Health Plan reports serving approximately 53,000 children involved in the child welfare system (Child Welfare Specialty Plan and MMA combined). About 45 percent of the children served are in out-of-home care, including children placed with relatives. Just over half of children served were adopted from the child welfare system (post-adoption).

As of March 28, 2022, 80.83 percent of the children in out-of-home care are enrolled in the Sunshine Plan (Source: CBC Integrated Health data received from FSFN and matched with AHCA eligible, and Child Welfare Specialty Plan enrolled). Children opting out of the Sunshine Plan are enrolled in other Medicaid managed

care plans that provide the same basic health and behavioral health covered services. As other plans do not offer the additional services and supports provided by Sunshine for the child welfare population, the Department and CBCs strive to increase enrollment in the Sunshine Plan.

Health and Behavioral Health Services for Children Across All Medicaid Managed Care Plans.

The Health Care Oversight and Coordination Plan includes:

Schedule for initial and follow-up health screenings that meets reasonable standards of medical practice.

During child protection investigations, an evaluation by a Child Protection Team (CPT) is required for children with specific physical injuries or suspected medical conditions, including malnutrition, medical neglect, or failure to thrive. A CPT evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same condition. A CPT assessment ensures the involvement of specialized child abuse and neglect clinical expertise to inform initial maltreatment findings and follow-up treatment services necessary.

The Department requires that a child's physical health needs must be assessed within five working days of removal from his/her own home. Any child who appears to be sick or in physical discomfort must be examined by a licensed health care professional within 24 hours. The Department's requirements for initial health care assessments are provided in [65C-29.008, Florida Administrative Code](#).

Medicaid requires the provider to assess and document in the child's medical record all the required components of the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) or Child Health Check-up. [Medicaid Well Child Visits](#) (Child Health Check-Up Visits) include preventive and comprehensive services for children enrolled in the Medicaid program. They follow the Bright Futures/American Academy of Pediatrics [Recommendations for Preventive Pediatric Health Care](#).

In addition, the Department requires a Comprehensive Behavioral Health Assessment (CBHA). A CBHA is an in-depth assessment of a child's emotional, social, behavioral, and developmental functioning within the family home, school, and community, as well as the clinical setting. The child welfare professional responsible for a child must make a referral for a CBHA for all children within seven days of the child's removal from his/her household. A CBHA must be filed with the court. The requirements for a CBHA, including provider qualifications, are provided in the [Specialized Therapeutic Service Coverage and Limitations Handbook](#), AHCA, March 2014.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

In all cases, the child welfare professional has primary responsibility throughout the case for coordinating, managing, and monitoring all aspects of the child's care and treatment. Each referral and the coordinating, managing, and monitoring efforts for the referral must be documented in FSFN. There are rigorous court reporting requirements to keep the court well-informed about the child's current health, dental and mental health status. The case manager must create a Judicial Review Report in FSFN to submit before each court hearing that provides information on current diagnosis, treatment(s) received, progress being made, and any treatment gaps.

For children enrolled in the Sunshine CW Specialty Plan, the plan provides a care management team of licensed nurses and behavioral health clinicians to provide ongoing specialized care management to meet the

unique needs of children in child welfare. Among other responsibilities, the care coordinator is responsible for monitoring compliance with scheduled appointments; planning for pediatric and psychiatric treatment that is tailored to the individual enrollee and aligns with evidence-based guidelines for pediatric and psychiatric treatment. Sunshine Health also subcontracts with CBCIH who in turn contracts with the CBC to hire or contract for nurse care coordinators and behavioral health care coordinators at each CBC to support the ongoing provision and coordination of services needed.

As discussed in the description of the systemic factor of Service Array, Chapter 2, Florida stakeholders express concerns about the availability and quality of behavioral health providers to meet the well-being needs of children. Strategic Initiative 1, Objective 1.5 will address capacity and quality issues through joint planning activities with the Office of Substance Abuse and Mental Health.

How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record.

Each child has a Medical/Mental Health record in FSFN that the case manager is responsible for updating. The record includes all medications that are prescribed, including the reasons for each medication. The Department provides “read-only” access to the Guardian ad Litem program. The Medical/Mental Health record is also used to provide a high-level FSFN monthly healthcare report that provides leadership point in time performance in four areas:

- Percent of children in out-of-home care for whom a Medical/Mental Health record has been created.
- Percent of children in out-of-home care who have received a medical service within the last twelve months. This is a CBC scorecard measure posted on the Child Welfare Dashboard ([Percent Receiving a Medical Service in Prior 12 Months](#)).
- Percent of children in out-of-home care who have received a dental service within the last twelve months. This is also a CBC scorecard measure posted on the Child Welfare Dashboard ([Percent Receiving a Dental Service in Prior 12 Months](#)).
- Immunizations up to date. This is the percent of children in out-of-home care whose immunizations are up to date.

[Chapter 65C-30.011\(4\), Florida Administrative Code](#) requires the creation of a Resource Record for every child in out-of-home care. The child’s resource record must be physically located with the caregiver, whether the child is in licensed care or placed with a relative or non-relative. The case manager is responsible for ensuring that medical and court-related documentation are kept current at each visit that is made at least every 30 days. If additional information is needed in the child’s resource record, the case manager and the caregiver are expected to work together to ensure that the child’s resource record is updated. The child’s caregiver is responsible for updating the resource record after every health care, psychological, psychiatric, behavioral and educational service or assessment provided to the child.

Data sharing and management is facilitated by the Sunshine Plan’s partnership and formal agreement with CBCIH. CBCIH provides Sunshine Health with information on the location of the child and authorized callers. Sunshine Health provides CBCIH with claims data that is then added to the CBCIH electronic information system, Integrate, which provides all CBCs with a view of the child’s access to care with details on the type of provider seen, date seen, diagnosis, medications filled, and date filled. This database provides an integrated system for CBCs to access essential health information for the members served. Sunshine Health also provides CBCIH with monthly files identifying children who have not received an age-appropriate preventive service and

those that have. This information is provided by CBCIH to the applicable CBCs so that they can assist in getting the child the services needed.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.

The subcontracted Nurse Care Coordinators and Behavioral Health Coordinators are located at the CBCs to work directly with child welfare case management staff and caregivers daily in developing a comprehensive, coordinated care plan for each member. CBCs participate in integrated staffings and share concerns about quality and gaps in services. CBCIH employs regional integration managers as physical health and behavioral health experts as a resource to the CBCs. These experts consult with the sub-contracted CBC Nurse Care Coordinators and Behavioral Health Coordinators in accessing, integrating, and assuring continuity of care.

This team-based, integrated model and collaboration with CBCs helps Sunshine Health, providers, members, caregivers, families (as authorized and appropriate), and other stakeholders improve outcomes for children in child welfare. Examples of how Sunshine case management staff, CBCIH, CBC Care Coordinators, and CBC case managers work together as a team to assure continuity of treatment include:

- For inpatient admissions, Sunshine utilization management staff and care management teams contact the CBC Coordinator to assist in coordinating with the case manager to schedule post-discharge appointments, arrange tests, and ensure needed in-home services are in place and coordinated with the child's caregiver. Sunshine Health works with the case manager to address any family concerns or issues with the post-discharge placement and if needed, address any placement changes.
- Sunshine Health's physical health and behavioral health care coordinators conduct weekly integrated case rounds with CBCIH to review needs and develop effective care plans for complex members. This may include discussion of needed appointments and supports needed to keep the child in the placement or to prevent placement in a higher level of care.
- CBC Coordinators work with CBCIH and the dependency case manager to identify complex physical or behavioral needs or need for care from multiple providers and notify Sunshine Health care managers to engage the caregiver and child, enroll the child in case management, and coordinate services.
- The CBCIH behavioral health specialist, Integration Manager, CBC Coordinator and dependency case manager jointly review all care recommendations for children in higher levels of care which include Specialized Inpatient Program (SIPP), Specialized Therapeutic Group Care (STGC), and Specialized Therapeutic Foster Care (STFC) or children who have two or more hospitalizations. Sunshine Health case manager attends the child's Multidisciplinary Team (MDT) meetings and ad hoc meetings to discuss progress, step down plans, and service needs.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

There are statutes, administrative rules, and operating procedures that govern psychotropic medication monitoring and oversight for children in the child welfare system. Section 409.912(51), Florida Statutes, does not allow for Medicaid reimbursement for psychotropic medication without the express and informed consent of the child's parent or legal guardian. The physician must document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription.

AHCA contracts with the University of South Florida for the Medicaid Drug Therapy Management Program for Behavioral Health to maintain and develop evidence-based guidelines for the use of psychotropic medications

for children. This program includes the development of Florida-specific best practice guidelines and their dissemination through a variety of methods created and implemented by the prescriber community. AHCA provides oversight through pharmacy claims, prior authorization protocols, and operation of the pediatric psychiatry consult lines.

The Department protocols for monitoring and oversight of psychotropic medications are established in Chapter 65C-35, Florida Administrative Code. The express and informed consent of a child's parent(s) or court authorizations for a prescription for psychotropic medication for a child in the custody of the Department must be obtained. In December 2019, modifications to [Chapter 65C-35, Florida Administrative Code](#) included the ability for psychiatric nurses, certified under [Chapter 464, Florida Statutes](#), and defined in [Chapter 394, Florida Statutes](#), to prescribe psychotropic medication for children under the age of 18, and complete the Medical Report Form 5339.

- A Psychotropic Medications Detailed Summary Report is produced monthly from FSFN, providing a variety of information about children in care who are prescribed psychotropic medications. This report is utilized in the field by supervisors and managers. It is also used in the Department's Child Welfare Key Indicators Monthly Report to show the percent of children in out-of-home care by CBC prescribed one or more psychotropic medications, and the percent of children with consent for prescribed psychotropic medications.
- A pre-consent review is mandatory for any child ages 0-17 on two or more psychotropic medications. If the pre-consent review process is not used, a second opinion by a child psychiatrist is mandatory. The Department contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to provide the pre-consent review. Although not required, the contract provides for pre-consent reviews for any child up to age 17.
- The Department also contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to operate the Med Consult toll free line. This service is available for caregivers and decision makers for children and youth involved in the child welfare system. Callers may schedule a call with one of the Board-Certified Psychiatrists to discuss psychotropic medication resources and suggested medication treatment. This service is not a second opinion but is designed to help callers make informed decisions about medication. This service makes available the latest psychiatric medical information. This includes indicated uses and practices, Black Box Warnings, on or off label use, and precautions such as laboratory work, etc. The line is used by caregivers, judges, Guardians ad Litem, and case managers.
- Training is required for all caregivers and child welfare professionals assuming responsibility for children in out-of-home care who are prescribed psychotropic medications. Required training topics are as follows:
 - An overview of the use and effects of psychotropic medications.
 - An overview of evidence-based interventions and treatment options.
 - Names and uses of commonly prescribed psychotropic medications.
 - Medication management, roles, and responsibilities.
 - Monitoring for side effects of psychotropic medications.
- In November 2021, the Department provided a memorandum to remind child welfare professionals on policy and procedures for the administration and utilization of psychotropic medication in out-of-home care. The memorandum informed the following:

- Requirement of expressed and informed consent from the child’s parent, legal guardian, or court.
 - Child welfare professional requirement of pre-consent reviews.
 - Completion of Department approved required training.
 - Development and monitoring of medication logs and monitoring of any side effects or adverse reactions.
 - Child- caring agencies licensed and certified by the Department are prohibited from utilization of chemical and mechanical restraint.
- Future:

The Office of Child & Family Well-Being and SAMH are reviewing Florida Administrative Code and Child Operating Procedures pertaining to the administration of psychotropic medications to streamline and enhance requirements for the administration of medications in emergency situations. In addition, the Department is in the process of enhancing its CCWIS system to include tracking mechanism of emergency psychotropic medications for all children in out-of-home care.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

In March 2020, the Department approved the ability for telehealth suitability assessments for children in out-of-home care to ensure all treatment needs could be assessed timely. Additionally, on April 8, 2020, the Department provided guidance that medical appointments such as EPDST could utilize alternative methods such as telehealth if the appointment could not be completed to limited access by physician offices.

The Agency for Health Care Administration has an established Medical Care Advisory Committee that serves in an advisory capacity on health and medical care issues. The committee includes:

- Board certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people and with the resources available for their care,
- Members of consumer groups, including Medicaid recipients, and
- Agency heads from the Department of Children and Families and the Department of Health.

The Sunshine Child Welfare Specialty Plan has a dedicated child welfare medical director. The Sunshine CW Plan has a Child Welfare Advisory Committee comprised of representatives from stakeholder organizations. Currently the Advisory Committee includes representation from the Foster and Adoptive Parent Association, a young adult who transitioned out of the foster care system, Florida State University’s Center for Prevention and Early Intervention Policy, Guardian ad Litem Program, executive directors of two CBCs, and Department child welfare state and regional leadership. Sunshine Health also has representation from providers including a child and adolescent psychiatrist, a pediatrician, and a CBCIH representative.

The procedures and protocols established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.

The CBHA is the Department's established, independent assessment process for assessing a child's emotional or behavioral issues. The CBHA assessor may recommend additional specialized assessments necessary. The child welfare professional may refer the child for an updated CBHA to assist in determining services that would allow the child to maintain his or her current placement.

The Department issued a memorandum, effective December 15, 2018, advising that the Comprehensive Behavioral Health Assessment is to be used as the initial assessment to determine and identify special needs to prevent inappropriate diagnoses. In October 2019, the Department incorporated the placement assessment as the preferred tool to assist with ensuring children in out-of-home care are not inappropriately referred for a clinical assessment for the purpose of rendering a diagnosis of mental illness, emotional or behavioral disorders, for the purpose of satisfying placement requirements in a clinical licensed setting.

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Statewide Disaster Planning

The Department's published [Emergency/Disaster Plan](#) provides guidance for all Department program operations. Although Tropical Storm Watches and Warnings are the most often experienced events, the Department's plan addresses active shooter events; bomb threats; building issues; emergency drills and evacuation plans; fire; flooding; fog; hazardous materials; pandemic; tornado watch and warning; smoke, wildfire, and dense fog; and suspicious package. The Emergency/Disaster Plan provides detailed expectations for "Activities to be Carried Out Prior to Hurricane Season, During a Pre-Watch Period, During a Tropical Storm or Hurricane Watch, During a Warning Period, and During the Post Storm Phase." Guidance is provided as to the responsibilities of Program Administrators and Directors, Managers and Supervisors. This plan includes staff in the Office of Child & Family Well-Being, the Interstate Compact Unit, the Hotline, Children's Legal Services and Child Protection Investigations.

As part of its disaster preparedness efforts, the Department posts information about office closings and other operations changes on a disaster section on its website and encourages Floridians to sign up for the Department's text and email alerts at www.myflfamilies.com to receive instant notification of emergency food services available in their areas. Individuals and families who sign up for these alerts will be the first to know if their area will receive emergency food assistance. This new technology is just one of the many innovative ways the Department is reaching out to communities across the state to assist them in their time of need. In addition, families and individuals who are current food assistance clients may receive replacement of benefits for the value of the food lost because of damage to their home or sustained electrical outages.

Requirements for Local Disaster Plans

Each Community-Based Care agency (CBC) has locally driven Continuity of Operations Plans and Child Welfare Disaster Plans. All written plans are updated and submitted annually to the Department. Copies of the written plans are provided to Department's Office of General Services and regional contract managers, and are made available to the circuits, regions, and within all CBCs. The disaster plans address how the CBC and any subcontracted case management agencies will:

- In case of a disaster, one of the aftermath activities of local agencies responsible for case management services is to quickly begin to contact families who care for children under state custody or supervision. During these contacts, the child's case manager (primary case manager) explores if any services to the child have been interrupted by the disaster.
- The case manager explores with the family the expected duration of interruption, alternative service providers, transportation considerations, etc. Local agencies make determinations of the extent of damage and interruption of services. If the CBC identifies that certain services to children may be interrupted (such as speech therapy, mental health services, tutoring or other educational supports, etc.), the CBC will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors inform staff of the alternative services available.
- If a family relocates intrastate due to a disaster, the child's primary case manager will request, through the Courtesy Supervision mechanism, that a secondary case manager be assigned in the new county. The secondary case manager will be responsible for conducting visits, identifying new needs based on the relocation, providing stabilization services to the family, and completing referrals that would ensure the child is provided services for previously identified needs. Primary and secondary workers would also work together and with the local providers in their respective areas to ensure that new

providers have current, relevant information about the child's needs and status in service provision prior to the child leaving his/her originating county.

- If the family relocates interstate, the primary worker will immediately notify the Florida Interstate Compact on the Placement of Children Office (ICPC) and will forward a packet of information to be sent to the receiving state so that notification and a request for services can be made. The packet will include a Child Social Summary that will contain information about service needs and will request that the assigned local case manager contact the child's Florida case manager to discuss service needs. The receiving state's case manager will be asked to initiate continued services to address the child's previously identified needs as well as any new needs identified based on the case manager's contact with the family.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- Preserve essential program records that are external to the Florida Safe Families Network.

The Office of Child & Family Well-Being (OCFW) and the Office of General Services (OGS) continue to be vigilant in communicating the need to review and revise, when necessary, all Emergency Plans from Community-Based Care lead agencies (CBCs) and their subcontracted providers. The Department also reminds stakeholders and partners in the field to make sure staff are trained and apprised of any changes in the plan.

Disaster Supplemental Appropriations for Disaster Relief Act:

In October of 2018, Hurricane Michael adversely impacted a significant number of at-risk families, as well as child welfare staff that serve Northwest Florida Health Network (NWFHN) child welfare service area. Of the 12 counties impacted, Bay and Jackson counties sustained the most extensive damage. The struggles that families continue to face after the disaster to find shelter, maintain shelter, survive, and deal with the trauma has added to the complexity of their needs, particularly related to substance misuse and addressing behavioral challenges for their traumatized children. In response, NWFHN is utilizing federal Supplemental Disaster Relief Funds to provide Program Supervisor support, two Behavioral Health Specialists, and support to local case management staff. This support is designed to assure that services align with these specific needs; enhance caseworker understanding of the impact of trauma on hurricane-impacted families; provide in-depth training, guidance, and support to increase positive impacts on the safety, permanency, and the well-being of the children and families in hurricane-impacted areas. These services began in April 2020 and are funded through September 2021.

The plan for the use of the funding outlined to the Children's Bureau was to support the behavioral health specialists, administrative, equipment costs, and provide direct training in Motivational Interviewing (scheduled now for May 3, 2021 anticipating 80 participants), Identifying and Evoking Change Talk in Clients and How to Have Difficult Conversations (now scheduled for five offers beginning May 3rd through 7th), and Compassion Fatigue/vicarious trauma to staff in those geographical areas. However, the pandemic made providing the training planned within the original plan a challenge. Therefore, the Department and NWFHN are modifying the spending plan to shift the use of some funding to assist with costs to set up, equipment, and support a virtual training lab. The NWFHN virtual training lab at the Harrison Ave office enables for staff to conduct necessary trainings effectively safely to staff impacted or affected during the COVID-19 pandemic. The lab can accommodate users across various geographic locations and any staff can participate. For onsite team learning sessions, NWFHN has built a collaborative breakout suite where a live facilitator can interact with other locations/users, on-site or connected via secured zoom sessions to promote

a diverse atmosphere and stimulate interaction. Also, Case Managers in Bay and Jackson County will be equipped with a Let's Talk Zoom dashboard to utilize and participate in trainings, meeting, and client home visits. Expenditures/revised budget.

NWFHN's ability to offer instruction to workers in remote locations, including Jackson County, saves time, money, and reduces risk. In order to meet the needs of staff and promote a safe work environment. It will also allow for training to continue when staff are required to work remotely as we have experienced since March 2020. NWFHN has implemented the ability to conduct virtual trainings for staff at remote locations. The NWFN virtual training lab at the Harrison Ave office enables for staff to effectively minimize travel and safely conduct necessary trainings to staff impacted or affected during the COVID-19 pandemic. In attempt to be more accessible for employees we have enabled a Virtual training classroom setting. Any staff with a laptop and internet connection now has the ability to participate in trainings and we now have the ability to accommodate users across various geographic locations. A live facilitator can interact with other locations/users, on-site or connected via secured zoom sessions to promote a diverse atmosphere and stimulate interaction. NWFHN ability to facilitate trainings to staff at remote locations, increase time efficiency, adopt, and provide flexibility for staff to attend, has significant cost savings, and reduces risk for employees. Our Harrison Avenue conference room is the perfect location for certain trainings and meetings. For onsite team learning sessions, NWFHN has built a collaborative breakout suite. Teachers and students can interact online and in real time while using learning environment. Using conferencing, online whiteboards, and screen sharing, the lecturer will hold live lectures and interactive discussions with the students.

The Let's Talk Zoom Telehealth licenses allowed case managers to visit and interact virtually in a Health Insurance Portability and Accountability Act (HIPAA) compliant environment manner with children, youth, young adults, parents, and caregivers during the pandemic. NWFHN assessed each situation to determine which children could be visited virtually during the pandemic.

The cost of the virtual learning environment was \$15,786.00.

The cost of the Let's Talk Telehealth licenses for case managers in Bay and Jackson Counties was \$25,440.00

NWFHN Disaster Relief Grant - Estension Budget										
Total Funding Jun 2020 - September 2021										
							Fiscal Year 2019-20	Fiscal Year 2020-21	Fiscal Year 2021-22	
						Jun 2020 - Dec 2021	6/1/2020 Actual	July 2020 - June 2021 Actual	July 2021- Sep 2021 Actual	Total
	Salary	FTE	Total Salary	Benefits (.20)	Total Personnel					
Program Supervisor	58,510	0.45	26,330	5,266	31,596	44,760.46	-	26,431	6,684	33,115
Behavioral Health Specialist	60,000	1.00	60,000	12,000	72,000	102,000	-	52,622	15,694	68,317
Behavioral Health Specialist	60,000	0.50	30,000	6,000	36,000	51,000	204	27,648	7,081	34,933
Benefits				23,266			25	20,990	5,441	26,457
Leave Liability								2,657	(1,799)	858
Subtotal Personnel	178,510		116,330	23,266	139,596	197,760	229	130,348	33,101	163,678
Variable Cost Per FTE	1,000				1,950	3,833	123	3,093	618	3,833
Facility Cost	15,300				15,300	15,300	-	13,940	3,345	17,285
Computer Equipment Cost Year 1	1,500					1,587	1,587	395	0	1,983
Virtual Training Equipment Projection/Screen/Whiteboard	15,786					15,786		15,786		15,786
Let's Talk Telehealth Licenses Bay/Jackson Case Manage	25,440					25,440		25,440		25,440
Training						20,732	0	10,366		10,366
Subtotal Direct						280,439	1,939	199,368	37,064	238,371
Indirect						30,162	193	25,075	4,894	30,162
Total						310,601	2,132	224,442	41,958	268,533
						DCF SOF	57,320	243,579	59,520	360,419
						Reversion/Roll Forward	55,188	19,137		

Office of Court Improvement (OCI) COVID 19 Updates:

When the pandemic first began, in-person court hearings were suspended, which also suspended termination of parental rights trials. As of October 2020, termination of parental rights trials resumed statewide. Despite the pandemic impacting the judicial system through court closures, delays, and limitations, children's court cases continued to move March 15, 2020 - March 15, 2021. There were 88,491 hearings for children, 13,216 children's judicial cases closed out to reunification with parent(s), permanent guardianship, or adoption, and 3,266 children were permanently committed to the Department for subsequent adoption.

The following activities were coordinated by OCI during the COVID-19 pandemic:

- Utilizing federal Court Improvement Program grant funding, the OCI renewed the previously purchased annual licenses for 200 dependency judges, magistrates, and court staff to support the continuation of dependency hearings during the COVID-19 pandemic. While there are a lot of challenges conducting hearings remotely, some judges and magistrates have reported an increase in youth participation in remote court hearings.
- The OCI coordinated multiple virtual webinars to promote the safety, permanency, and well-being of families involved in dependency courts. Webinars included topics on conditions for return, trauma, virtual visitation considerations, and FFPSA.
- The OCI facilitated a virtual statewide Early Childhood Courts All-Sites meeting for judges, attorneys, and stakeholders. The meeting included presentations on best practices within this problem-solving court
- The OCI provided staff support to the Dependency Court Improvement Panel in the submission of the following Panel-recommended workshops for the 2021 Child Protection Summit:
 - The Next Big Step--Shifting from Reasonable to Justice-Centered Exhaustive Efforts!
 - THE BIG 10: a family court toolkit with ten tools to embrace a trauma-responsive approach.
 - Breathing Life into FL Law: Relationship Based Child Welfare Through the Eyes of Lived Experience.
 - Relentlessly Supporting Relationships: The New Priority for Legal Representation in Child Welfare.
 - So, my case in being assigned to a Specialty Court, now what?
 - Kristen Solomon, Craig McCarthy, Candice Brower, Magistrate Kimber Strawbridge.
 - Using the Science of Attachment to Support Decision-Making.
 - Animal Cruelty and the Link to Child Abuse.

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ATTACHMENT 4: STAFF DEVELOPMENT AND TRAINING PLAN UPDATE

Training Plan Updates

The Office of Child and Family Well-Being Learning and Development (OCFW L&D) Unit's vision is to develop best-in-class child protective professionals that are competent, mission-driven, and committed to achieving the outcomes of safety, permanency, and well-being for children. In line with the vision, the OCFW L&D Unit continues to team up with all training units in the Community-Based Care Lead Agencies (CBCs), the Florida Coalition for Children, the Florida Institute for Child Welfare (Institute), universities, the Florida Certification Board, Sheriff Office grantees, the six Department regions, Children's Legal Services (CLS), and the Office of Court Improvement to aid the Department in its mission of protecting the vulnerable, promoting strong families, and advancing family and children well-being.

Personnel Changes: The training unit welcomed a Master Trainer, a Training Coordinator, and Training Project Manager to ensure effectiveness and efficiency of training creation and delivery. The Master Trainer is a certified child welfare professional, and she worked as a Child Protective Investigator for more than ten years and delivered child welfare specific training for six years. The Master Trainer will conduct train-the-trainer sessions throughout the state, observe certified or pre-certified trainers, and act as a Subject Matter Expert on various topics for the L&D team members. The training coordinator has also a child welfare background and worked as a licensing specialist. She is currently working closely with the Master Trainer to schedule training sessions throughout the state, update the training calendar, and support the OCFW L&D Unit. The Project Manager supervises the implementation of child welfare projects by setting project plans, and ensuring the unit stays within project constraints by identifying project tasks, defining milestones, and tracking upcoming due dates and missing deadlines.

New Training Updates: The OCFW L&D Unit implemented a podcast program for all child and family well-being employees to offer an alternative media to enhance learning while increasing accessibility and encouraging engagement. The podcasts are a digital series that offers downloadable bi-weekly episodes that impart and exchange child and family well-being information across the agency using media relevant to the changing world and diverse workforce. The show covers a broad range of topics, including:

- Child and Family Prevention Programs
- Evidence-Based Practices
- Child Welfare Initiatives
- Getting to know the Department Team

Empowering Supervisors Initiative: The Department embarked on a new direction to increase prevention initiatives to support families and children and increase integration across all programs. Child Protective Investigator Supervisors are the central nexus and quarterback of the wide range of partners and services. To provide customized training and growth to the Supervisors, the Department implemented the "Empowering Our Supervisors" initiative. The overarching goal of this initiative is to identify systemic, administrative, and job-specific challenges of CPIS and provide customized solutions. This initiative included a region-based needs assessment and action plans to address the region-based and SO-based needs. Under the guidance of the Education and Training Director, the regional coordinators collected and analyzed data, and then created region/SO-specific interventions. The coordinators are currently working with the region and SO leadership to implement these interventions.

As part of the initiative, the Empowering Supervisors Credential is created. The credential provides learning and growth opportunity for CPI Supervisors to encourage them to create an engaging and proactive culture within their unit. Earning this credential requires research and application of the topics presented. These training sessions are crucial to implementing researched-informed well-being strategies for the CPIs and CPI Supervisors during these challenging times. To provide necessary knowledge and skills for the CPI Supervisors, OCFW L&D Master Trainer offers three-part training sessions:

Part 1 - Social Allergies and Crucial Conversations training educates CPI Supervisors on how to understand social styles, recognize stress and tension, and learn the skills to create productive conversations in the workplace.

Part 2 - Psychological Safety and Safety Planning training focuses on creating and fostering a positive work climate. CPI Supervisors will learn practical ideas and powerful approaches to boost psychological safety amongst your teams.

Part 3 - Chaos, Crisis/Trauma training focuses on trauma prevention for those in crisis using a person-centered approach and strategies to cope more effectively in the workplace.

The OCFW Master trainer is conducting these training sessions for all CPI Supervisors; 25 out of 223 CPI Supervisors completed the training requirements. The goal is to have all CPI Supervisors certified in the model by December 2022.

Activities in Support of Florida's Current Staff Development and Training Plan

Goal: Professionalize and Strengthen the Training Infrastructure

Initiative 1.1 Trainer Credentialing:

The Department implemented an internal trainer credentialing program to provide trainer certification for all new child and family well-being trainers.

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

The Department also offers advanced trainer skills webinars for every six months to refresh the certified trainer's knowledge and skills. The table shows the number of trainers and their certification status based on the new trainer certification process:

	April 2021	December 2021	March 2022	Total
Level 1	0	0	0	0
Level 2a & 2b	12	14	0	26
Level 3	25	15	0	40

Future Plan: The Department is in the process of establishing a Trainer Certification Academy to provide Department-wide beginner, intermediate, and advanced trainer certifications. The goal is to have the academy established by December 2022.

Initiative 1.2. Professionally Developed Pre-service Curricula

Due to COVID challenges and competing legislative priorities, the pre-service project was put on hold in March 2021. The Department is in the process of procuring a vendor to design and develop training. The overarching goal is to restructure the current pre-service training and post-training process for all child and family wellbeing professionals.

Future Plan: The goal is to implement the new pre-service by July 2023.

Initiative 1.3: Leadership and Guidance

The OCFW L&D Unit and Office of Quality and Innovation Education and Training Unit started conducting monthly “Education Roundtable Discussions” in June 2021. The participants are regional training managers, partner agency training managers/directors, and Department training managers. These monthly meetings are to communicate upcoming monthly and six-month training sessions, provide an opportunity for attendees to learn the best training practices from their peers, and allow for differing points of view.

Future Plan: The OCFW L&D Unit and Office of Quality and Innovation Education and Training Unit will continue conducting Education Roundtable Discussions.

GOAL 2: Promote a Culture of Career-Long Learning

Initiative 2.1: Career-Long Learning

The Department implemented the Career Ladder program to increase employee engagement and retention. The CPI Career Ladder opens the door to CPIs and CPI Supervisors for advancement opportunities, professional development, and pay increases ranging from 2.5 percent to 15 percent. Advancement criteria include completing required training, passing performance evaluations, meeting quality review thresholds, and getting supervisory approval specific to the position’s advancement criteria. The OCFW L&D Unit offers a variety of training opportunities for all investigator job families. The four categories of training are:

CPI In-service Training: This category provides learning opportunities for CPIs in technical knowledge and competence areas to support Florida’s practice model and to enhance performance, such as Domestic Violence, Human Trafficking, Substance Abuse & Mental Health, Child Fatality/Critical Injury Investigations, Substance Exposed Newborn, Physical Abuse, Sexual Abuse, Opioid Response, Institutional Abuse or Neglect,

and Medical Neglect. In addition, the Department collaborates with the Institute to create specific Advanced Certification (Ad-Certs) for the frontline. The Ad-Certs will facilitate the implementation of a cohesive and progressive path of professional development that meaningfully connects to pre-service training. This ongoing program will engage child and family wellbeing professionals and give them new knowledge, technical assistance, and support throughout their advancement on the career ladder. Currently, there are three professional certification pathways under development.

- a. Strength, Trauma, and Resilience Studies (STAR) will be available in July 2022.
- b. Substance Use Disorders in October 2022.
- c. Domestic Violence will be available in January 2023.

In the meantime, the OCFW L&D Unit created four different specialty pathways: Sexual Abuse, Mental Health, Substance Misuse, and Domestic Violence.

Teamwork and Leadership: The Department is offering courses to CPIs on teamwork and leadership that include Coaching, Certified Public Manager Program, Frontline Leadership Development Program, Florida Certification Board Supervisory Training (described below), and Empowering Supervisors (described above).

Mentoring: The Department will establish a formal mentoring program for CPIs. Provisional CPIs, CPIs, CPI IIs, Specialist CPIs, and Advanced CPIs are paired with Senior Advanced CPIs utilizing a formal process. This process provides new CPIs professional and personal development opportunities by Senior Advanced CPIs. The mentoring program includes training, development activities, and evaluation of the pairs for one year.

Professional Development: This training category offers different courses to help CPIs and CPI Supervisors develop new skills, stay up to date on current trends, and advance their career. Professional Development courses include Conferences, Business Writing, Advanced Computer, and Personal Skills Training.

Current Status: The CPIs and CPI Supervisors provided positive feedback to the Career Ladder initiative. As of March 27th, 382 CPIs and CPI Supervisors applied for the Ladder and 301 (out of 382) completed at least one step in the ladder.

Future Plan: The Department will continue to offer learning and development opportunities for both CPIs and CPI Supervisors and expand these opportunities to partner agencies. The training will also utilize continuous quality improvement to revise and enhance the career ladder's learning and development opportunities that use an individual professional development plan.

Initiative 2.2: Supervisor Professional Development

The Strong Foundations is a cooperative agreement awarded to Embrace Families under a Children's Bureau's grant for Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. The Strong Foundations is partnering with OCFW, the Florida Certification Board, Heartland for Children, and Citrus Family Care Network to develop and implement a supervisor model and certification process for all child welfare professionals. The purpose is to help all Child and Family Wellbeing Supervisors build core supervisor competencies. A third party will certify supervisors once they complete the training and pass the 6-month process.

The first session was piloted on May 17, 2021, using the Zoom video conferencing platform. The virtual format was utilized due to ongoing concerns for the health and safety of the workforce. Since the pilot, ten additional training classes were offered with a total of 151 supervisors (including the pilot class) successfully completing the training. All training classes were virtual and followed a schedule similar to the pilot (3 weeks of 3 half day trainings) and included supervisors from across all sites and disciplines. Supervisors have continued to be encouraged to complete the required observations and take steps to complete the certification process. As of March 2022, 4 supervisors have completed all certification requirements.

Supervisor trainees that completed the training were sent surveys that document self-assessed knowledge and skill with regard to the competencies. Results from the surveys indicate that supervisors of case managers and protective investigators significantly increased their self-assessed knowledge and skill on every competency except one which was already very high at pretest. (Note that the sample of supervisors of licensing professionals was too small to conduct testing.) Trainee satisfaction was also fairly positive.

A draft of the Train-the-Trainer guide has been developed and is in the editing phase. Individuals with training expertise from the project sites have been enlisted to review and provide feedback during the editing phase. The schedule for Train-the-Trainer workshops is being coordinated with the project sites and Department leadership. The finalization of the guide and workshop schedule is expected to be completed in April 2022.

Future Plan: The Supervisor Training program will be fully implemented by June 2023 statewide.

Initiative 2.3: Proficiency in Florida's Child Welfare Practice Model

The Office of Quality and Innovation Education and Training Unit has implemented an internal proficiency process for CPI Supervisors and Managers to assess fidelity to the Practice Model and provide guidance to the new CPIS. The purpose of the internal proficiency process is to provide training to supervisors, program managers, and operational program managers that provides advanced knowledge of the practice model and coaching required for skill application at an expert level. The process has three core areas:

- Understanding of the agency's policies and procedures.
- Ability to provide feedback via discussions or written analysis on essential child welfare specializations.
- Ability to create and support a healthy learning environment for staff.

Starting June 30th, 2023, all CPIS will have two years to obtain the Certified Child Welfare Supervisor certification (CCWS) through the Florida Certification Board (FCB). To prepare CPI Supervisors for the certification, the Department created a precertification process tailored to individual supervisors' needs as a replacement for the previous proficiency process. The new process is structured around an Individual Development Plan (IDP) crafted alongside and monitored by the Supervisor's Program Administrators (PA). The IDP includes regional performance data, Quality Review data from Qualtrics on both Supervisory and Unit Profiles (details below), training needs, measures of the transfer of knowledge through observations and performance evaluations, and self-assessments in the four domains of CCWS (Leadership, Communication Skills, Managing Performance, and Professional Child Welfare Foundations). Through the Department's Empowering Supervisors Initiative, Supervisors have already conducted self-assessments in the four domains of CCWS and are already engaged in training and professional development toward this certification. The completion of the precertification process will ensure Supervisors have adequate training, transfer of knowledge, preparation for CCWS, and Quality Review measures above 80 percent in Qualtrics. Beginning June

30th, 2022, all Supervisors with less than two years of experience will be required to complete the precertification process.

Future Plan: The goal is to expand the proficiency process for case managers and licensing specialists in two years.

GOAL 3: Fully Integrate Training into the Continuous Quality Improvement (CQI) Process

Initiative 3.1: Continuous Improvement of Training

The OCFW L&D Unit uses data to develop and evaluate all new and existing training initiatives. The OCFW Training Unit implemented Learning Transfer Evaluation Model (LTEM) to measure the effectiveness of training and transfer of learning. All e-learning courses and webinars are followed up with an LTEM questionnaire. The OCFW Training Unit has one dedicated “Evaluation/Implementation” staff who monitors and assesses the evaluation results. The evaluator provides that feedback on the training courses to instructional designers.

In addition, the OCFW L&D Unit is purchasing a new Learning Management System (LMS), and it will be available for all child and family wellbeing professionals as of October 1st. The new LMS will allow training registry, delivery, and tracking, even for all professionals employed by private agencies or municipalities. The new system will enable the OCFW L&D Unit to create different learning paths for each job family group and obtain data to improve training.

Also, the OCFW L&D Unit surveys child welfare supervisors every six months to learn about their observations for the new child welfare professionals who have completed various training and been certified. The survey results are used to incorporate continuous quality improvement in pre-service and in-service training.

Future Plan: The OCFW L&D Unit will keep collaborating with the data team to identify learning and development opportunities for the frontline.

Initiative 3.2: Strengthen the Link Among Training, Data, and Quality Assurance

The OCFW L&D Unit implemented two processes to ensure that the data and quality assurance process informs the team about learning and development opportunities.

First, the OCFW L&D Unit and the Office of Quality and Innovation Data team meet monthly to discuss the performance gaps that require training to design and develop different performance solutions (e.g., infographic, eLearning, Learning Circles, etc.). This collaboration led to a new pilot for the Department to improve the process of the initial supervisory consultation. The OCFW L&D team created “Initial Supervisory Consultation” training. The training includes a self-paced 60 minutes course followed by a learning circle to cover the concepts in detail and practice necessary skills. There were 313 CPIs and CPI Supervisors as part of the pilot. The data team is currently collecting data to measure performance improvement in this metric. The pilot will be evaluated in July 2022.

Second, the data team created individual dashboards to measure Supervisors' individual and unit performances. These dashboards allow individuals to see what they are doing well and where they need to improve for themselves or their unit. The OCFW L&D Unit uses these dashboards to offer customizable learning and development opportunities for CPI Supervisors.

Future Plan: The OCWF L&D Unit will continue to provide different instructional and performance solutions to support the vision of “best-in-class” and competent child welfare professionals.

Chapter 8 provides the breakdown of the training budget for this fiscal year.

OVERVIEW OF THE TRAINING (01/2021-12/2021)

This overview is a compilation of data submitted by all Community-Based Care Lead Agencies, Sheriff Office grantees, the six Department of Children and Families regions, and Children’s Legal Services. The reporting period for state training is January 2021 to December 2021. During the year, 94,608 individuals attended child welfare-related training activities offered by the Florida Department of Children and Families or one of its partner agencies at the estimated cost of \$7,306,314.00.

The population trained includes Foster and Adoptive Parents, Relative and Non-Relative Caregivers, Child Protective Investigators, Case Managers, Licensing Counselors, Adoption Specialists, Independent Living Case Managers, Children’s Legal Services employees of other child welfare service providers. The training data is self-reported and therefore is not always consistent.

The tables below show all Pre-Service, In-Service, Foster/Adoptive Parents, and other partners/providers’ trainings broken down by audience, course types, training setting, and providers. Totals vary across the tables because of missing data.

Table 1: Pre-Service Trainee Numbers from January 2021 through December 2021

Course Title	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Core	8	288	92	364	752	54%
Case Management Specialty	8	221	85	233	547	39%
CPI Specialty	-	13	4	59	76	5%
Licensing Specialty	1	1	-	9	11	1%
Total	17	523	181	665	1386	100%

Participation data in this table reflect both the structure of Pre-Service and the challenges presented by COVID-19 in 2021. Core provides skills and knowledge that all child welfare professionals must have. Case Management Specialty is a broad category comprised of Prevention, Foster Care, Adoption, and After Care case managers, as well as Licensing workers, Quality Assurance, Fiscal and Case Management Support staff. Participation in licensing specialty appears to be low because most agencies report their licensing staff under case management. COVID-19 made it difficult to train new hires because Pre-Service Curriculum was designed for classroom/in-person delivery.

Table 2: Description of In-Service Trainings in FY 2021

Title IV-E Training Topics Claimable at the 75 Percent Match Rate	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Not 75% Eligible Training	506	398	324	428	1656	23%

Social Work Practice	415	295	303	357	1370	19%
Child Abuse and Neglect Issues	371	275	218	258	1122	15%
Mental Health	167	120	95	127	509	7%
Foster Parent	133	100	91	114	438	6%
Assessment	100	52	44	68	264	4%
Permanency Planning	55	56	35	72	218	3%
Cultural Competency	74	37	48	44	203	3%
Substance Abuse	64	34	40	62	200	3%
Title IV-E Policies	64	44	37	40	185	3%
Child Development	46	44	40	43	173	2%
SACWIS System	40	33	49	41	163	2%
Independent Living Skills	51	31	35	43	160	2%
Communication Skills	56	34	36	32	158	2%
Domestic Violence	29	21	49	40	139	2%
Preserving families	35	31	32	33	131	2%
Referrals for Services	27	11	19	29	86	1%
Ethics Training	32	14	20	14	80	1%
Effects of Separation	11	8	10	8	37	1%
Visitation/Family Time	12	13	7	5	37	1%
AFCARS System	1	1	1	1	4	0%
Total	2289	1652	1533	1859	7333	100%

Table 2. shows the distribution of the topics by quarter and claiming category. In 2021, the Department held 7333 training activities. Twenty-three percent of these were not claimable at the 75 Percent Federal Match Rate. As in previous years, about half of the courses focused on Social Work Practice, Child Abuse and Neglect Issues, Assessment, Mental Health and Foster and Adoptive Parent training.

Table 3. In-Service Training in 2021 by Audience Groups

Audience Groups	Number of Attendees					Percentage
	Q1	Q2	Q3	Q4	Year Total	
Case Management	19997	20762	12979	16988	70726	76%
Foster and Adoptive Parents	2878	3736	1720	1872	10206	11%
Child Protective Investigations	2050	1531	1392	2099	7072	8%
Child Legal Services	2463	821	1843	175	5302	6%
Total	27388	26850	17934	21134	93306	100%

Table 3 shows the distribution of training attendees by quarter and audience groups. Participation from Child Legal Services has increased from 3.6 to 6 percent. Foster and adoptive parents' attendance also remained stable at 11 percent. This may be due to the updates made to the Quarterly Training Report forms. There is continuous effort to track participation from relatives and non-relatives.

Table 4. In-Service Training in 2021 by Settings

Training Setting	Number of Attendees					Percentage
	Q1	Q2	Q3	Q4	Year Total	

Online	18384	13444	12318	13730	57876	61%
Classroom	7910	9298	6141	6729	30078	32%
Field	1419	4178	293	764	6654	7%
Total	27713	26920	18752	21223	94608	100%

Table 4 shows the environment or setting where the training occurred. In 2021, most of the training was delivered Online due to the COVID-19. Online training is virtual training, where the instructor is not in the same room as the trainee. Most of the virtual training was webinars. Efforts are being made to implement simulation opportunities.

Table 5. In-Service Training in 2021 by Providers

Training Provider	Number of Attendees					Year Total	Percentage
	Q1	Q2	Q3	Q4			
In-House	21256	22037	13535	15755	72583	77%	
Other	5966	4527	5017	5043	20553	22%	
University	491	356	200	425	1472	2%	
Total	27713	26920	18752	21223	94608	100%	

Table 5 shows the distribution of trainings by quarter and providers. Most of the training continues to be provided 'In-House.' The In-House category is comprised of training by staff from the Department of Children and Families, a Community Based Care Organization, a Case Management Organization, or a Sherriff's office that provides Child Protective Investigations. The University category includes training provided by trainers from or contracted through a university. For the 'Other' category, trainers are from or contracted through an outside organization. Examples of these include Action for Child Protection, Safe and Together Institute, Florida State University, University of South Florida, or a local provider.

Table 6. Foster and Adoptive Parent Training in 2021

Course Title – For Foster and Adoptive Parents Training	Number of Attendees					Year Total	Percentage
	Q1	Q2	Q3	Q4			
Parent Resources for Information, Development and Education (PRIDE) Training	622	988	499	238	2347	23%	
Quality Parenting Training (QPT) TTT and Sessions 1-7	381	396	532	915	2224	22%	
National Training and Development Curriculum for Foster and Adoptive Parents	915	1075	-	-	1990	19%	
Passport to Parenting	306	185	237	221	949	9%	
Quality Parent Training	-	863			863	8%	
Adoption 101	21	102	100	163	386	4%	
Community Group	218			101	319	3%	
Professional Parenting Preservice Training	186	8	37	30	261	3%	

Fostering Series Part 1 – 4	46	36	70	39	191	2%
Adoption Information Night	55			101	156	2%
Other Trainings	32	27	11	21	91	1%
Education Surrogate Training	-	-	74	-	74	1%
Health Network 2nd Monday Training	-	-	72	-	72	1%
Foster Parent Training	-	6	48	-	54	1%
Motivation Interviewing for Foster Parents and Caregivers with Adolescents	-	-	1	42	43	0%
Foster Parent Orientation	-	30	-	-	30	0%
Strong Foundations: Conditions for Return	-	-	30	-	30	0%
Placement Training	25	-	-	1	26	0%
Foster Parents of Teens Group	24	-	-	-	24	0%
Positive Parenting	19	-	-	-	19	0%
The Impact of Trauma	16	-	1	-	17	0%
TBRI Training	-	16	-	-	16	0%
One on One Behavior Coaching	12	-	-	-	12	0%
Common Sense Parenting Overview	-	-	8	-	8	0%
Quality Parenting Initiative (QPI)	-	3	-	-	3	0%
Quality Parenting Initiative (QPI): Trauma - Helping Children with Trauma Histories	-	1	-	-	1	0%
Total	2878	3736	1720	1872	10206	100%

Table 6 shows training provided to foster and adoptive parents in 2021. This list includes Pre- and In-service training courses and activities. Agencies use such curriculum packages as Passport to Parenting, Quality Parenting Training (QPT), or Parent Resources for Information, Development, and Education (PRIDE). Efforts are being made to track training provided to Relative and Non-Relative caregivers.

The State of Florida
2020-2021 CAPTA ANNUAL DATA REPORT

1. **The number of children who were reported to the State during the year as abused or neglected: 215,415**
(Jul 1, 2020-Jun 30, 2021)
2. **Of the number of children described in paragraph (1), the number with respect to whom such reports were:**
 - A. **Substantiated; 28,316** (Jul 1, 2020-Jun 30, 2021)
 - B. **Unsubstantiated; or (Note: Florida's count for Unsubstantiated includes no indication findings and Not Substantiated) 186,321** (Jul 1, 2020-Jun 30, 2021)
 - C. **Determined to be false. 788** (Jul 1, 2020-Jun 30, 2021)
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; 28,316** (Jul 1, 2020-Jun 30, 2021)
 - B. **The number that received services during the year under the State program funded under this section or an equivalent State Program; and**
 - C. **The number that were removed from their families during the year by disposition of the case. 12,809**
(Jul 1, 2020-Jun 30, 2021)
4. **The number of families that received preventive services, including use of differential response, from the State during the year.**
5. **The number of deaths in the State during the year resulting from child abuse or neglect.** There was a total of 61 deaths resulting from verified abuse or neglect (Jul 1, 2020 to Jun 30, 2020)
6. **Of the number of children described in paragraph (5), the number of such children who were in foster care.**
7.
 - A. **The number of child protective service personnel responsible for the—**
 - i. **intake of reports filed in the previous year**
 - ii. **screening of such reports**
 - iii. **assessment of such reports**
 - iv. **investigation of such reports.**

As Florida contracts out for investigation services in several areas of the state, we cannot state with certainty how many staff are full time versus part time. We can say that there were 2,427 investigators (which includes Child Protective Investigators and Supervisors; and CPI Sheriffs and Supervisors), as many as 127 Hotline Staff Intake Counselors, and 30 Hotline Staff Intake Supervisors. Due to Covid-related staff shortages throughout the state, the number of hotline staff was greatly reduced from prior years.
 - B. **The average caseload for the workers described in paragraph (A).**
8. **The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.** 11.5 hours from time report received to time report commenced *Source: 2021 NCANDS Agency File*
9. **The response time with respect to the provision of services to families.**
10. **For child protective service personnel responsible for intake, screening, assessment, and investigations of child abuse and neglect reports in the State—**

- A. Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions.
 - B. Data of the education, qualifications, and training of such personnel.
 - C. Demographic information of the child protective service personnel.
 - D. Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.
11. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse and neglect, including the death of the child.

The number of children reunited with their families: 2,354

The number of children receiving family preservation services: 4,617

Source: 2021 NCANDS Agency File

12. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

The number of children for whom individuals were appointed by the court to represent the best interests of such children.

The average number of out of court contacts between such individuals and children.

13. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6).
14. The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system. As of December 2021, there were 876 children active as a welfare case who were in a juvenile justice placement. This count includes any child who had an active juvenile justice placement in a residential or detention facility, or community supervision.
15. The number of children referred to a child protective services system under subsection (b)(2)(B)(ii)

This information was not readily available in Florida's SACWIS system. Beginning in November 2013, the Florida's Safe Families Network (FSFN) was enhanced to allow for the documentation of three additional Maltreatments for *Substance Misuse*:

- *Substance Misuse*
- *Substance Misuse - Alcohol*
- *Substance Misuse- Illicit Drugs*
- *Substance Misuse- Prescription Drugs*
- *Substance Exposed Newborn*

2,304 (Jul 1, 2020 to Jun 30, 2021). 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 FFY. 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:

The number of children referred in *State Fiscal Year (SFY)*:

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APPENDIX B. EDUCATIONAL AND DEMOGRAPHICS FOR CPI IN SHERIFF OFFICES

Child Protective Investigations	Supervisors with BSW	Supervisors with MSW	Supervisors Avg Years Child Welfare experience	Investigators with BSW	Investigators with MSW	Investigators Avg Years Child Welfare experience
Sheriff Pasco	1	1	17.2	2	0	4.1
Sheriff Hillsborough	1	0	15.7	1	0	4.8
Sheriff Manatee	0	0	18	2	0	4
Sheriff Broward	2	0	18	9	5	5
Sheriff Pinellas						
Sheriff Seminole	1	0	17	2	0	5
Sheriff Walton	0	1	5	2	0	2.25

Demographic Information of the Child Protective Investigation Personnel in Sheriff Offices

Child Protective Investigations	Black	White	Other	Hispanic
Sheriff Pasco	6	48	1	6
Sheriff Hillsborough	21	82	4	29
Sheriff Manatee	5	39	0	6
Sheriff Broward	68	7	1	6
Sheriff Pinellas	20	75	1	13
Sheriff Seminole	3	30	1	4
Sheriff Walton	1	10	0	1

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APPENDIX C. CHILD PROTECTIVE INVESTIGATOR AND CPI SUPERVISOR POSITION DESCRIPTIONS

STATE OF FLORIDA

POSITION DESCRIPTION

CAREER SERVICE <input checked="" type="checkbox"/> SELECTED EXEMPT SERVICE <input type="checkbox"/> SENIOR MANAGEMENT SERVICE <input type="checkbox"/> OTHER <input type="checkbox"/> _____			
POSITION LOCATION INFORMATION		Position Exempt Under 110.205(____)(____), F.S. Managerial <input type="checkbox"/> Confidential <input type="checkbox"/> Supervisory <input type="checkbox"/> Other <input type="checkbox"/> _____	
NAME OF AGENCY: Department of Children and Families		Organization Level: Current: 60 Proposed:	
DIVISION/COMPARABLE: Region / Family Safety		Position Number:	FTE: 1.00
		Security Role Code: E	
BUREAU/COMPARABLE: Operations / Child Protection		Current Broadband Level Code: 21-1099-03	Current Class Title: Child Protective Investigator Current Class Code: 8371
SECTION/SUBSECTION: /		Proposed Broadband Level Code:	Proposed Class Title:
		Proposed Class Code:	
HEADQUARTERS/COUNTY CODE: /		Type of Transaction:	
INCUMBENT:		APPROVAL AUTHORITY USE ONLY	
POSITION ATTRIBUTES: EEO: 01 <input type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> CBU: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input checked="" type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 89 <input type="checkbox"/> 99 <input type="checkbox"/> Other <input type="checkbox"/> _____		BROADBAND D Level Code: 21-1099-03	CLASS CODE: 8371
		APPROVED BY:	EFFECTIVE DATE:
		APPROVED BROADBAND OCCUPATION: Community/Social Service Spec/All Other	

Special Risk: Yes No
Overtime: Yes No
CAD: Yes No

APPROVED CLASS TITLE:

Child Protective Investigator

1. **This position reports directly to:** Position Number _____ Broadband Level Code 21-1099-04
Broadband Occupation Community/Social Service Spec/All Other Class Code 8372 Class Title Child Protective Investigator Supv-SES

2. **Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:**

3. **What statutes establish or define the work performed?** FS Chapter 39

4. **This position has financial disclosure responsibility in accordance with Section 112.3145, F. S.:** Yes No

5. **Current budget for which this position is accountable (if applicable):**

Salaries & Benefits

O.P.S.

Expenses

F.C.O.

Data Processing

TOTAL ALLOTMENT

If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation:

6. **Duties and Responsibilities** - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.

<p>% of Time</p>	<p>DUTIES AND RESPONSIBILITIES</p>
	<p>This is professional work protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children.</p>
	<p>Conducts investigations regarding allegations of abuse, neglect, abandonment and/or special conditions for children;</p>
	<p>Collects information through interviews with the children, parents, relatives, neighbors, and other parties associated with the case;</p>
	<p>Engages families, identifies needs and determines the level of intervention needed to include voluntary services or court ordered dependency services; provides services linkages to agency and community resources based on needs assessment. Provides recommendations for development of case plan to Case Manager;</p>
	<p>Conducts initial/ongoing child Present and Impending Danger assessments;</p>
	<p>Develops with the family a signed Present Danger Plan and a signed safety plan for any identified threats and interventions;</p>
	<p>Arranges emergency placement for any child that cannot safely remain in the home;</p>
	<p>Notifies state attorney, law enforcement, child protection team and other required individuals as appropriate;</p>
	<p>Schedules and gathers information for and participates in case staffings;</p>
	<p>Prepares appropriate reports/documentation in coordination with Children’s Legal Services and provides testimony in court;</p>
	<p>Maintains thorough documentation in the client records/appropriate information system(s) and maintains organized client files;</p>
	<p>Reports indication of abuse, neglect and/or abandonment to the Florida Abuse Hotline;</p>
	<p>Establishes and maintains cooperative working relationships with organizations and other agencies involved with child protective investigations such as community based providers, Children’s Legal Services, law enforcement, medical personnel, schools, and other community/agency resources;</p>
	<p>Ensures effective communication with deaf or hard-of hearing Customers or companions in accordance with the ADA and/or Section 504 and shall manage service records and report this data and any resources and/or training needs to their designated program point of contact.</p>
<p>7.</p>	<p>Knowledge, skills and abilities, including utilization of equipment, required for the position: Knowledge of theories and practice in child protection. Knowledge of professional ethics relating to child protection and counseling. Knowledge of family-centered interviewing and counseling techniques. Knowledge of investigative techniques. Knowledge of interviewing and observation techniques. Skill in considering child development in guiding placement of children. Ability to recognize indicators of abuse and neglect. Ability to conduct risk and safety investigations. Ability to plan, organize and coordinate work assignments. Ability to understand and apply relevant laws, rules, regulations, policies and procedures. Ability to actively listen to others. Ability to communicate</p>

effectively. Ability to maintain well-executed case files. Ability to establish and maintain effective working relationships with others. Ability to utilize computer systems. Ability to write accurate investigative reports.

8. **Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):** Incumbents in this job class are required to use a personal vehicle to conduct field investigations, field visitations, or transportation of clients, and must maintain a valid driver's license, vehicle registration, and appropriate automobile insurance. Incumbents will receive a Vehicle Insurance Allowance. See CFOP 40-4, Vehicle Insurance Allowance For Selected Child Welfare and Adult Protective Services Staff, for additional information related to this job requirement. Florida Child Protective Investigator certification obtained within 12 months of hire.

9. **Other job-related requirements for this position:** On-Call

10. **Working hours:** (A) Daily from ____ to ____ (B) Total hours in workweek 40 (C) Explain any variation in work (split shift, rotation, etc.)

11. **Agency Use Only –**
Check those that apply: Uniform Allowance CJIP Bond Indicator Drug Screening Re-screening
 Security Check: No security screen required Background investigation required Background & fingerprint required
 Fingerprint investigation required Access to abuse records Caretaker Financial Law enforcement Management
 Sensitive Agency Security Check **Other:**

The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.

Incumbent Signature (optional):	Date:	
Discussed with Employee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Title:	Date:
Supervisor's Signature:		
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date:

STATE OF FLORIDA

POSITION DESCRIPTION

CAREER SERVICE <input type="checkbox"/> SELECTED EXEMPT SERVICE <input checked="" type="checkbox"/> SENIOR MANAGEMENT SERVICE <input type="checkbox"/> OTHER <input type="checkbox"/> _____		
POSITION LOCATION INFORMATION	Position Exempt Under 110.205(2)(W), F.S. Managerial <input type="checkbox"/> Confidential <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Other <input type="checkbox"/> _____	
NAME OF AGENCY: Department of Children and Families	Organization Level: Current: 60 Proposed:	
DIVISION/COMPARABLE: Region / Family Safety	Position Number:	FTE: 1.00
		Security Role Code: M

BUREAU/COMPARABLE: Operations / Child Protection	Current Broadband Level Code: 21-1099-03	Current Class Title: Child Protective Investigator Supv-SES	Current Class Code: 8372													
SECTION/SUBSECTION : /	Proposed Broadband Level Code:	Proposed Class Title:	Proposed Class Code:													
HEADQUARTERS/COUNTY CODE: /	Type of Transaction:															
INCUMBENT:	APPROVAL AUTHORITY USE ONLY															
POSITION ATTRIBUTES: EEO: 01 <input type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> CBU: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input checked="" type="checkbox"/> 89 <input type="checkbox"/> 99 <input type="checkbox"/> Other <input type="checkbox"/> _____ Special Risk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Overtime: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CAD: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	BROADBAND D Level Code: 21-1099-04	CLASS CODE: 8372	APPROVED BY:	EFFECTIVE DATE:												
APPROVED BROADBAND OCCUPATION: COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER																
APPROVED CLASS TITLE: CHILD PROTECTIVE INVESTIGATOR SUPV-SES																
<p>2. This position reports directly to: Position Number _____ Broadband Level Code <u>11-9151-02</u> Broadband Occupation <u>Community/Social Service Spec/All Other</u> Class Code <u>5916</u> Class Title <u>Program Administrator - SES</u></p> <p>3. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position: <u>Broadband : Class Title : Class Code : Position Number(s) : HQ Location</u> 21-1099-03: Senior Child Protective Investigator: 8373: _____ : 21-1099-03: Child Protective Investigator: 8371: _____ : 43-4199-02: Records Technician: 0045: _____ : 21-1093-01: Family Support Worker: 5703: _____ :</p> <p>4. What statutes establish or define the work performed? FS Chapter 39</p> <p>5. This position has financial disclosure responsibility in accordance with Section 112.3145, F. S.: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>																
<p>6. Current budget for which this position is accountable (if applicable):</p> <table border="0" style="width:100%"> <tr> <td style="width:33%">_____</td> <td style="width:33%">_____</td> <td style="width:33%">_____</td> </tr> <tr> <td style="text-align:center">Salaries & Benefits</td> <td style="text-align:center">O.P.S.</td> <td style="text-align:center">Expenses</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align:center">F.C.O.</td> <td style="text-align:center">Data Processing</td> <td style="text-align:center">TOTAL ALLOTMENT</td> </tr> </table> <p>If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation:</p>					_____	_____	_____	Salaries & Benefits	O.P.S.	Expenses	_____	_____	_____	F.C.O.	Data Processing	TOTAL ALLOTMENT
_____	_____	_____														
Salaries & Benefits	O.P.S.	Expenses														
_____	_____	_____														
F.C.O.	Data Processing	TOTAL ALLOTMENT														

7. **Duties and Responsibilities** - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.

<p>% of Time</p>	<p>DUTIES AND RESPONSIBILITIES</p>
	<p>This is advanced professional work supervising and directing employees. The primary duty of the incumbent in this position is to spend the majority of their time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to effectively recommend actions such as: hire, transfer, suspend, layoff, promote, discharge, assign, and reward or discipline direct reports. Evaluates employees against established standards and takes appropriate actions when necessary (i.e. recognition, reward, corrective action, etc.).</p>
	<p>Supervise, plan and direct workloads, work flows, deadlines, work objectives and time utilization of subordinate staff in the delivery of protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children.</p>
	<p>Develop performance standards and job duty expectations with investigators, reviews standards and plans for continuous improvement. Communicate investigators' compliance with these expectations on a regular basis and provides coaching by acknowledging outstanding performance and providing suggestions on areas for improvement.</p>
	<p>Evaluate employees against established standards and takes any necessary steps for corrective action.</p>
	<p>Promote career development of investigators by ensuring each individual receives the proper training and leads cross-training efforts on differential investigative skills.</p>
	<p>Review casework, assessments and safety plans with investigators, and provides consultation and direction to assure appropriateness, clarity, quality, thoroughness and proper documentation.</p>
	<p>Use management tools in appropriate information system(s) on an ongoing basis to monitor open cases and manage workflow for steady progress to ensure the timeline for actions to be taken are met and to prevent backlog.</p>
	<p>Ensure that Child Protection Investigation (CPI) operations are within legislative authority and in compliance with required federal, state rules and regulations.</p>
	<p>Identify improvements and implements adjustments needed to ensure program effectiveness and efficiency.</p>
	<p>Facilitate and participate in the hiring, promoting, demoting, discipline and/or dismissal of employees.</p>
	<p>Collect, analyze, and report data regarding child protective investigations.</p>
	<p>Establish and maintain cooperative working relationships with organizations and other agencies involved with child protective investigations such as community based providers, Children's Legal Services, law enforcement, medical personnel, schools and other community/agency resources.</p>
	<p>Ensure effective communication with deaf or hard-of hearing Customers or companions in accordance with the ADA and/or Section 504 and shall manage service records and report this data and any resources and/or training needs to their designated program point of contact.</p>

8. **Knowledge, skills and abilities, including utilization of equipment, required for the position:** Knowledge of theories and practice of child protection, counseling, social work, investigations and assessments. Knowledge of professional ethics relating to child protection and counseling. Knowledge physical and behavioral indicators of abuse and neglect. Knowledge of effective management skills. Knowledge of interviewing techniques. Knowledge of court procedures and legal requirements. Knowledge of methods of collecting, organizing and analyzing data. Knowledge of management and supervision techniques. Knowledge of family-centered interviewing and counseling techniques. Knowledge of investigative techniques. Knowledge of interviewing and observation techniques. Skill in direct observation of investigator's abilities in interacting appropriately with families, community resources, service providers and other department professionals. Skill in considering child development in guiding placement of children. Ability to recognize indicators of abuse and neglect. Ability to conduct risk and safety investigations. Ability to actively listen to others. Ability to maintain well-executed case files. Ability to write accurate investigative reports. Ability to develop and implement individual case plans. Ability to assess investigators' performance and develop performance improvement plans. Ability to analyze the effectiveness of service programs, and identify resources or make adjustments to meet needs. Ability to plan, organize and coordinate work assignments. Ability to communicate effectively. Ability to establish and maintain effective working relationships with others. Ability to effectively supervise staff members. Ability to understand and apply relevant laws, rules, regulations, policies, and procedures. Ability to use computer systems. Ability to demonstrate knowledge of group dynamics. Ability to staff cases. Ability to conduct thorough case staffings and other meetings.

9. **Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):** Must maintain valid Driver's License; Must maintain current Florida Child Protective Investigator certification; Bachelor's Degree.

11. **Other job-related requirements for this position:** Proficient in the application of the child welfare safety practice model.

12. **Working hours:** (A) Daily from ____ to ____ (B) Total hours in workweek 40 (C) Explain any variation in work (split shift, rotation, etc.)

12. **Agency Use Only –**
Check those that apply: Uniform Allowance CJIP Bond Indicator Drug Screening Re-screening
Security Check: No security screen required Background investigation required Background & fingerprint required
 Fingerprint investigation required Access to abuse records Caretaker Financial Law enforcement
 Management
 Sensitive Agency Security Check **Other:**

The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.

Incumbent Signature (optional):		Date:
Discussed with Employee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Title:	Date:
Supervisor's Signature:	Title:	Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date:

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APPENDIX D. CHILD PROTECTIVE INVESTIGATOR AND SUPERVISOR ANNUAL REPORT

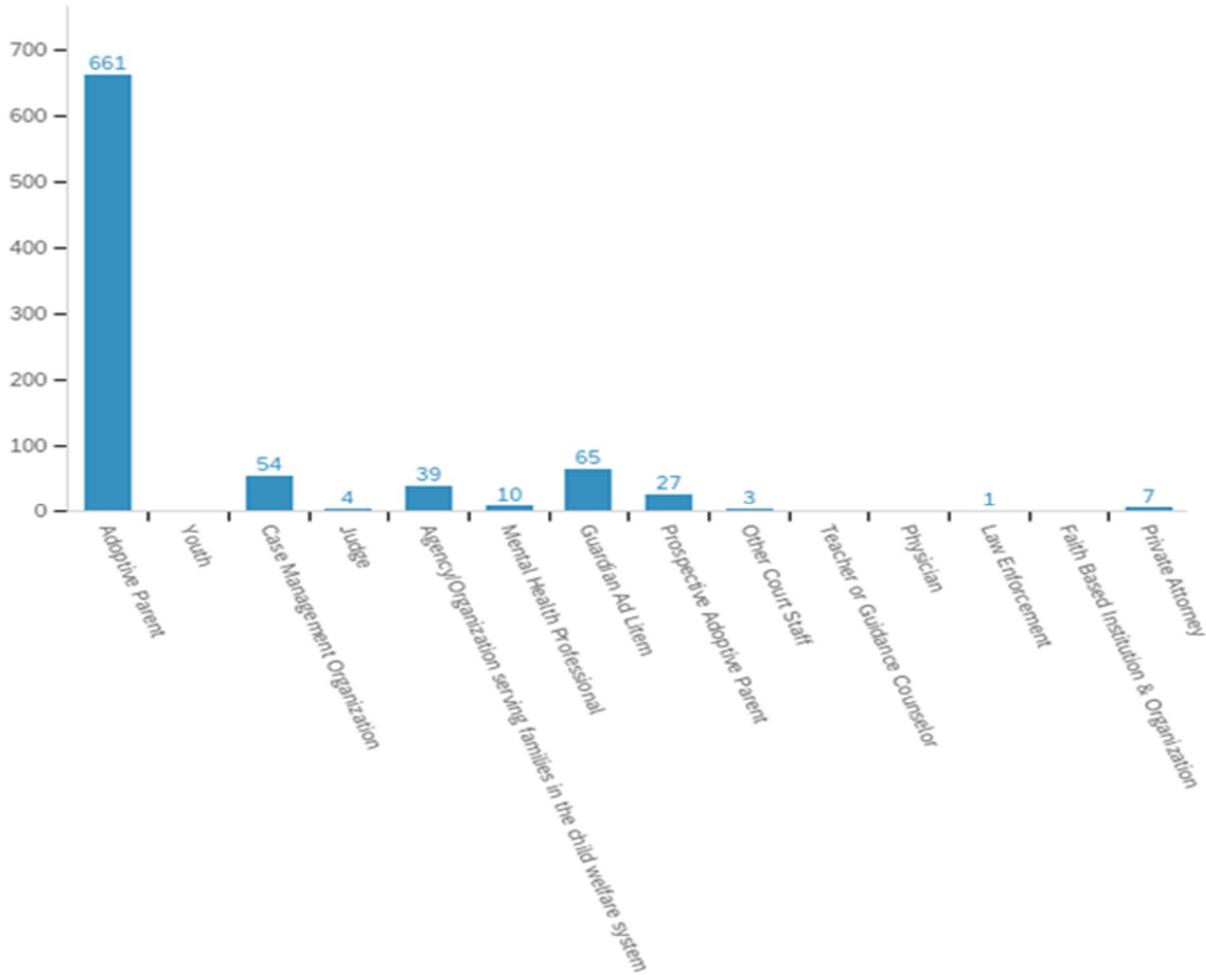
[ANNUAL REPORT: Child Protective Investigator and Child Protective Investigator Supervisor Educational Qualifications, Turnover, and Working Conditions Status Report](#)

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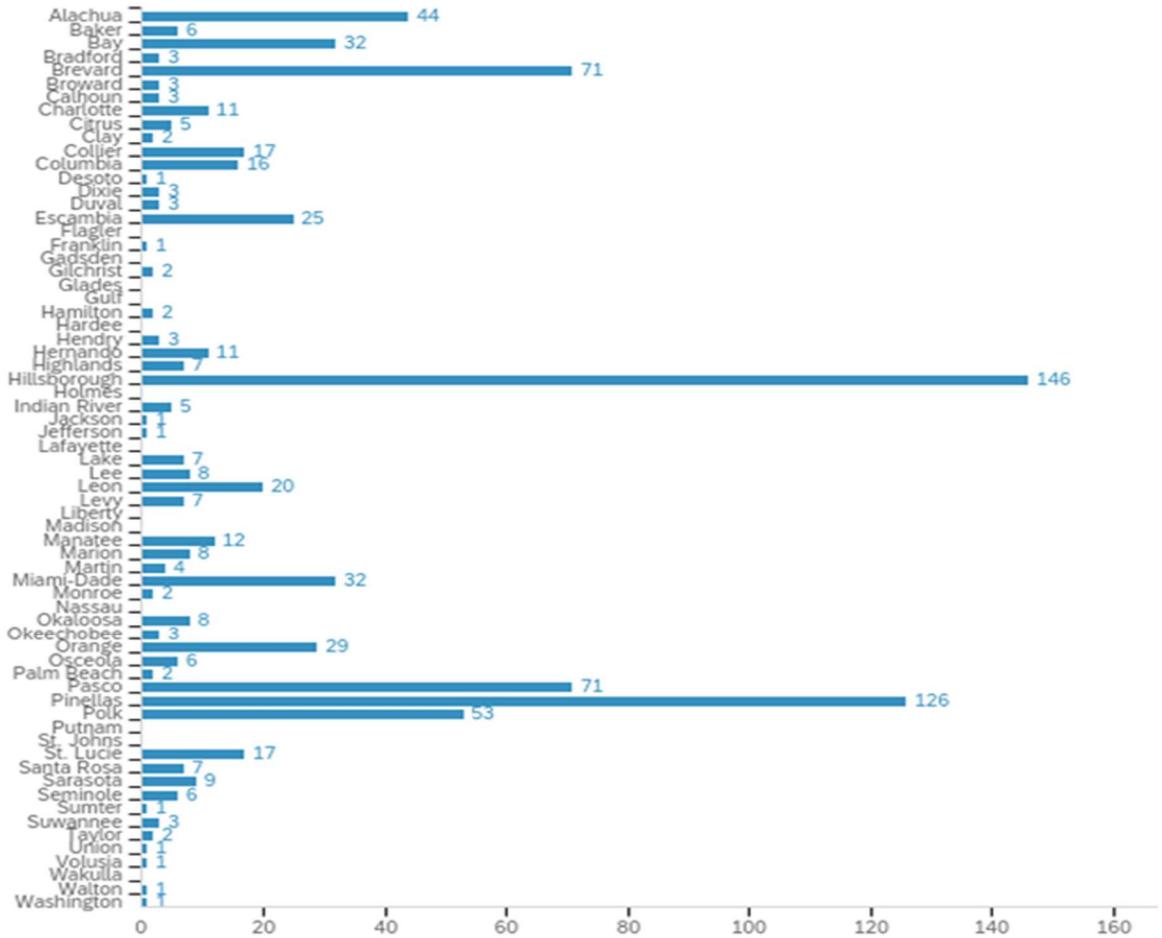
APPENDIX E. ANNUAL ADOPTION SURVEY

Annual Adoption Survey -2020-2021

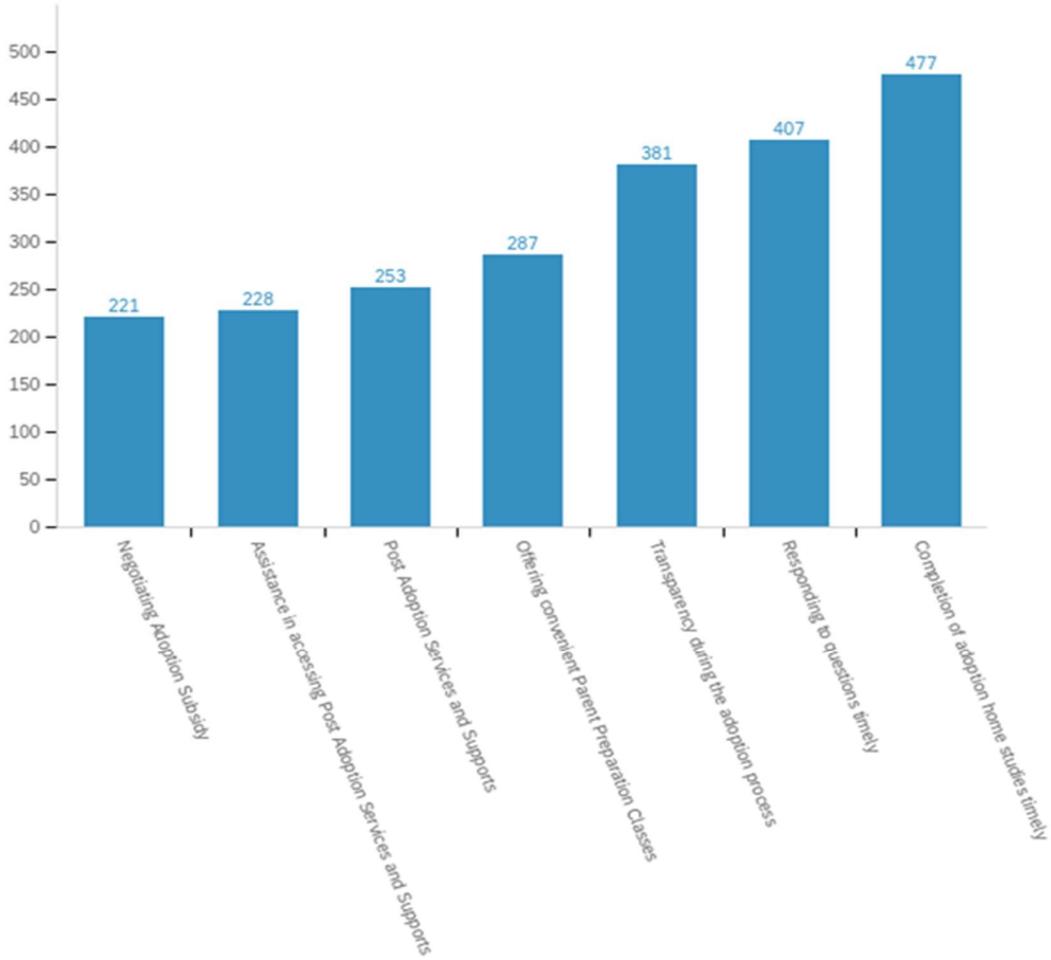
Please select your primary involvement in the adoption process, if any:



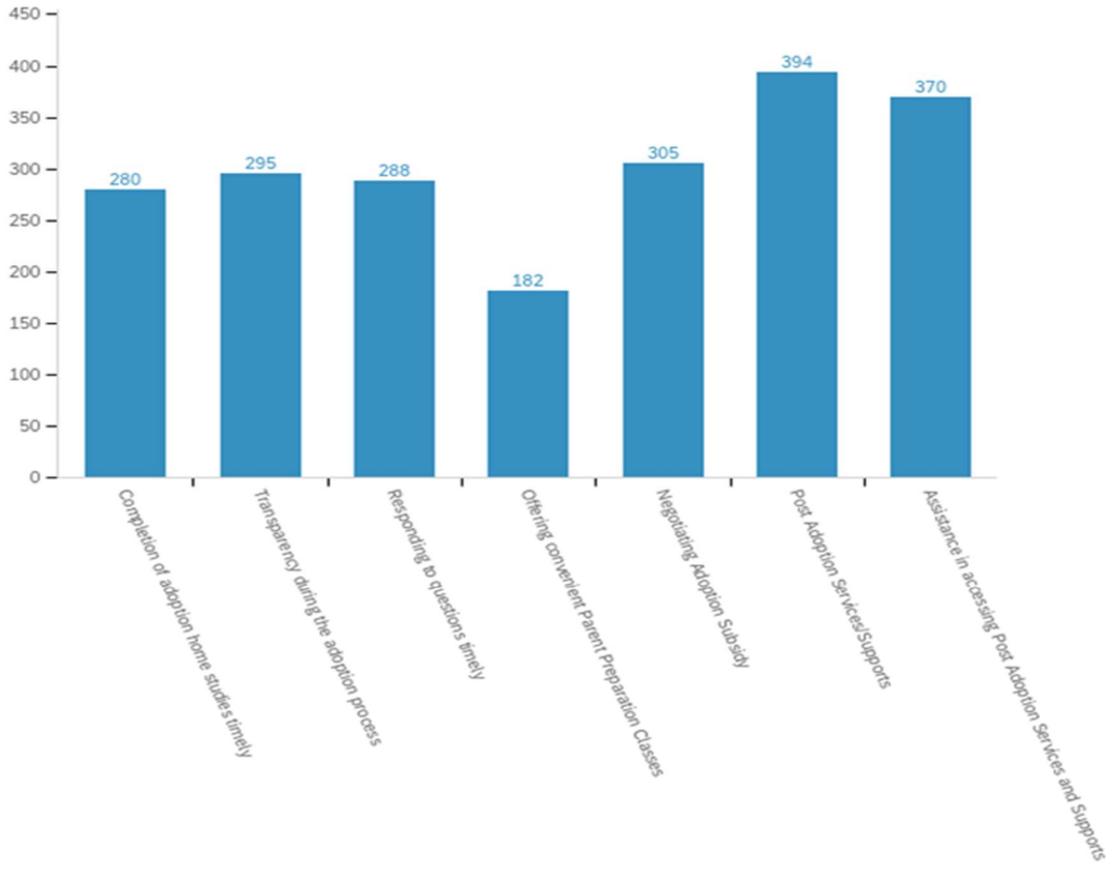
What is the primary county you work in or worked with during your adoption process?



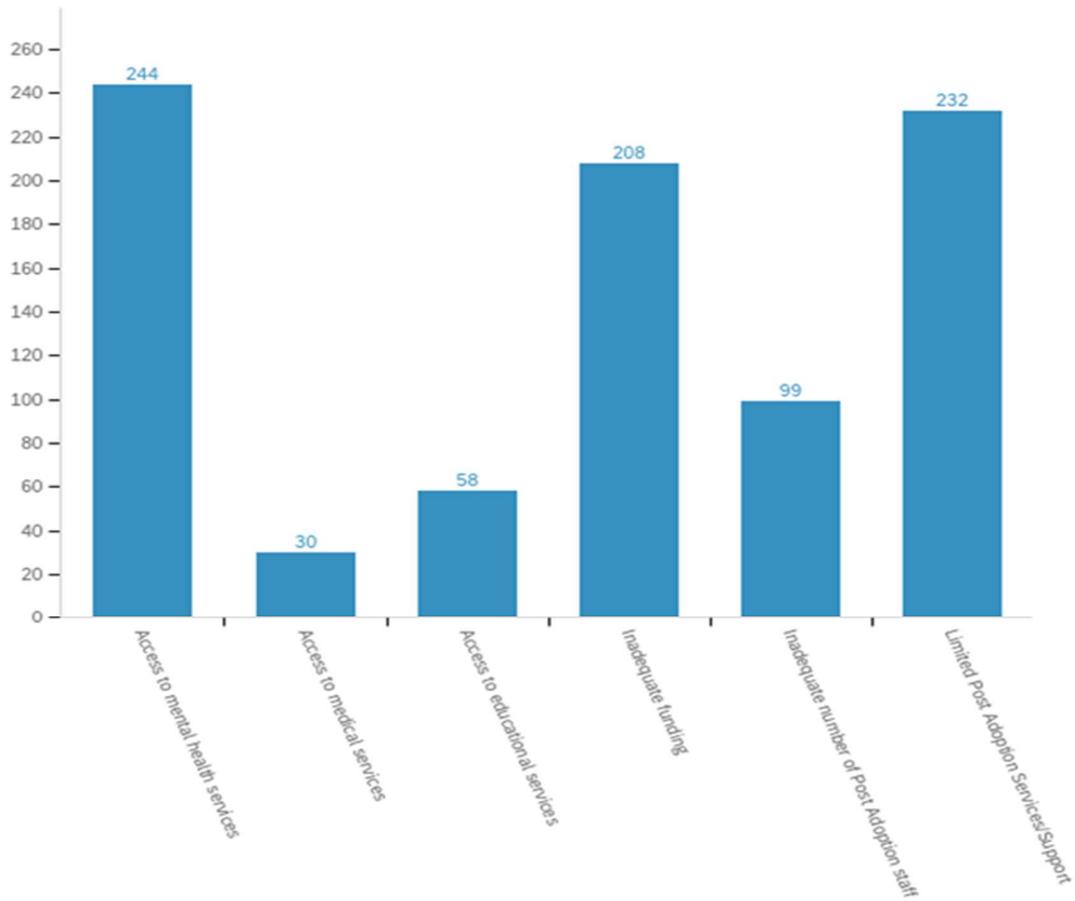
What area(s) does your lead Community Based Care Agency and/or Case Management Organization Agency excel in? Please select all that apply.



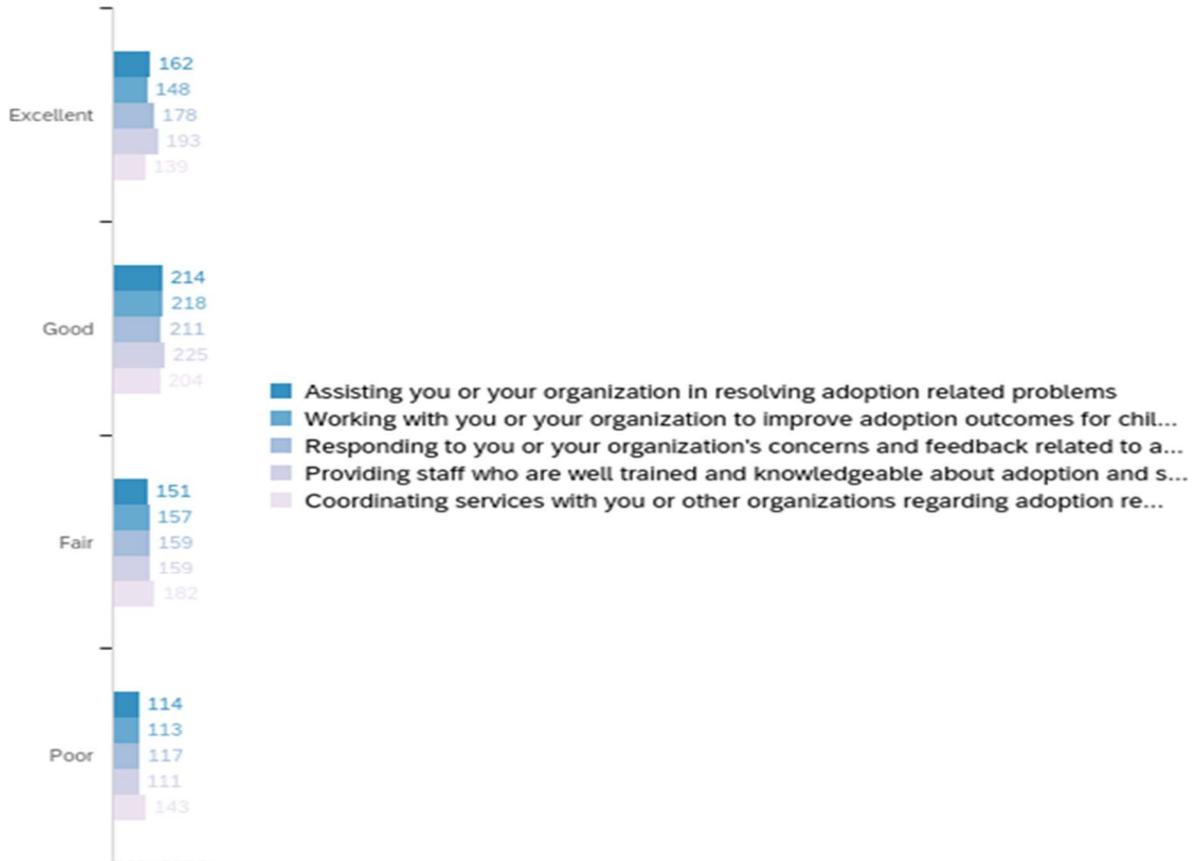
What area(s) does your lead Community Based Care Agency and/or Case Management Organization Agency need to improve in? Please select all that apply.



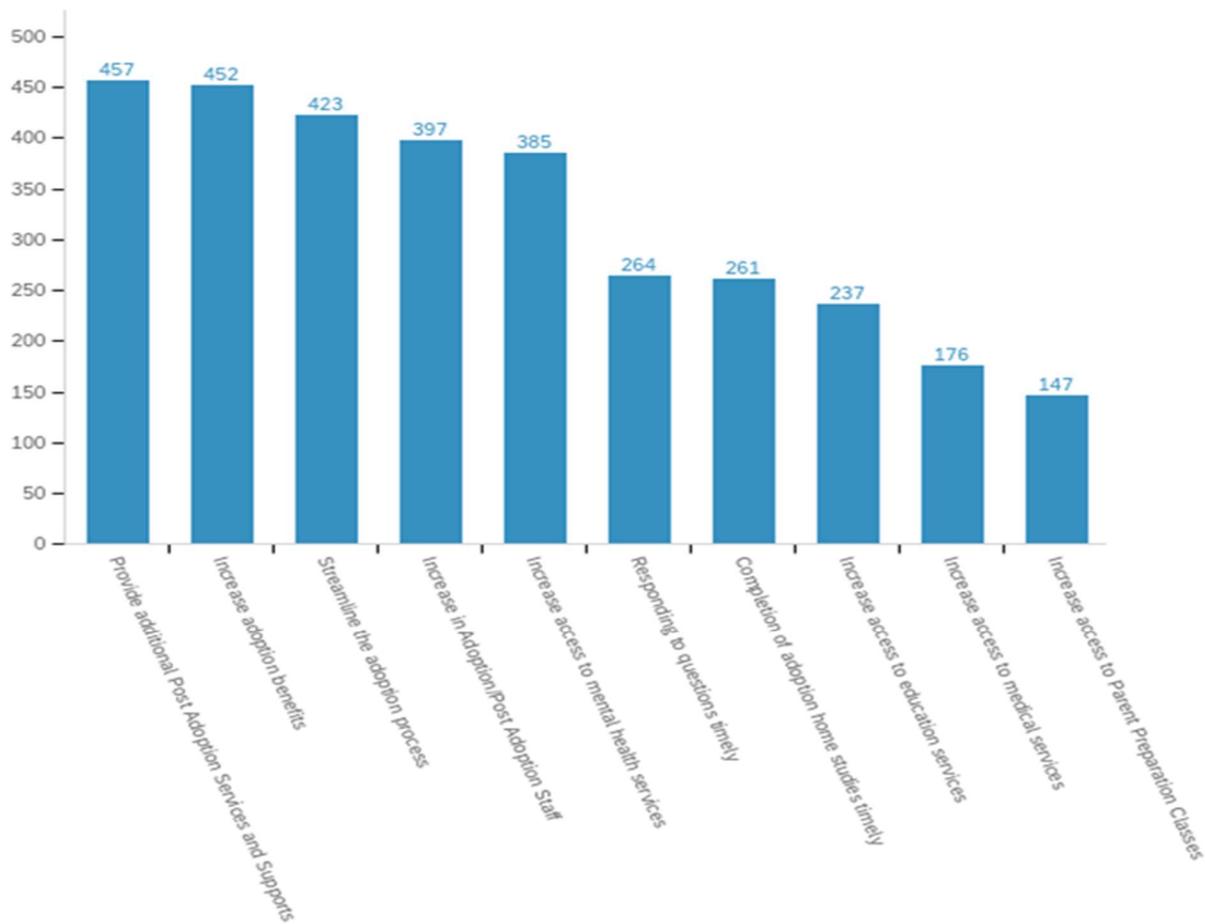
What do you believe is the number one challenge affecting the stability and well-being of Florida’s adoptive children?



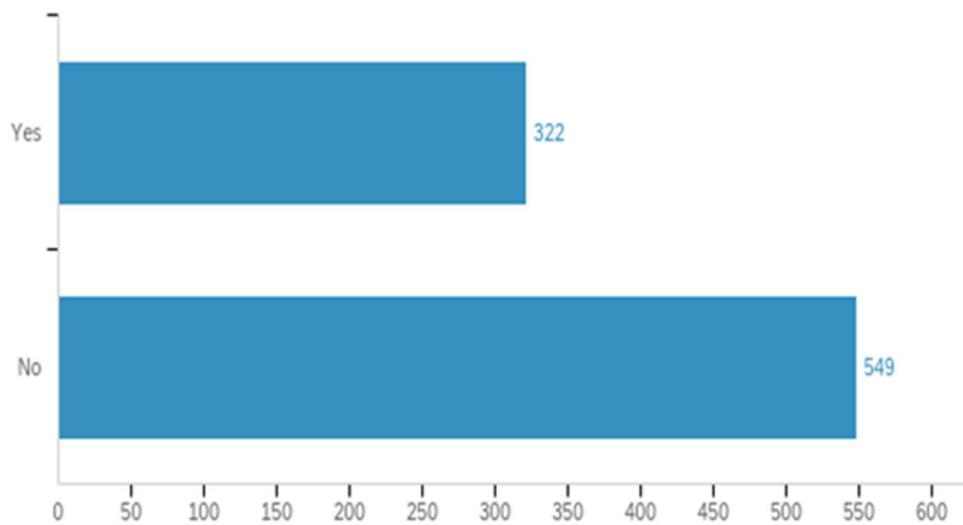
Based on your experience during the last 12 months, please rate the quality and timeliness of the following:



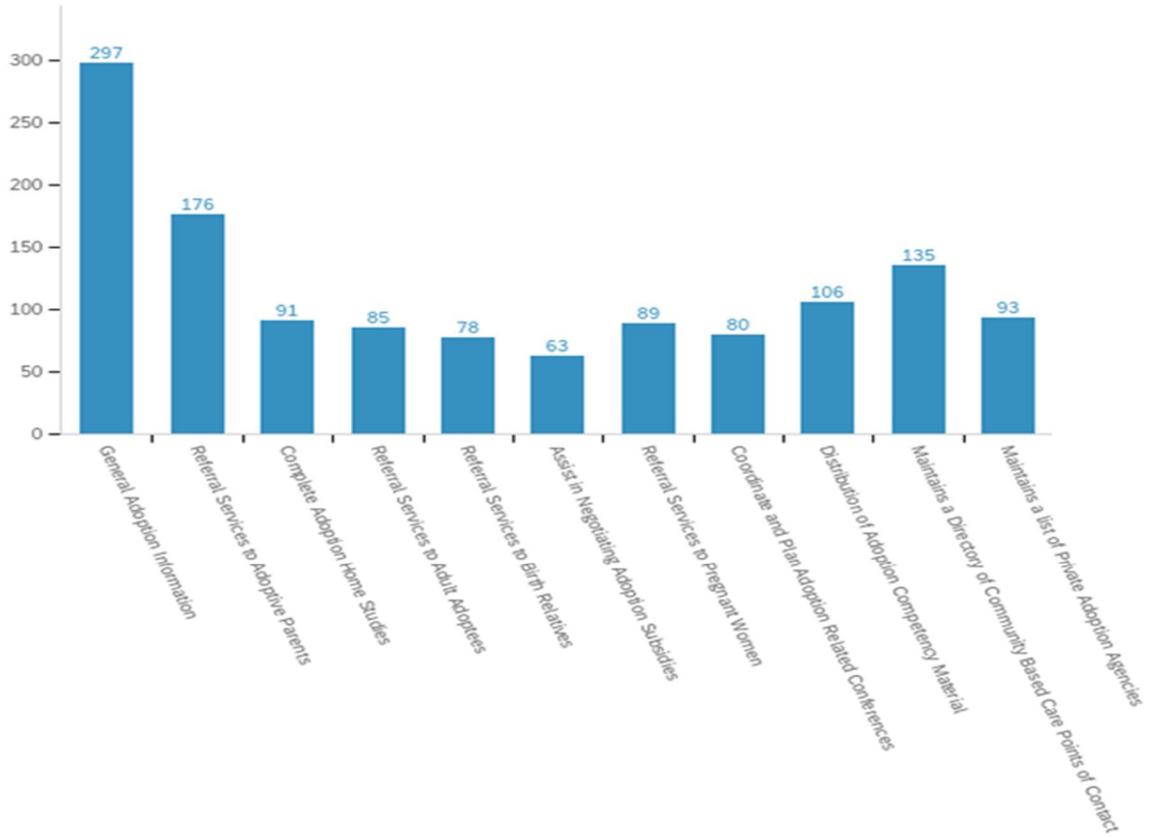
In what way can the state of Florida improve their adoption service delivery? Please select all that apply.



Are you aware that the State of Florida has an Adoption Information Center?



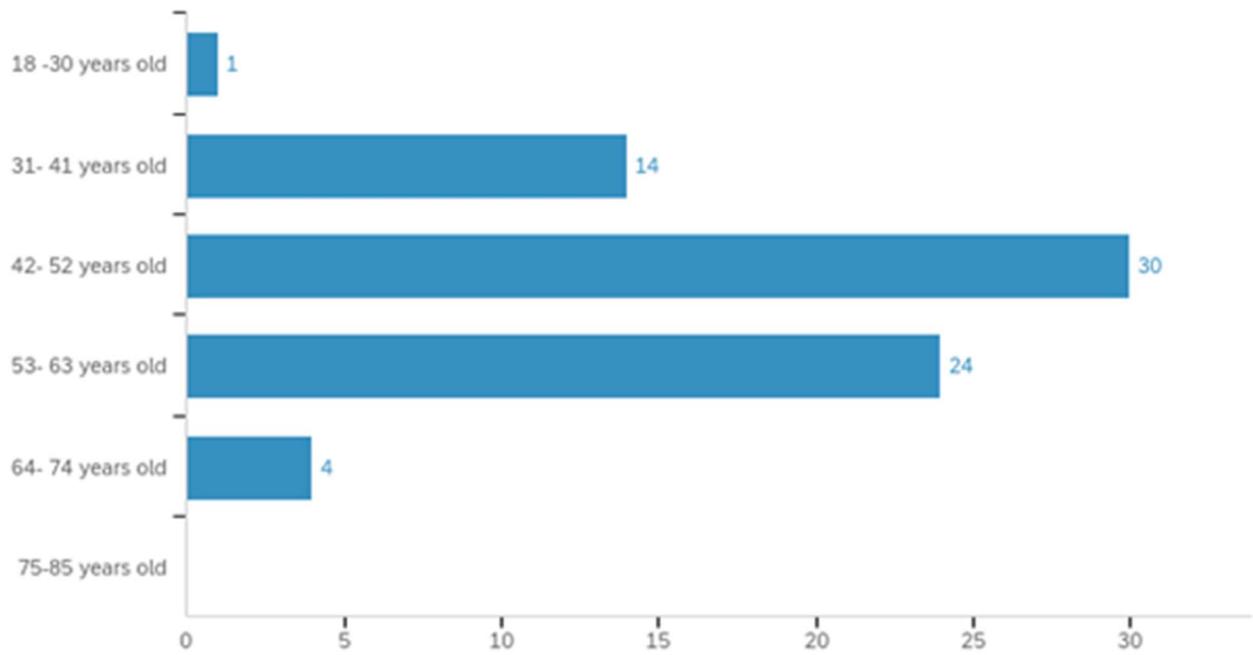
Based on the knowledge, what services does Florida's Adoption Information Center offer? Please select all that apply.



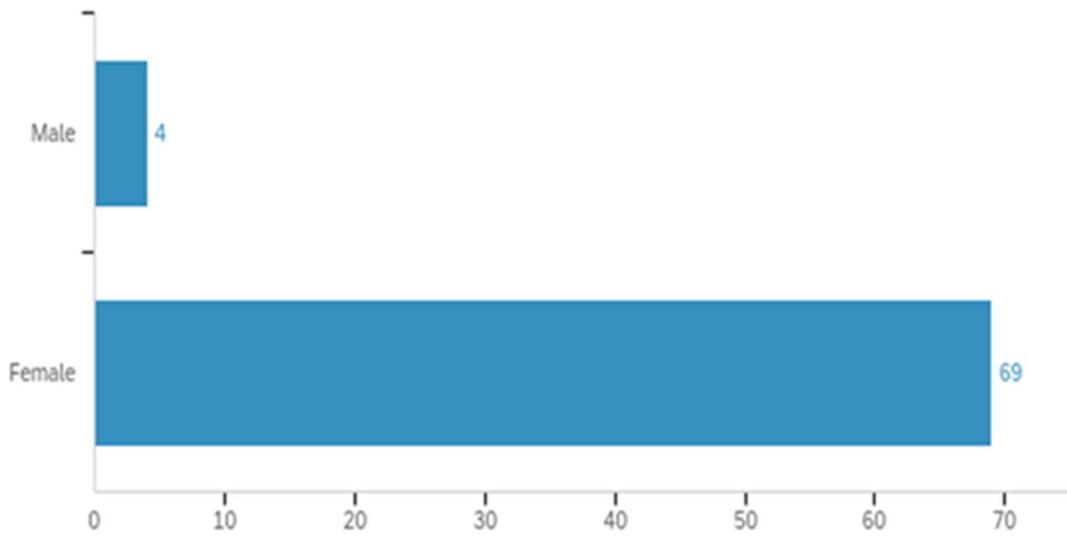
POST COMMUNICATION SURVEY

Annual Post Adoption Services Communication Survey-2020-2021

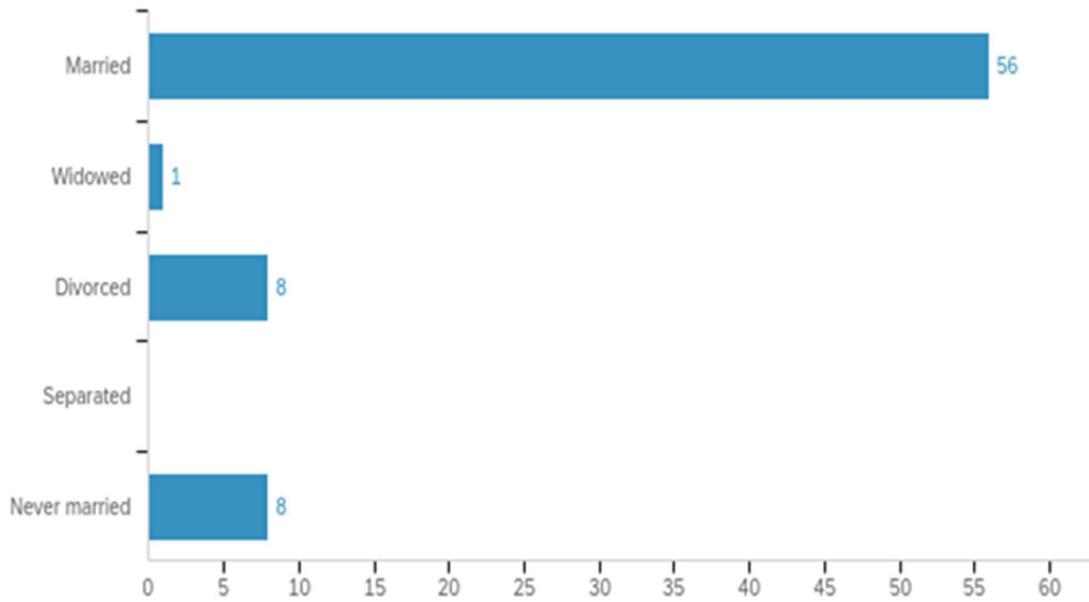
Please indicate your current age range:



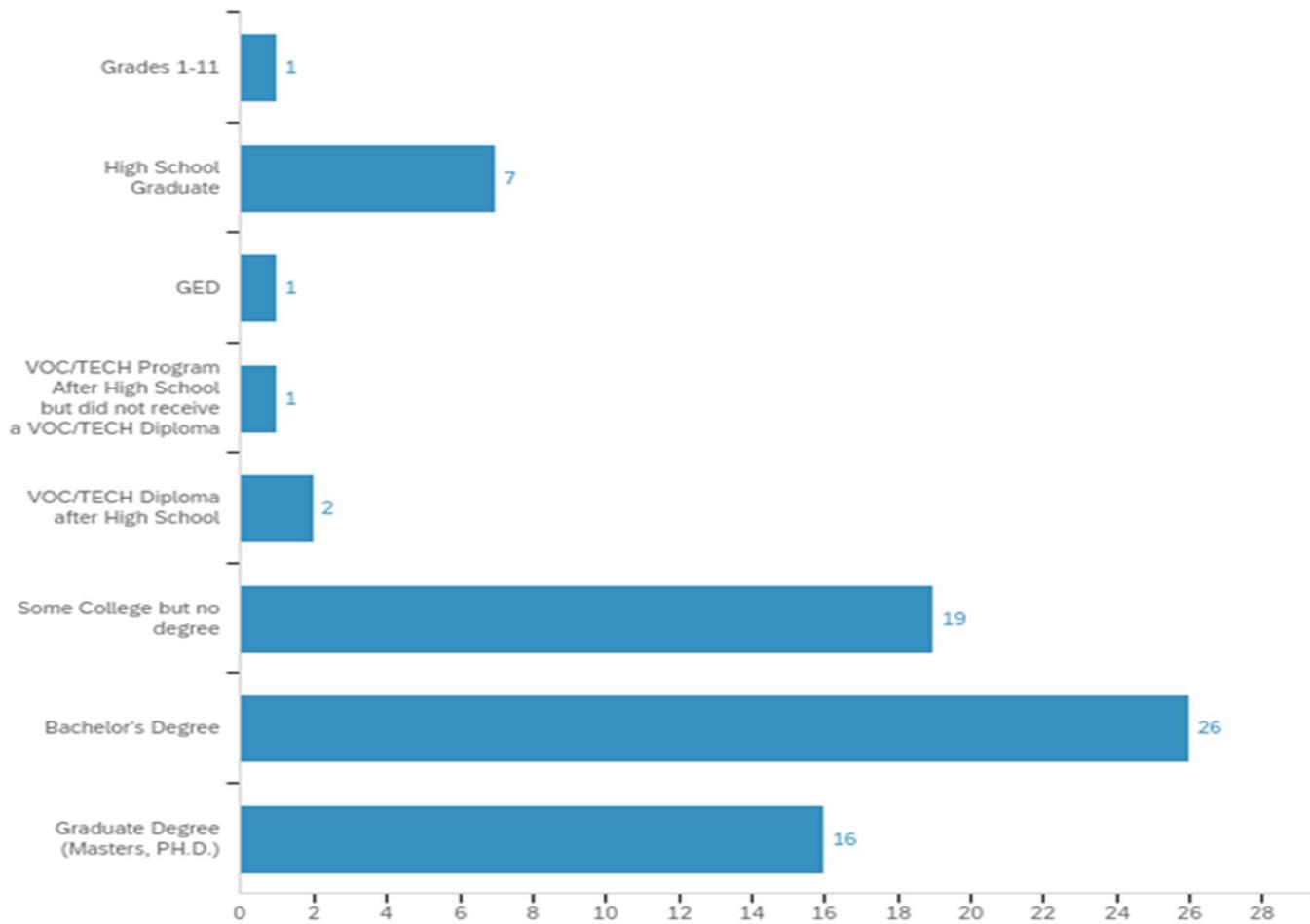
Please indicate your gender:



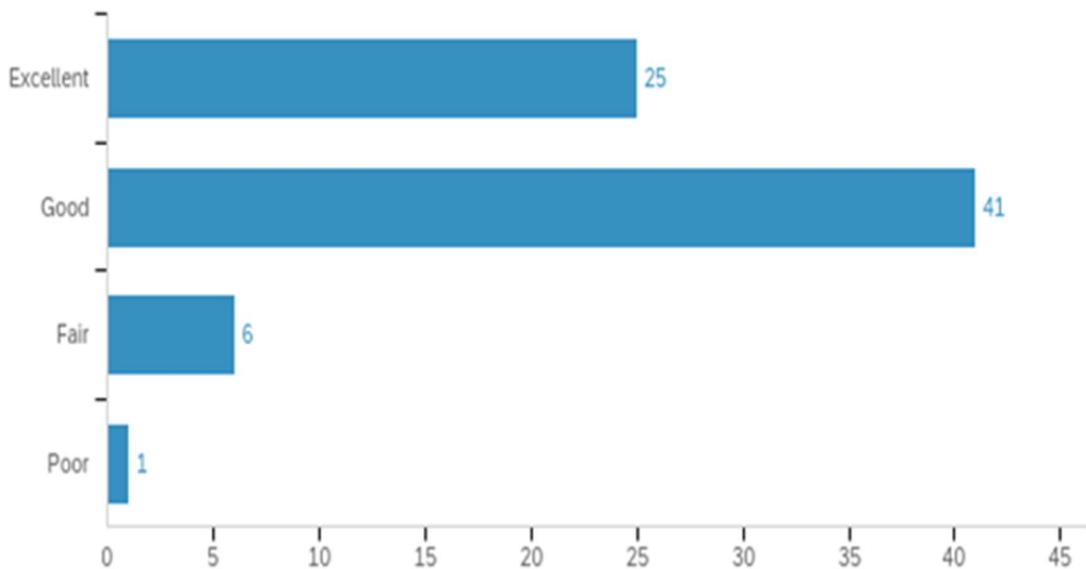
Are you currently ...



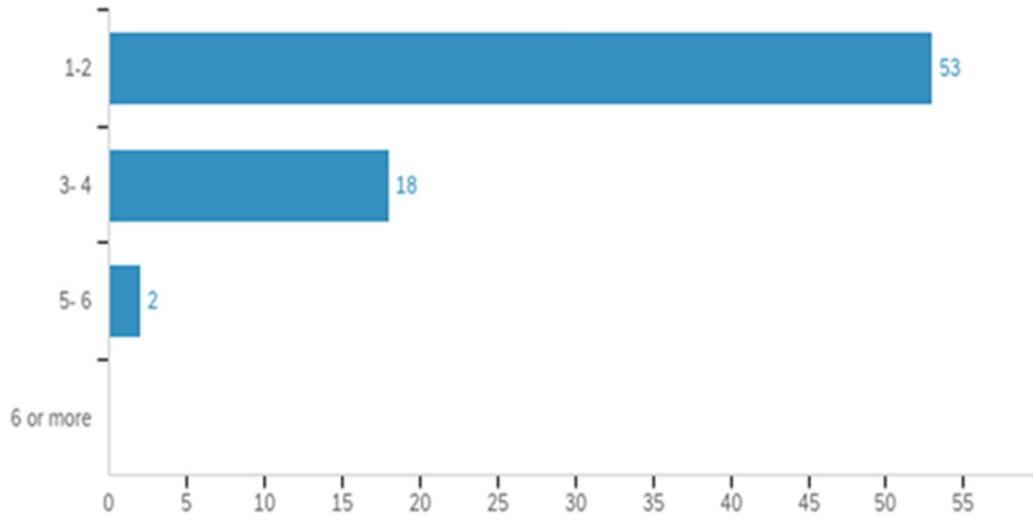
What is the highest level of schooling you have completed?



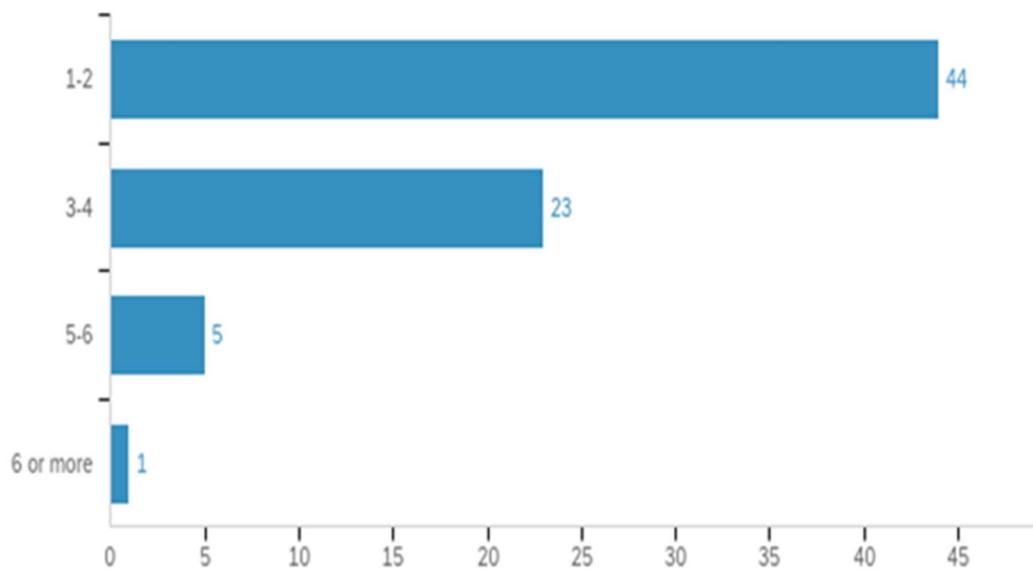
In general, how would you describe your physical health? Would you say it is ...



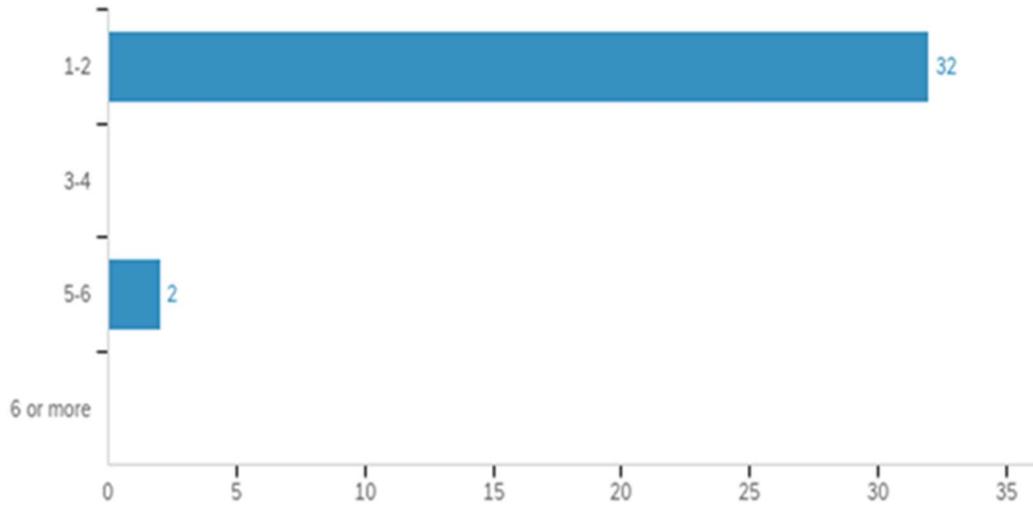
Please indicate how many adults age 18 and older, including yourself, currently reside in your household?



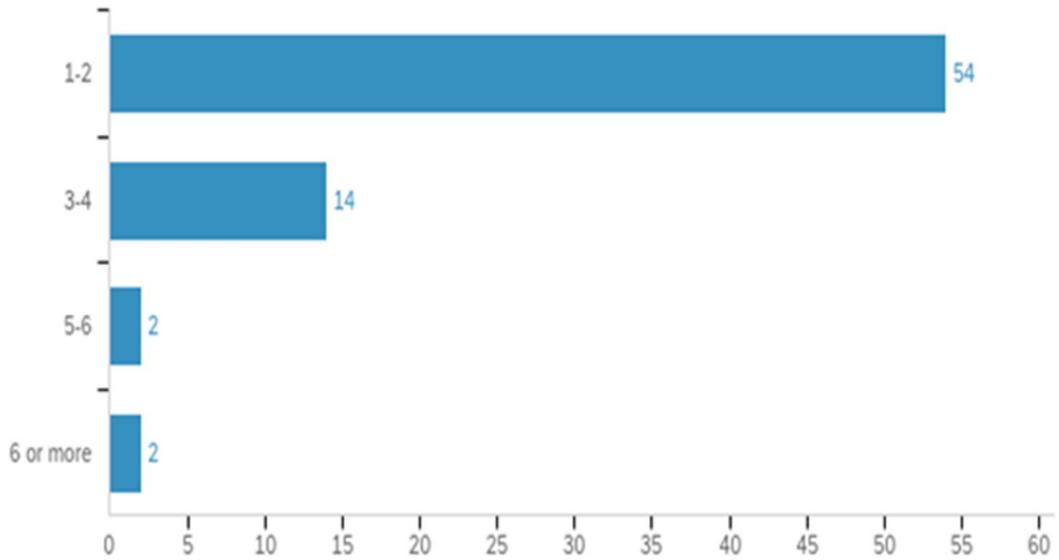
Please indicate how many children (under age 18) currently reside in your home?



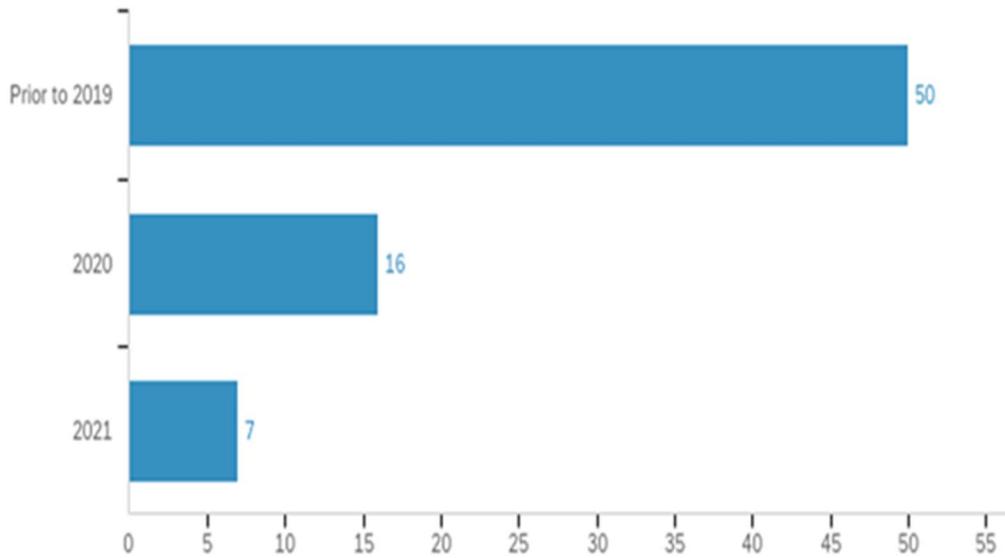
Of the children living in your home, how many are your biological children?



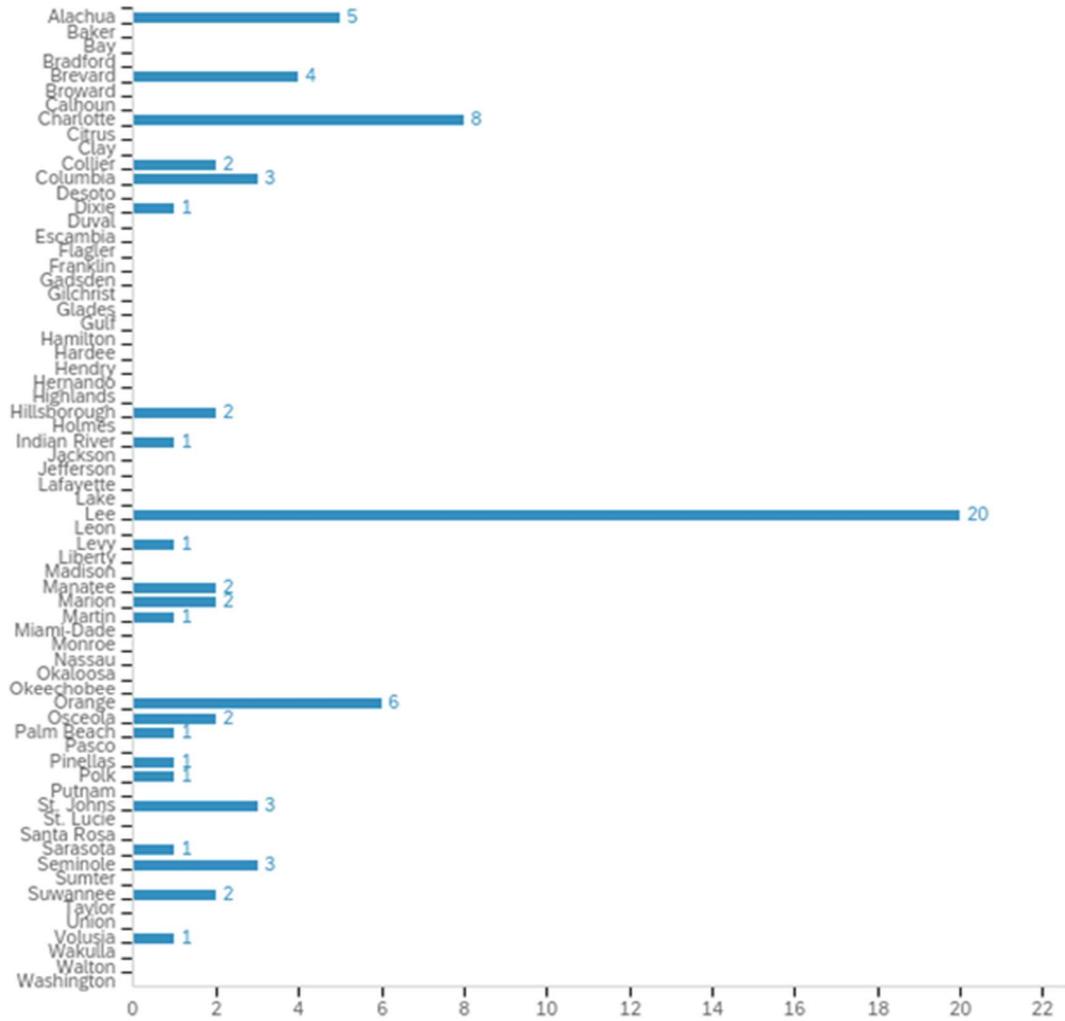
Of the children living in your home, how many were adopted?



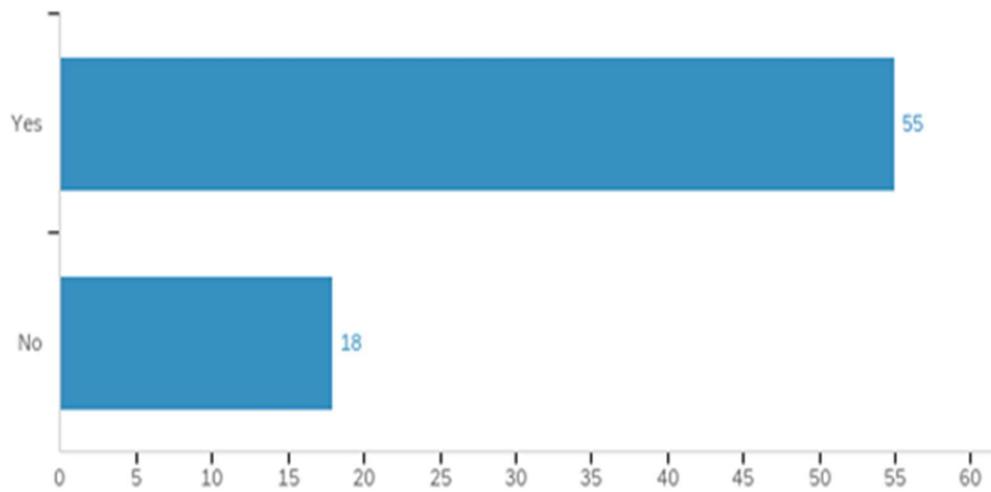
In what year did your first adoption finalize?



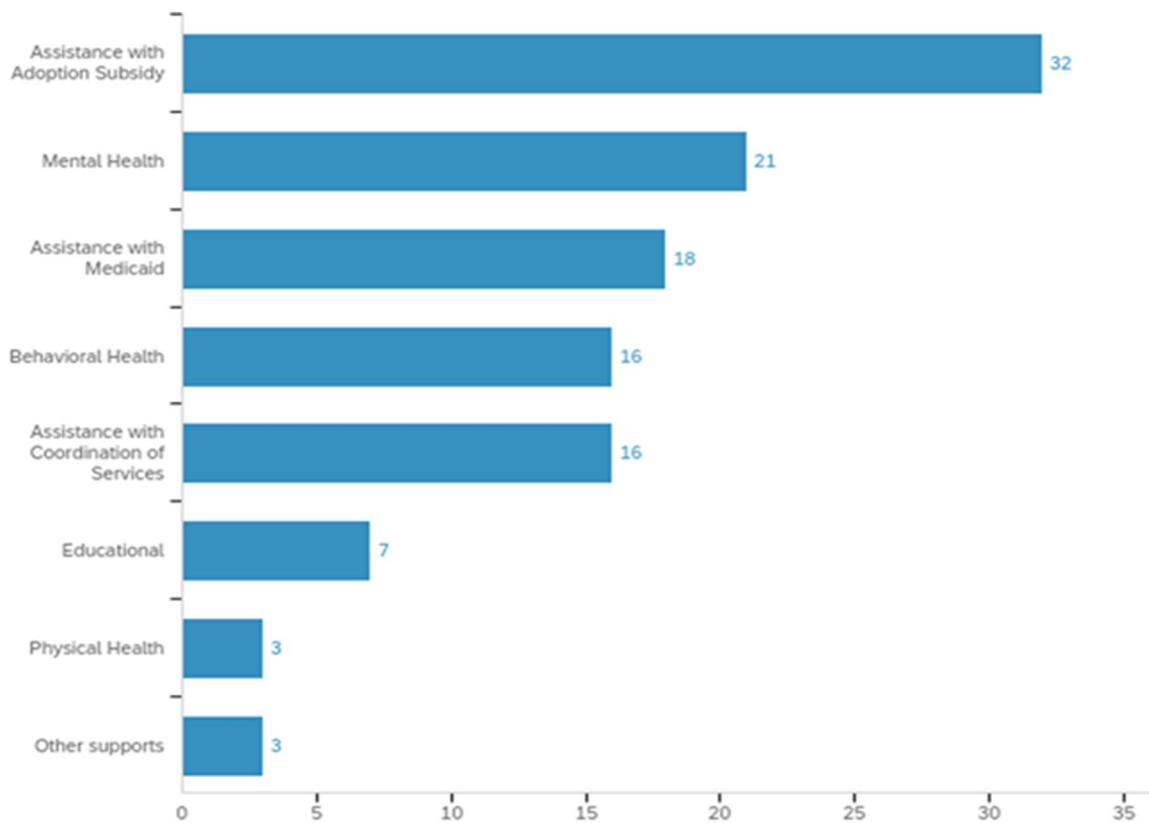
In what county did you finalize your Adoption



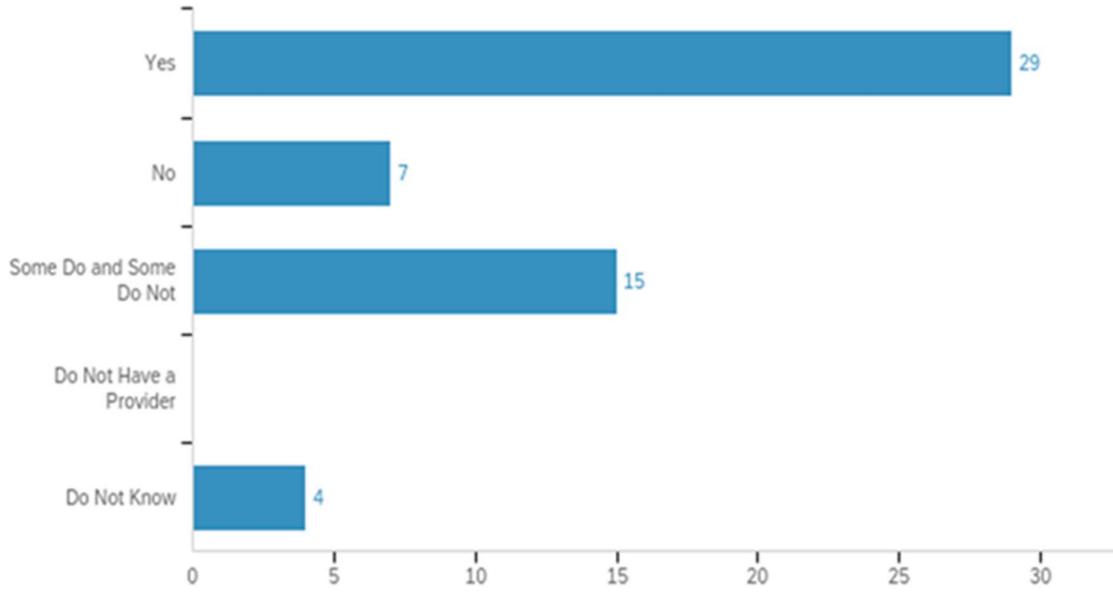
Has your family received Post Adoption Services/Supports since finalization?



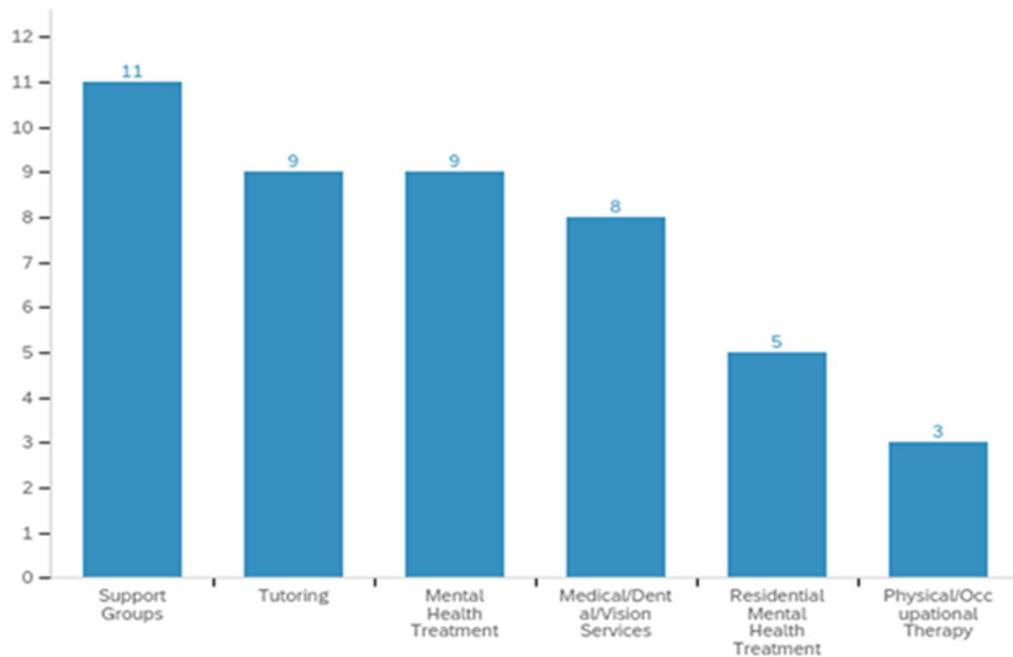
What type of Post Adoption Services has your family received. Please select all that apply.



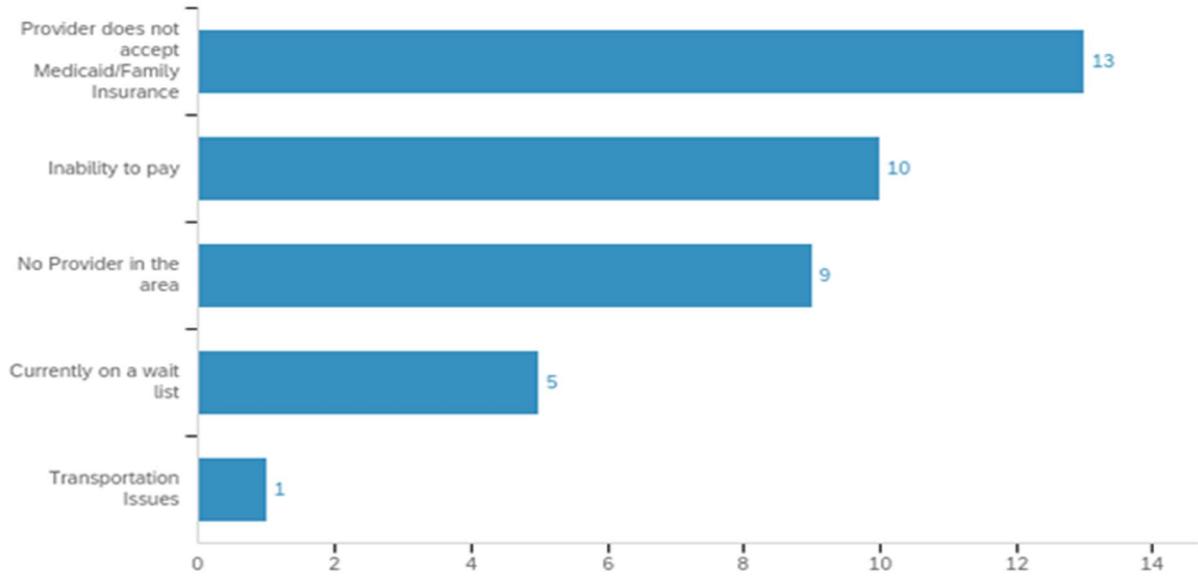
Do you feel the providers of the Post Adoption Services understood the issues that your adopted child and family have related to adoption?



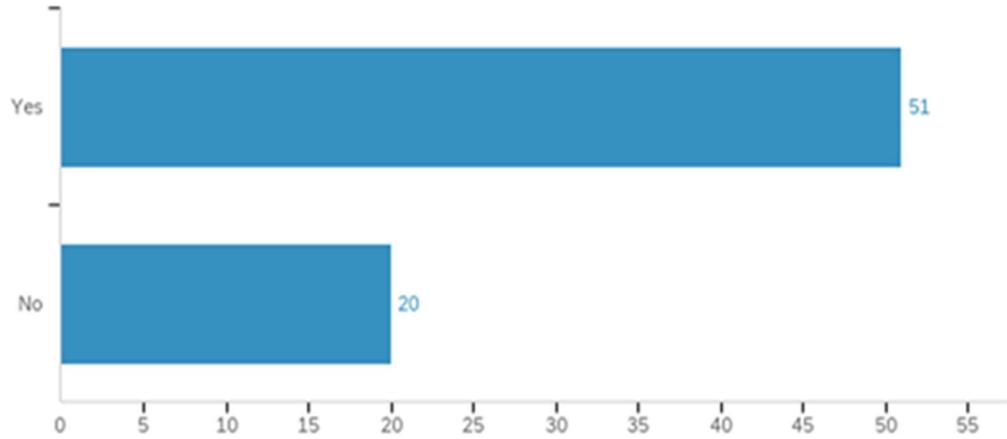
What services have you tried to access but are unable to receive? Please select all that apply.



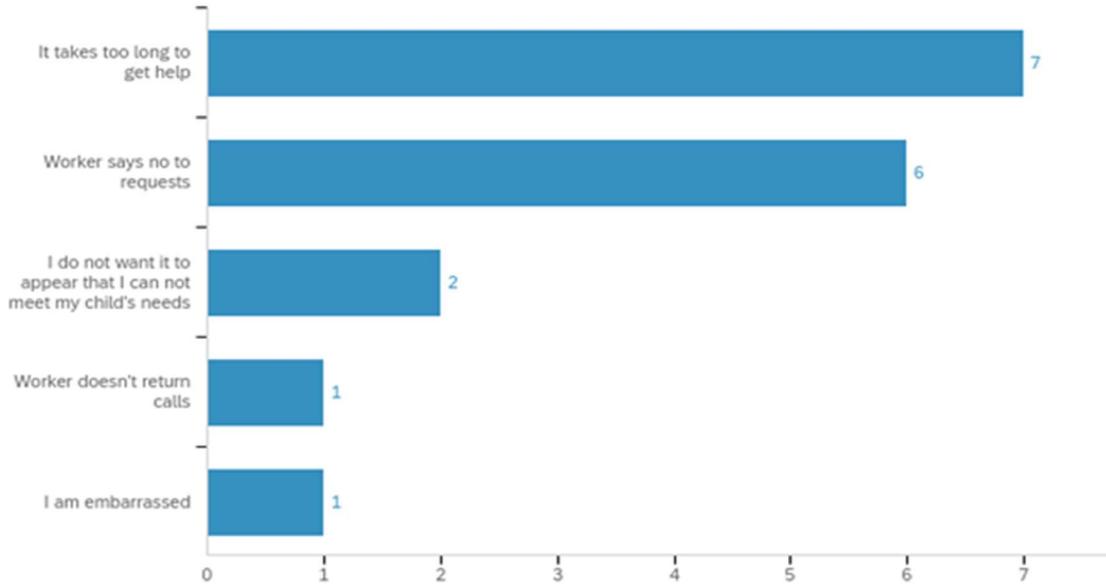
A service my child and/or my family needs is unavailable because of the following: Please select all that apply.



Do you feel comfortable asking your Post Adoption Worker for additional help/assistance?



Please indicate why you are uncomfortable asking your Post Adoption Worker for additional help/assistance?



Is there a service or support that you want your post adoption worker to provide that is currently not being provided? Please select all that apply.

