

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.

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ANNUAL PROGRESS AND SERVICES REPORT

Executive Summary

The mission of the Florida 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.

The Department of Children and Families (DCF) is comprised of four program offices that provide a variety of services to individuals and families: the Office of Child Welfare, the Office of Substance Abuse and Mental Health, the Office of Economic Self-Sufficiency, and Adult Protective Services. Each program area meets the critical needs of those they serve and often attend to families with complex and multiple needs. DCF recognizes the importance of systems integration as a core competency due to the prevalence of mutually served individuals and families, and the understanding that addressing their comprehensive needs results in improved and sustained outcomes.

DCF has adopted a proactive approach to how it interacts with individuals and families served and has identified priorities that utilize care coordination in order to improve the collaboration between offices and enhances partnerships with state and local stakeholders. DCF developed a three-year Integration Plan that encompasses its priorities to increase contacts with at-risk families, improve outcomes for mutually served families, and reduce 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

DCF has adopted Franklin Covey's "4 Disciplines of Execution (4DX)" to provide greater focus on its vision to move from a crisis agency to a prevention agency and identified the 4DX Wildly Important Goal (WIG) to reduce the number of families in crisis. This goal will be approached from two angles. The first is to increase pre-crisis contacts with at-risk families through referrals to community resources and face-to-face services, including education and treatment appointments. The second is to reduce re-entry into the programs and services. Each program area has defined this reduction in crisis based on its services and population.²

Care Coordination

DCF promotes the use of care coordination to achieve the goal of reducing families in crisis. The care coordination model reinforces the Core Competency of Systems Integration and supports the goal of excellence in achieving quality outcomes for those we serve. Given the complex needs of families entering Florida's child welfare system, DCF must coordinate with available resources to maximize outcomes.

Sub-section 394.4573(1)(a), Florida Statutes, defines care coordination as "the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations."

When individuals and families deal with health conditions in conjunction with other social determinants of health, there is greater difficulty navigating healthcare systems due to a disjointed system of care.³ As DCF adopts a "No Wrong Door" approach to individuals entering the system through any of its program offices, care coordination allows for pre-crisis intervention and aims to reduce re-entry into the system. Improved integration of program offices and increased collaboration with state and local stakeholders allow for an individual or family's needs and preferences to be identified and communicated to the right parties in order to provide safe and effective care.⁴ Targeted care coordination also drives improved outcomes for providers and DCF.

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

² Florida Department of Children and Families Integration Plan (2019-2022), page 7.

³ Galbreath, L. SAMHSA- HRSA Center for Integrated Health Solutions. (2012). eSolutions: Care coordination: The heart of integration. eSolutions. <http://www.integration.samhsa.gov/about-us/esolutions-newsletter/july-2012>

⁴ Care Coordination. Content last reviewed August 2018. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/ncepcr/care/coordination.html>

DCF is committed to utilize pre-crisis contacts to address the full needs of an individual or family, regardless of how they enter Florida's child welfare system. This focus requires a cultural shift by leadership and frontline staff, multidisciplinary coordination between program areas to fully comprehend the scope of resources available, and collaboration with partner agencies to provide seamless transitions to services. A care coordination model is approached differently in each program area but ultimately results in a more thorough assessment of an individual or family's needs, identification of services, and streamlined linkage to those resources.

CHAPTER 1. Collaboration

Vision and Practice Principles

The mission of the Department of Children and Families (DCF) 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). DCF's vision is that every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections.

The Florida Legislature established the practice principles in [section 39.001, Florida Statutes](#), and principles for placement in out-of-home care in section 39.523, Florida Statutes:

- a. The Legislature finds that it is a basic tenet of child welfare practice and the law that a child be placed in the least restrictive, most family-like setting available in close proximity to the home of his or her parents which meets the needs of the child, and that a child be placed in a permanent home in a timely manner.
- b. The Legislature also finds that there is an association between placements that do not meet the needs of the child and adverse outcomes for the child, that mismatching placements to children's needs has been identified as a factor that negatively impacts placement stability, and that identifying the right placement for each child requires effective assessment.
- c. It is the intent of the Legislature that whenever a child is unable to safely remain at home with a parent, the most appropriate available out-of-home placement shall be selected after an assessment of the child's needs and the availability of caregivers qualified to meet the child's needs.

Florida's progress with implementing the Child and Family Services Plan 2020-2024 (five-year plan) has been influenced by the Family First Prevention Services Act (FFPSA). This federal legislation provides important opportunities to replace the flexible funding authority provided by the Title IV-E waiver demonstration. It also added new challenges in terms of requirements associated with national standards for licensure of foster homes; clinical treatment expectations associated with congregate care; and promising, supported, or well-supported levels of evidence for services provided to children and parents. Throughout the report period, DCF, stakeholders, and partners have been engaged with implementation and planning activities as discussed throughout this report.

DCF 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. Although the CCWIS transition plan activities are presented in the Advance Planning Document (APD) submitted to the Children's Bureau on May 1, 2020, these activities and others that are underway within DCF impact the strategies reflected in the CFSP. Some of these include:

- A shift in focus to enterprise planning at DCF and state level;
- A substantial increase in the scope of DCF's focus on data quality as described in detail in the Data Quality Plan (DQP), which is now required for submission along with the APD;
- A corresponding increase in data clean-up initiatives undertaken, as well as other FSFN functionality data quality enhancement initiatives; and
- The launch of a Child Welfare Modernization Project. [The current immediate plans for the Child Welfare Modernization include:](#)
 - [Phase 1A – An initial launch of Mobile Investigation functionality starting with a pilot of 12 CPIs in July 2020. \(Funded\)](#)
 - [Phase 1B – Continued build out of Mobile Investigation functionality and on-boarding of more CPIs will be initiated after full resolution of issues identified during the pilot \(Funded\)](#)
 - [Phase 2 – Build out of Mobile Intake functionality will be implemented once funding has been secured.](#)

These efforts and the CFSP process will be buttressed by the recent establishment of a Quality Office within DCF and an Enterprise Data Management Team within the Office of Information Technology Services.

DCF and partners throughout the state continued to strive to implement the Program Improvement Plan (PIP) developed in response to findings from Round 3 of the Child and Family Services Review (CFSR). Although the PIP activities have been completed, DCF has yet to meet three of the outcomes (Safety 2, Permanency 1, and Well-Being 1). Florida's CFSP for 2020-2024 established five strategic initiatives designed to improve outcomes for child safety, permanency, and well-being.

These strategic efforts are continuous and have resulted in important groundwork and a level of collaboration that Florida's stakeholders plan to sustain. DCF, stakeholders, and multiple partners have engaged in the development of the 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

DCF supervises the administration of programs that are federally funded, state-directed, and locally operated. DCF 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 DCF have different roles and responsibilities for oversight of the child welfare system.

1. Deputy Secretary

The Assistant Secretaries of the Office of Child Welfare (OCW), 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.

2. Office of Child Welfare (OCW)

OCW'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. DCF and the Office of Child Welfare work in partnership with local communities, courts, and tribes to ensure the safety, timely permanency, and well-being of children.

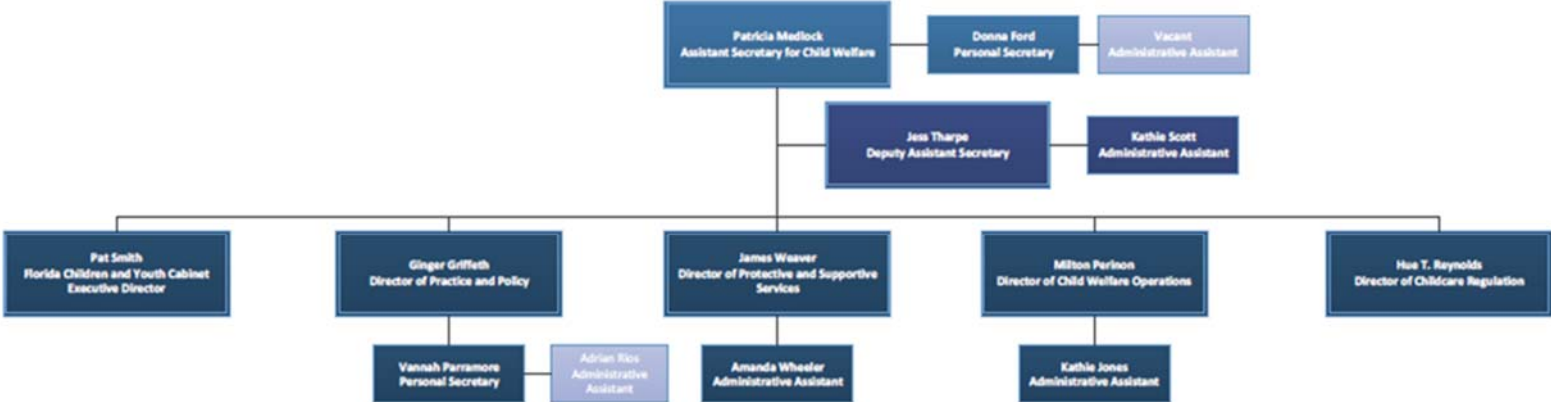
Within OCW are five administrative units:

- Child Welfare Strategic Projects and Planning;
- Child Welfare Practice and Policy;
- Child Welfare Protective and Supportive Services;
- Child Welfare Operations: the statewide Florida Abuse Hotline (Hotline) and the Interstate Compact on the Placement of Children (ICPC); and
- Child Care Regulation.

Table of Organization for Office of Child Welfare



Office of Child Welfare
Functional Table of Organization
March 6, 2020



FTE
OPS
Contract/Temp

3. Children’s Legal Services

[Children’s Legal Services \(CLS\)](#) represents the State of Florida through DCF 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 Operations

The Assistant Secretary of Operations is responsible for administering policy and practices within child welfare, adult protective services, ESS, and SAMH program areas in all six regions statewide. Six Regional managing directors (RMDs) serve under this office. RMDs have responsibility for all child welfare regional operations, Community-Based Care Lead agencies (CBCs), and other child welfare provider contracts.

Collaboration

DCF works with many state agencies through various Data Sharing Agreements and Memorandums of Understandings. DCF also serves on 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.⁵

Local Review Team areas follow judicial circuits and convene monthly to resolve case specific issues that cannot be addressed in an individual’s treatment team. In addition to scheduled monthly staffing, additional meetings may be called in the event of a crisis or emergency involving a child. Assistance from a Regional Review Team is requested when the Local Review Team cannot resolve child specific issues. Elevation to the State Review Team is requested if issues cannot be resolved at the Regional Review Team level.⁶

DCF takes lead in the convening of review teams; however, the implementation, frequency, and participants may vary from circuit to circuit. Additional needs for assistance can include guidance on when to elevate cases and how to address information sharing.

The [Office of Child Welfare](#) (OCW) collaborates with stakeholders through various advisory bodies, workgroups, ongoing information-sharing and solution-focused meetings, and other forms of communication. The following list provides a summary of the various major organizational partners with whom DCF 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 4.

Additional information about the involvement of these organizations in DCF’s planning and other activities is described throughout the Annual Progress and Services Report (APSR).

- 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

⁵ Florida Department of Children and Families Integration Plan (2019-2022), page 18.

⁶ Florida Department of Children and Families Integration Plan (2019-2022), page 19.

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 \(OACP\)](#) 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. DCF partners with the OACP to raise the awareness levels of the public and to implement meaningful practice around prevention activities. 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.

OCW provides ongoing technical assistance and supports OACP's many activities, particularly development and implementation of the state's five-year plan for Child Abuse Prevention and Permanency. Several other agencies, including the Departments 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 DCF's operational circuits and is consistent with the make-up of the statewide Advisory Council. DCF 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 DCF 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.
- [Agency for Health Care Administration \(AHCA\)](#) is responsible for the administration of the Florida Medicaid program. DCF 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 on-going 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 Secretary appoints members who submit an annual report that summarizes the Council's findings and recommendations. More information about ILSAC is provided under section on the John H. Chafee Foster Care Program for Successful Transition to Adulthood in Chapter 5.
- [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 in order 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 providing educational training to the general public on the needs of this population. Chapters convene for local meetings in their respective communities. During gatherings the 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 CBC decision-makers in their communities 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.

OCW has participated in monthly Board of Director calls with FAPA to answer questions, and to provide policy updates and support. OCW provided input to FAPA on the licensing of relatives and non-relatives and requirements, during implementation of the level I licensing and OCW has collaborated with the Child Welfare Institute to ensure foster parents across Florida are included in the level I licensing and Guardianship Assistance Program implementation questionnaire.

- [Adoption Advisory Board](#) is a statewide group with members who adoptive parents, biological parents, adoptees, private adoption attorneys and private adoption agencies. Current members include the Statewide Adoption Policy & Program Specialist, the past Adoption Managers, and 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.” DCF collaborates at all levels with QPI to expand the network and embed the approach in day-to-day practice.
- [Florida Coalition for Children and Families \(FCC\)](#) is a membership organization of CBCs, Case Management Organizations, the Foster and Adoptive Parent Association, group care, and other child welfare providers. The FCC maintains a committee structure to study various challenges faced by the child welfare system and to develop solutions. FCC advocates for legislation and funding to improve child welfare outcomes. DCF and FCC developed and maintain a statewide strategic planning process, monthly leadership meetings, and multiple ways of collaborating to improve child welfare 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) that 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. 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 improve 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 DCF 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.

- [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 developing recidivism review protocols for the state’s twenty-five Early Childhood Courts (ECC). The Panel is also assisting in the judicial response to the state’s opioid crisis. The Deputy Secretary of the Department of Children and Families and the CLS Director serve on this Panel. OCW 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. DCF collaborates with the GAL on a statewide and local basis to promote teamwork, transparency, and communication.
- [Florida Children’s First, Inc. \(FCF\)](#) is a non-profit organization whose mission is “Dedicated to advancing the rights of at-risk children and youth; the organization seeks full representation of children and youth and meaningful and sustainable improvement in Florida’s child-serving systems using a range of strategies including public policy development, ongoing training and technical assistance, and where necessary, strategic litigation.” DCF involves FCF on numerous statewide workgroups, task forces, and planning initiatives such as the Child Welfare (Children’s Justice Act) Task Force.
- [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. 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). DCF 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 DCF across the full continuum of child welfare services that includes 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. 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 DCF is in Chapter 5, Section A, Update on Services Continuum.

- [Florida's Office of Early Learning/Early Learning Coalitions \(OEL\)/\(ELC\)](#) 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. OEL oversees three programs: school readiness, the Voluntary Prekindergarten Education Program, and Child Care Resource and Referral services.⁷ DCF and ELCs collaborate on an ongoing basis to develop and implement policy to provide “at-risk” childcare as a safety management service for parents with children under protective supervision, as well as “at-risk childcare subsidies” to eligible relative caregivers.
- [DCF Office of Child Care Regulation](#) is accountable for the statewide licensure and training of Florida's child care facilities, specialized child care facilities for the care of mildly ill children, large family child care homes, and licensure or registration of family day care homes. The purpose of the program is to ensure a healthy and safe environment for children in child care settings, and to improve the quality of their care through regulation and consultation. DCF ensures that requirements are met through on-going inspections of child care facilities and homes.
- [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.
- DCF 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). DCF 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, DCF 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 to develop and update methods to obtain background criminal history information. DCF 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

⁷ Florida's Office of Early Learning. <http://www.floridaearlylearning.com/about-us/office-of-early-learning-overview>

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 DCF 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, 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

OCW 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 DCF, 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.

At the direction of the Secretary, the Office of Innovation convened Child Protective Investigations, Case Manager, and Child Legal Services efficiency workgroups to identify efficiencies in technology, practice, and policy, as well as to make recommendations to improve the system of care. These groups consisted of mostly front-line staff and some supervisory/management staff lead by a neutral member of the Innovation Team.

Child Protective Investigation Efficiency Project: A workgroup made up of dedicated CPIs, Sheriff’s Office liaisons, and others met regularly to discuss needs present in the field of child protective investigations. The workgroup provided meaningful solutions, including a variety of resources that would increase productivity, improve performance, and allow for a higher quality of life for those they serve and themselves.

Case Management Efficiency Project (CMEP): CMEP began with 35 field-staff gathering together in the Central Region, brainstorming on over 200 field-supplied ideas. Over the course of the three-day ideation workshop, unfamiliar CBC and case management organization colleagues from across the state became one voice, eventually segregated into smaller “focus groups” who began to develop the priority recommendations that represent the CMEP final work product. This work product includes each team’s final deliverable report, its presentation, and all associated evidence including hundreds of survey responses, data analyses, interviews, and comparative evaluations. The CMEP believes this work effort which occurred over nine weeks was comprehensive and presents an honest, factual representation of case managers today, and what is needed to transform the business going forward.

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

Suncoast Region:

The Suncoast Region convened a meeting with various partners and stakeholders to include Community-based Care lead agencies, Case Management Organizations (CMOs), front-line supervisors, court personnel, GAL, tribes, licensing, kinship caregivers, foster parents and youth. Also present were representatives from

numerous divisions with DCF as well as local law enforcement agencies who provide child protective investigations. With intense focus on the youth and family voice, the region is committed to ensuring they have significant representation in the development of future planning.

Several initiatives exist throughout the Suncoast Region to engage the judiciary in the delivery of services. These include brown bag lunches and the Dependency Court Improvement Committee. There is a collaborative approach between the CBC lead agencies and the dependency courts including regular meetings to discuss successes and remove barriers. Early Childhood Court works with parents whose children are between the ages of 0-3 who are temporarily removed from their care. Early Childhood Court provides a collaborative, therapeutic, problem-solving team approach with the goal of timely permanency for the child. Early intervention for children occurs by fast tracking assessments and services. The GAL is equally involved with the CBC lead agencies as well as the courts. The judiciary and the GAL program are invited to attend and participate in the delivery of services at the Statewide Dependency Improvement Summit annually.

There are two Indian tribes throughout the region. Coordination of services is necessary to ensure the needs and interests of the families being served are met. Quarterly meetings are held to address any issues and allow for open dialogue. These meetings also serve as a forum to staff open cases where there is shared interest. [The Seminole tribal members attend meetings in Circuit 20. These meetings also serve as a forum to staff open cases where there is shared interest. Tribes have a designated court liaison to ensure all judicial matters are handled expeditiously.](#) There have been no impacts to the meetings as a result of the CoVID-19 pandemic.

Foster parents in the region report a positive relationship with the CBC lead agencies. The foster parents engage in monthly meetings with the CBC lead agencies to address any issues and identify problems for early correction. Lead agencies throughout the region recognize that foster parents are one of the most important strengths of the child welfare system, and the monthly meetings are attended by the CEO, licensing director and staff. There is participation from the agencies in the pre-service trainings for foster parents in order to develop a positive relationship at the onset. Adoption support groups with the foster parents are co-hosted quarterly. There are five foster parent associations throughout the region which are attended by child welfare staff. These associations produce newsletters for their members which include relevant trainings. Foster parents are also invited to DCF's regional provider licensing meeting held quarterly.

Kinship caregivers are engaged and supported through Relative Caregiver Support Groups established in each circuit throughout the region. [This is accomplished with Relative Caregiver Support Groups throughout the region where relative and non-relative caregivers can engage, share feedback, and are provided with supplies, advocacy, and emotional support.](#)

One of the CBC lead agencies (Safe Children's Coalition) developed an "Ambush" initiative to highlight a foster family's extraordinary efforts and partnership. The Lead Agency makes monthly surprise visits to a foster parent's place of employment or place of worship to recognize the important job that they do and give them balloons and a donated gift basket. This community involvement has piqued interest of other families to potentially become foster parents. This effort is part of the goal of changing the face of foster parenting.

The Suncoast region's "Handle with Care" initiative was designed to ensure the voice of the child is heard by identifying trauma that a visit from a child protective investigator can have on a child. Through the initiative, anyone who is aware that a child has suffered trauma at home, was removed from their home, or otherwise has been impacted by the child welfare system can submit an alert to the child's school. The alert serves notice to the school administrators and teachers that a child may need extra love and attention while maintaining confidentiality. 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.

Southeast Region:

The Southeast Region's strength lies in strong collaborations and partnerships, committed professionals and advocates, cultural and geographic diversity, and generous funders and resources. Staff in the region work closely with ChildNet, Communities Connected for Kids, the Broward Sheriff's Office's (BSO) Child Protective Investigative Services (CPIS), the judiciary, law enforcement, and the region's Children's Services Councils (CSC), which fund many of the primary prevention programs and services that benefit the children and families served by the child welfare system of care. DCF and contracted providers in the Southeast Region partner effectively with a vast network of domestic violence victim advocates, community advocates for the homeless, faith-based organizations, county and municipal governments, physical and behavioral health providers, school districts, GAL, the Early Learning Coalition, DOH, DJJ, and numerous other stakeholders to best serve children and families in the region's communities.

These partnerships and alliances include, but are not limited to:

Law Enforcement Agencies – Broward County has thirty (30) distinct cities, and of those, thirteen (13) cities contract with BSO for their police services while the remaining seventeen (17) cities have executed working agreements with CPIS to conduct joint investigations with their law enforcement officers (LEO) and our child protective investigators.

Child Protection Team (CPT) / Child Advocacy Center (CAC) – Operated through the Broward County Crisis Intervention and Support Division, CPT operates under a contract with the Broward County Commission. Centrally located at the Nancy J. Cotterman Center (NJCC), CPT in Broward County provides an array of services on cases referred from law enforcement and/or CPIS. NJCC is Broward County's only Certified Rape Crisis center and Accredited Children's Advocacy Center Program); and Women in Distress (two full-time domestic violence advocates). Community Based Connections SMART teams are both co-located at CPIS.

Mental Health / Substance Abuse / Domestic Violence – DCF and BSO CPIS have collocated community partners with child protective investigators to support investigative decisions and quickly assist families in crisis. In Broward, Henderson Behavioral Health provides one full-time mental health consultant and four full-time peer advocates through the substance abuse Family Engagement Program), and Women in Distress provides two full-time domestic violence advocates. Circuit 19, Safe Space, provides two co-located advocates. SAMH has funded two full time mental health investigative divisions for Department investigators in the Region. One is collocated in Circuit 15 and the second serves Circuit 19. Likewise, Department investigators in both circuits have access to collocated domestic violence advocates.

Child Care collaboration – The Early Learning Coalitions of all three circuits are strong partners with DCF and work with region investigators to facilitate the immediate at-risk childcare referral process for families. DCF has excellent working relationships with the Early Learning Coalitions in all three Circuits comprising the Region. Early Learning Coalition (ELC) of Broward County has three full-time co-located professional staff at CPIS. ELC is funded through the Florida Office of Learning Coalition School Readiness Program. ELC works closely with region CPIS to facilitate the immediate at-risk childcare referral process for families.

Children's Services Council (CSC) of Broward County – Children's Services Council are strong partners with DCF in supporting families. As an independent taxing authority, CSC provides family strengthening programs county-wide through collaborative and innovative programming that reaches families at-risk for child abuse and neglect, families at-risk for out-of-home placement, and families in crisis. In Broward county, Circuit 17, specific funding has been earmarked for family strengthening programs with over twenty (20) contracted services. These programs prioritize CPIS referrals and offer a wide array of

evidence-based programs. The CSC of St. Lucie County identified “Stop Child Abuse before it Starts” as one of its five main funding priorities, which significantly supports prevention services.

Non-CSC community programs –The Children’s Services Council supports the region’s mission to preserve families in all circuits. In addition to CSC family strengthening programs, the CPI can make referrals to numerous non-CSC community programs, and offer services that include, but are not limited to, family preservation, child and adult counseling and therapy, inpatient and outpatient treatment, mental health and substance abuse evaluation and treatment, and bereavement services.

Southern Region:

The Southern Region has formed strong partnerships with other stakeholders with the knowledge that a full continuum of services is necessary to serve families. These stakeholders include Miami Dade and Monroe CBC Alliance, The Children’s Trust, DJJ, the Managing Entity in Miami Dade County, Thriving Mind (formerly known as South Florida Behavioral Network), Dependency Court System, GAL, Miami-Dade Juvenile Services Department, and the Child Protection Team. Talks with all Case Management Agencies, Citrus Family Care Network, CLS, and GAL are held quarterly, and in January of this year was the platform used to start a discussion of current and best practices, planning, and development of the APSR. During the first week of February, email exchanges started identifying next steps and participants to be involved in the region’s APSR input. Further discussions during weekly meetings with DCF and Citrus FCN administration yielded APSR initiatives to highlight provided by quality assurance representatives from both agencies. Having a new agency on board made it easy to identify the positive changes being made. The last face-to-face meeting was held on the first week of March. All other ongoing interactions were by phone or email as several agencies started to telecommute.

These interactions have provided participants a good grasp of what is currently working well and what changes are desired in the future. Quality of services delivery, productive consultations with subject matter experts, and understanding and respecting each other’s roles and responsibilities are key areas that are being developed through shared trainings, meetings, and open communications. The workgroups developed for placement with representatives from the lead agency, case management agencies, DCF, licensing and quality assurance teams from both agencies. Leadership meetings are held monthly with Citrus FCN, SAMH, and CLS. Stakeholders’ meetings and interactions through the CBC Alliance meetings continue to ensure that initiatives are known, shared, and moved forward ongoing.

Central Region:

Each circuit within the Central Region holds a bi-monthly System of Care meeting in which all key stakeholders are present. Every quarter, the Regional Managing Director facilitates a meeting with the CBC lead agency CEOs, the Managing Entity CEOs, Agency for Persons with Disabilities (APD), and Department leadership Communications and Community Development Administrators (CCDAs), CPI Operations Managers, Family Safety Program Manager, Regional Program Manager, SAMH Director, and Family Community Service Directors (FCSD) to discuss the system of care as a region. During these quarterly meetings statewide, updates are provided and discussed, legislative updates are communicated, updates on Child Welfare Behavioral Integration plan (see Appendix A) are shared, and updates are provided by each CBC and Managing Entity and APD.

DCF has been involved in each of the following efforts specific to each circuit and CBC lead agency, whether through the creation phase, decision making, negotiating or supporting the efforts throughout the reporting period.

Embrace Families (CBC lead agency in Circuits 9 and 18) was awarded a federal funded grant for Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. 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 Strong Foundations team built strong workgroups for each strategy with representation from multiple partners across the state that includes partnerships from multiple lead agencies that were selected as sites for the project. The initial project area focused primarily on the Central region; however, the plan to roll out strategies has been expanded 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 in the project encompassing eight different Community-Based Care lead agencies.

Kids Central (CBC lead agency in Circuit 5) and its partners meet with GAL leadership at the circuit and county level on a bi-monthly basis to improve partnership and collaboration. Collaboration with the GAL helped to identify state-level actions to improve local partnerships.

Leadership staff of Kids Central, in collaboration with the Dawn Center of Hernando and CASA of Citrus, were trained and successfully completed the Batterer's Intervention Auditory Training approved by the Chief Judge of the Fifth Judicial Circuit to observe and evaluate Batterers Intervention Program's throughout the circuit. This was in response to the newly enacted Circuit 5 Administrative Order Governing Batterers Intervention Programs Providers, in conjunction with section 741.325, Florida Statute, utilizing established monitoring and corrective action tools.

Facilitated by the Dawn Center of Hernando County and CASA of Citrus County; child welfare leaders, law enforcement agencies, state attorney offices, and judiciary committees in Circuit 5 provide insight and perspective that is extremely useful with respect to each organization's responsibility within the domestic violence prevention projects. The quarterly meetings provide a collaborative perspective and ensures all organizations are represented.

Heartland for Children (HFC) (CBC lead agency in Circuit 10) strongly believes that success in providing services for children involves fully engaging the local community. As a result, the past 15 years has seen the development and retention of solid community partnerships with a variety of stakeholders including but not limited to:

- the courts
- social services providers
- businesses
- neighborhoods
- schools
- faith-based community

HFC has robust stakeholder integration in the region's system of care. Community partnerships developed by HFC are either through formal agreements or through informal, but valuable, relationships. HFC has taken the lead to create community-based solutions for serving its population.

Over the past several years, HFC has focused efforts on developing and enhancing partnerships with the school districts in Circuit 10. HFC has a dedicated Education Specialist who serves as a point of contact between the school systems and HFC. This partnership with the local school districts enhances communication regarding individual child educational issues through a school liaison model. Each local public school identifies a Child Welfare Liaison, usually a guidance counselor, to represent their school. The school liaison model has been in place since the 2008-2009 school year. These school liaisons attend annual training provided by HFC that includes child abuse identification and reporting, local child welfare system structure, and system updates. Although child abuse identification and reporting training is now online for school personnel, HFC continues to work with the region and the school systems to provide training topics that keep children safe and connected to needed resources that will improve educational outcomes. The child welfare liaisons provide training to each staff member at their respective school to enhance communication and collaboration between the child welfare system and school personnel. The liaisons also serve as a single

point of contact for professionals and caregivers from the child welfare system. This streamlined approach allows for better advocacy and problem solving on behalf of students, with the expectation of better education, employment, and life skills outcomes.

HFC has embedded the requirements of Every Student Succeeds Act (ESSA) into day-to-day practice. An operational practice model is in place for compliance with the requirements of this act. Engagement from the local school boards, caregivers, case management, CLS, and GAL is encouraged on staffing calls. Coordination for school changes and the sharing of educational records are made if it is not in the child's best interest to remain in their same school.

Brevard Family Partnership (BFP) (CBC lead agency in Circuit 18) engages partners in the delivery of local services. Examples of these collaborative partnerships are:

Youth Leadership Academy (Smile for Budgie) - Engages and prepares youth with leadership interests and capacity to learn key leadership skills to be effective self-advocates as well as advocates for systems change.

Brevard Youth Leadership Council (BYLC) - Comprised of youth in out-of-home care and former youth consumers who have exited foster care and continue to receive services. BYLC members attend legislative functions to articulate the voice of youth and assist with system change.

Brevard Public Schools - BFP employs a Foster Parent Guidance Counselor that serves as a liaison for youth in out of home care and case management, attends IEP meetings, and serves as a champion to coordinate efforts for Every Student Succeeds Act (ESSA).

Monthly Foster Home Meetings, Foster Parent Advisory Board, and Mentoring Program - BFP, in partnership with local churches, hosts monthly foster parent meetings to provide training, education, and updates. A Foster Parent Advisory Board has been established that meets on a monthly basis to evaluate and review protocols and processes to maximize the success of all children and families served. A Mentoring Program is also offered to new foster parents in which seasoned foster parents provide support, coaching, and mentoring in times of need.

Post Adoption Support Groups- Post adoption support groups are held monthly to network, share, and learn from other adoptive parents who are experiencing or have experienced similar issues. The overarching goal is to support the family and prevent adoption dissolution.

Northeast Region:

The Northeast Region maintains strong partnerships and ongoing collaboration with agencies, providers, and local community partners. This reporting period, the region focused on reducing out-of-home care with specific emphasis on reducing group care, increasing relative and non-relative placements, and improving outcomes for families through continual increase in the region's PIP, CFSR, and contractual performance. This focus included meeting with CBC providers, case management agencies, foster parents, caregivers, families, youth, and community partners in a variety of ways to work toward common goals. Examples include the Northeast Region's Partnership and Barrier Breaker meetings where trend data, performance, actions for improvement, and special initiatives are discussed with CBC partners as well as stakeholders during certain meetings; interviews and input from foster parents, families, children, and stakeholders during CFSR and PIP reviews; special initiatives such as the Safe Baby Initiative (explained below); and multiple levels of team meetings, staffings, performance reviews, all of which involve Department and CBC staff

The Northeast Region focused on the following during this review period, and plans to continue or enhance these in the coming year:

- Strengthening region-wide Integrated Practice Team (IPT) processes and monitoring progress. IPT is a community-oriented, strength based individualized planning team with the goal to help families meet their needs by developing a comprehensive family service plan with innovative ideas and immediate access to services, designed to ensure that children are maintained safely in their homes.

This practice is firmly established in each circuit within the Northeast Region, involving DCF, CBC, providers, school personnel, caregivers, and other supportive and/or specialized community partners that offer knowledge and expertise to assist in identifying barriers to keeping children safe in their homes.

- Repurposing Department/CBC Partnership and Barrier Breaker meetings to maximize effectiveness in progressing operationally, contractually, and financially. One of the Barrier Breaker meetings each quarter includes stakeholders so that contracted providers, case management agencies, local providers, and others may participate in sharing any concerns or issues for the group to discuss.
- Placing CPI staff around the region to build relationships and engage partners; for example two CPIs are co-located with social work professionals at Wolfson's Children's Hospital in Duval. Volusia County staff also meet at the hospital to plan safe care coordination. This collaboration includes partners at the Child Protection Team (CPT) who provide constant support to CPIs and they are creating a basic training curriculum around CPI's response to traumatic childhood injuries. CPIs tag team doing "rounds" with the medical trauma team at the hospital and act as liaisons between hospital staff and DCF.
- Safe baby court/Early Childhood Court (Duval). This initiative's guiding principles are led by a Steering Committee facilitated by the Northeast Region's lead agency with members from multiple community disciplines, including Department child welfare, DOH, hospital social work team leads, substance misuse providers and the judiciary. The region's Substance Exposed Newborn and Infant investigative unit helps identify cases for Early Childhood Court and led the Plan of Safe Care implementation.
- Each county in the Northeast Region has a version of a safe babies meeting. CPT/Hospital/Healthy Start/DOH all participate. This past year, Clay County conducted a well-attended event at the local mall to engage mothers. The Infant Mortality and Substance Exposed Newborn Task Force includes member partners from DCF, Healthy Families/Healthy Start, CPT, Sheriff's Office, medical professionals, and fatality specialists. The group's strategic plan includes community outreach, education, and communication. This culminated in a Community Baby Shower and Health Fair this year at the Orange Park Mall.

Major partners across the region are: County Health Departments (and DOH), School Boards, County Social Services, Clerks of Court, GAL, Early Learning Coalition, APD, Children's Medical Services (CMS), Child Protection Team (CPT), DJJ, Veteran's Services, local Housing Authorities, Service Providers, the Judicial System/Dependency Court, the Managing Entity LSF Health Systems, and local visitation centers.

CBCs hold staffings, meetings, workgroups, performance reviews, etc., with the case management agencies and providers to ensure the goals of both DCF and the CBCs are known and shared. Both Department and CBC staff participate in community consortiums (Behavioral Health, Child Welfare) and task forces (Child Abuse Prevention) to share goals and actions needed to strengthen the Northeast Region's systems of care and improve outcomes for families. These groups include providers, local agencies, stakeholders, and caregivers, and provide a forum for sharing resources, disseminating information, and building a stronger system.

Surveys are another vehicle used for involving providers, families, foster parents, caregivers, children/youth, and stakeholders, and are conducted by both the CBCs and DCF on multiple levels to secure feedback regarding levels of services, gaps in services, improvements needed, and more. [During this review period, one of the CBCs in the NE region learned indicators of workforce turnover. This is explained further, along with their subsequent approach to reduce the turnover, in Objective 4.5, Goal 4. Another CBC that conducted surveys during the review period revealed some improvements needed regarding staff satisfaction with office space presentation and safety, as well as in client comfort when on-site working with staff.](#)

The level of collaboration and engagement across agencies and stakeholders in the region continues to grow, and is proving effective, as noted in recent performance and growing partnerships.

Specific initiatives to involve various levels of participation are described below:

- Partnership for Strong Families (PSF) (CBC lead agency in circuits 3 and 8) utilized surveys completed through the COA reaccreditation process to better understand the strengths and areas of improvement identified by caregivers, clients, service providers, staff, the Board, etc. The information gained was used to help assess the current survey process and to adapt and enhance surveys for the future. PSF is currently in the process of sending out this year's surveys via both physical mail and email to ensure service to the various populations surveyed. The information received through the surveys is analyzed for trends around practice, resources (such as services and service providers), responsiveness, etc. PSF also has a few Board members who are also partner families, so they may bring that experience to the table and help provide a new perspective. Additionally, PSF helps to facilitate children's partnership councils to help identify and drive the support and impact in the community. PSF also has a comment section within their website for families, youth, caregivers, etc. That information is sent to relevant departments and taken into consideration for the future.
- Family Support Services of North Florida (FSSNF) (CBC lead agency in Circuit 4) has several strategic priorities that involve gathering the input of families, caregivers, youth, case managers, and other stakeholders. The two biggest examples are Youth Well-Being Initiative and Road to 75 Initiative where focus groups of different populations were conducted and workgroups were convened. High level external stakeholder meetings were held to gather feedback from case managers, Department personnel, Guardians ad Litem, juvenile probation officers, therapists, and clinicians. In addition to these projects, FSSNF conducts trainings and surveys for all caregivers three times per year. A reunification event for families that successfully navigated the dependency system and had their children returned was held to let each parent share their story. Parent round table discussions for families in the prevention program were conducted and FSSNF is in the process of scheduling another round of surveys for families that have gone through the prevention program (both successfully and unsuccessfully). The case management staff are involved at all levels in the CFSP process through combined workgroups, meetings, joint trainings, etc. As FSSNF plans to move towards primary prevention, they are creating a parent advisory board in order to truly capture the voice of the families in the community.
- Family Integrity Program (FIP) (CBC lead agency in Circuit 7, St. Johns county) is co-located with the county's domestic violence/sexual assault advocate, the batterer's accountability specialist, the Family Builders staff, the Family Intervention Specialist, and Child Protective Investigations. The agency also has an effective process in place with the Clerk of Court to assist guardians with seeking guardianship in Family Court. DCF, FIP, the School system and Legal Aid work together to identify families who are appropriate for guardianship through family court and the Court waives the filing fees for these identified families.

Community Partnership for Children (CPC) (CBC lead agency in Circuit 7) has two Early Childhood Courts (ECC) in Volusia County. The Judges in each courtroom hold regular Dependency Court Improvement Program meetings with court personnel, CLS, DCF, Guardian Ad Litem, and CPC. Kids First of Florida (KFF) (CBC lead agency in Circuit 4, Clay county) works closely with its sister agency, Clay Behavioral Health Center (CBHC), for Parent Education and Support, Transitional Trauma Therapy, mental health and substance abuse treatment, case management, psychiatric services and medication management, crisis stabilization, and substance abuse prevention education.

Northwest Region:

The Northwest Region maintains strong partnerships and ongoing collaboration with agencies, providers, and local community partners. 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 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 the Northwest Region case management provider and serves Escambia, Santa Rosa, Okaloosa, and Walton Counties. Primary case management functions are managed internally. Child protection services provided by FFN include case management for out-of-home placements including adoption, in-home supervision, foster home recruitment and licensing, child placement, revenue maximization, Young Adult Services (YAS) for youth over 18, and independent living services for youth under age 18. Safety Management Services are provided by FFN via in-home non-judicial services units. FFN is also heavily involved with all community partners to ensure that they are consistently able to meet the needs of the children and families served.

Big Bend Community Based Care (BBCBC) lead agency supports the twelve counties of Circuits 2 and 14. As a network-managing agency, BBCBC's primary role is to establish and maintain an integrated network of providers with the goal of ensuring optimal access to and the provision of quality services. BBCBC's approach to collaboration is inclusive of DCF, subcontracted services agencies, formal and informal providers, key community stakeholders, and the individuals, families, and communities served. Engagement with individuals served includes peer representation among provider programming, service satisfaction surveys, and interviewing children in foster care. Families are an essential component of early engagement activities, ongoing permanency planning, and service delivery.

Through this collaboration, BBCBC strives to develop and manage a System of Care that demonstrates quality programmatic and financial outcomes through partnerships, transparency, and efficiency. The System of Care is based on a service delivery approach designed to create a broad, integrated process for meeting the service population's needs. Each partner brings diversity, advocacy, program expertise, experience, and community standing to the System of Care.

The Northwest Region holds monthly leadership/collaboration meetings with Substance Abuse/Mental Health, region child welfare partners, CLS, and Walton County Sheriff's Office leadership. This meeting allows collaboration between the agencies and provides opportunities for any issues or concerns to be addressed and for resolutions to be reached. Communication with stakeholders has been identified as an opportunity for improvement in FY 2019-20, and action items surrounding this issue are included on the Contract Oversight Unit's corrective action plan.

Through the federal Early Childhood Mental Health System of Care (SOC) grant, the Northwest Region partnered with BBCBC and community Mental Health providers in the region to implement High-Fidelity Wraparound Education and Trainings. We have continued to offer Wraparound Training that provides support for infrastructure, coaching, fidelity, and ultimately supports sustainability for Wraparound within the region. BBCBC has taken the lead on providing Wraparound Training. They have also facilitated meetings with Managed Medical Assistance plans and how they can offer Wraparound. They have also been working with providers to be able to fund Wraparound other than ME and grant funding.

Most of the major providers in the Northwest Region have been trained in Wraparound and involves all the formal and informal supports of a family. Further, it teaches how to input informal supports in a family that may be limited in that area. There is ongoing Wraparound training through a SAMH Federal grant.

Regional Behavioral Health Consultants (BHC) continue to work closely with child welfare staff to complete assessments with families. The BHCs also assist with training for the child welfare staff regarding substance abuse and mental health.

The Northwest Region SOC has continued to promote youth and family involvement in governance and decision making. Merging the governance meetings with NAMI Bay County allows for complete youth and family involvement. NAMI Bay has expanded to welcome Holmes and Washington county involvement in all activities. This group is pushing for youth/family to work with Wraparound Coordinators and Peers to develop Wraparound plans that they develop themselves. The youth and family develop their own goals and how they plan to meet and achieve said goals. The Wraparound Coordinator/Peer are there to support them along the way.

The Northwest Region Managing entity BBCBC continues to provide Community/Forensic Case Management and/or Forensic Specialist Services to residents at State Mental Health Treatment Facilities (SMHTF) to ensure the timely and appropriate discharge of individuals to the level of care needed. With recognition to the crossover population in child welfare, this level of care coordination hopes to improve their lives and assist them with reacclimating to the community.

Foster and Adoptive Parent Association (FAPA) meetings are held across Circuit 1 and are very active in working with FFN leadership in order to affect positive change. FFN also continues to partner with the QPI to assist in recruiting and retaining foster parents and guide them through the licensing process. The goal of the initiative is to ensure that all children are afforded the right to be placed in homes that provide quality parenting versus just a placement. QPI has a steering committee, comprised of community partners, that meets. Partners include, but are not limited to, foster parents, Child Protective Investigations, adoptive parents, case management, licensing, placement, GAL, CLS, Department community liaisons, FFN policy, training, national QPI representative, and Children's Medical Services. The purpose of the steering committee is to identify gaps, make recommendations, and solve presenting problems as they relate to foster parents and the ability to work with the agency. There are approximately six foster parents, in conjunction with an FFN licensing specialist, who are part of a QPI sub-group, and they have been working for the past 4-5 months to update a handbook for foster parents. FFN will ensure that what is put in the handbook is aligned with code/licensing requirements. The updated handbook will be disseminated with licenses and when re-licensing.

The Quality Parenting Initiative (QPI) Steering Committee has been very productive in identifying and addressing gaps. The 6 foster parent members are highly engaged in the QPI process and provide feedback during meetings. The committee identified the need to enhance a child's transition into foster care. In response to this need FFN developed the CARES (Caregiver And Resource Entry Support) Team to assist in the transition between shelter and case transfer. Two particular components of it are the comfort call to let bio parents know the child is in a safe home and to facilitate an icebreaker to encourage a positive relationship between the bio parents and foster parents. Additionally, it initiated the co-parenting concept in Circuit 1 and eventually led to the development of the foster parent mentoring program. When communication between FFN and foster parents was brought up, FFN responded by upgrading staff cell phones to allow texting. Child care was identified as an issue and a local committee led DCF worked to identify resources and develop solutions. The committee also identified the lack of child care as an impediment to foster parents attending FAPA meetings. FFN stepped in and now covers the cost of providing child care on site during the FAPA meetings.

FFN also has a Foster Parent Assistance Program, which is the equivalent to an Employment Assistance Program (EAP). Foster Home Development highlights this initiative by posting it on the foster parents' Facebook page, and by ensuring information on how to utilize the program is included in every newsletter.

A Foster Parent Mentor Program meets quarterly. This group is chaired by the FFN Leadership. The focus of this group is on foster parent retention and engagement. This is also a QPI sub-committee. Input from this group will be used in order to inform FFN activities and address concerns.

An Early Childhood Court (ECC) Program exists in Escambia and Okaloosa Counties. This program serves children in the zero-to-three target population where the danger threat includes substance abuse. The program utilizes existing community resources to provide a coordinated and integrated approach to address the underlying issues of abuse and neglect while enhancing the parent-child relationship and improving permanency outcomes, safety, and well-being of the children enrolled in the program. The program is unique in that it intervenes at the family level rather than the individual family member level. Every member of the family is offered the services that they need to enhance family stability and child wellbeing. The ECC Team consists of Dependency Judges, CLS, Parent Attorneys, GAL, Court Administration, Dependency Court Resource Facilitators, Child Protective Investigators, Child Welfare Case Managers and Unit Managers (FFN), Community Mental Health, Substance Abuse and Domestic Violence treatment, Agency service providers, Community Prevention and Early Intervention Providers, Early Learning Coalition (ELC), and Healthy Start. Monthly stakeholders' meetings are held in order to assess program strengths and needs and to address any barriers to achieving positive outcomes.

Circuit 14 is in the process of institutionalizing an ECC program. The current sites/ECC programs include Bay, Jackson, Calhoun, Holmes, & Gulf County. Circuit 14 utilizes one Magistrate for all ECC sites to assist in ensuring fidelity to the model and Florida Statewide Standards. There is current legislation pending the Governor's signature to fund the Office of Court Improvement Contract for an evaluation of the ECCs to ensure the quality, accountability, and fidelity of the program's evidence-based treatment. Additionally, the legislation would allocate one statewide ECC training specialist to provide training assistance for ECC teams and community coordinators. Stakeholder meetings are ongoing for Jackson and Bay county team members and the Magistrate (it should be noted these team members also cover all Circuit 14 sites).

Training for ECC team members was completed on April 1 and April 9, 2020. A Zero to Three TA specialist site visit was scheduled for April 6, 2020; however, these dates were canceled and will be rescheduled. The ECC Team did host a virtual training for all team members and foster parents entitled "Considerations for Family Time during the COVID-19 Pandemic" on April 7 and 14, 2020.

Circuit 1 staff and the Walton County Sheriff's Office Child Protection Unit participates in the **Florida Law Advisory Group (FLAG)**. This group works with the judicial system to develop the most effective means by which interrelated legal and non-legal family matters can be addressed. The goal is to produce results that promote public trust and confidence and trust in the judicial system, minimize conflict, and improve family functioning. The primary goal is to advance communication and collaboration among stakeholders that serve children and families in the courts.

Guardian Ad Litem (GAL) is a significant partner in the Northwest Region. Circuits 2 and 14 support relative placements by providing immediate necessities to caregivers. These circuits have also partnered to help provide support of children in the hospital, as well as upfront staffing that involve any family where a report is received on an open report. The GAL serves on the Early Childhood Court teams in Circuit 1. Regionally, the GAL program attends meetings and court events, and collaborates with investigators on an open investigation and many other activities as it relates to the children they are assigned.

Domestic Violence is addressed within the region through a wide variety of service providers and training. Some of the providers include Favor House, Shelter House, Refuge House, and Salvation Army. There are co-located advocates in many counties that provide collaboration to investigative staff on investigations where violence may be occurring. The region also contracts with Dave Mandel to provide subject matter expertise training as it relates to the components, behaviors, risks, and assessments of families with domestic violence components. Elements of this training are required of all Investigative staff within their first year of hire and is open to all other staff and partners as needed.

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CHAPTER 2: Update to the Assessment of Performance in Improving Outcomes

Outcomes and Performance

The Administration for Children, Youth and Families, Children’s Bureau (CB) is responsible for monitoring of state child welfare systems receiving Title IV-E funds. The CB collects an ongoing data set, [Adoption and Foster Care Analysis Reporting System](#) (AFCARS), from child welfare information systems to monitor state performance in achieving federal outcomes for child safety, permanency, and well-being. The AFCARS provides a national data set of case level information, including demographics, on all children in foster care and adopted.

The CB also implements and oversees the [Child and Family Services Reviews](#) (CFSR) to gather qualitative and quantitative information. The CFSR includes case reviews to assess eighteen items associated with seven outcomes for child safety, permanency, and well-being. The CFSR process also evaluates child welfare systemic factors: information system, case review system, quality assurance system, staff training, service array, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment and retention.

Florida’s Child Welfare Results-Oriented Accountability Program (ROA) was established in [section 409.997, Florida Statutes](#), to provide a comprehensive framework for evaluating the achievement of child welfare outcomes by DCF, Community-Based Care lead agencies (CBCs) and their subcontractors. At the beginning of last year, the Office of Child Welfare’s Continuous Quality Improvement Unit’s responsibilities included management of child welfare data, analysis and reporting; quality assurance; research and evaluation; and statewide training. These programs were realigned with the implementation of the enterprise Quality Office.

DCF developed and maintains many quantitative and qualitative resources. [Florida’s Child Welfare Statistics](#) on DCF’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 DCF’s quality assurance activities. Primary documents used for analyses in this chapter were the [Annual Performance Report FY 2018-19 \(DCF, 2019\)](#), FY 2018-2019 Annual ROA Report, PIP progress reports, Florida Continuous Quality Improvement review data from the Online Monitoring System (OMS), and Rapid Safety Feedback (RSF) review results.

DCF’s Contract Oversight Unit (COU) addresses requirements in [section 402.7305, Florida Statutes](#), for monitoring CBC contracts. DCF completes contract monitoring of each CBC either through an onsite (every two years) or desk review (years not onsite). These reviews incorporate quantitative and qualitative data, stakeholder surveys, focus groups, and licensing feedback. The COU began conducting onsite monitoring using new [Standards for Systems of Care](#) in FY 2018-2019. Five (5) onsite reviews of CBCs were completed during FY 2019-2020. (See Appendix E for complete baseline findings.) [CBC Contract Monitoring Reports](#) are posted on the Florida’s Center for Child Welfare (Center) website. The number of onsite reviews current year were reduced with more desk reviews conducted due to social distances as a result of Covid-19.

DCF worked extensively with its regions on updating the local improvement plans with the participation of stakeholders that includes frontline caseworkers, foster parents, as well as youth and parents as much as possible.

The third round of CFSRs for Florida was conducted from April to September in 2016. The [CFSR Final Report, 2016](#), concluded that none of the seven federal outcomes were achieved and three of seven systemic factors were achieved. Terms used throughout this section are:

- [Program Improvement Plan \(PIP\)](#) is the plan created by the state in collaboration with child welfare stakeholders to address areas needing improvement that were identified in the CFSR review conducted from April to September 2016. [Florida's PIP](#) was approved in May 2017.
- Florida Continuous Quality Improvement (CQI) in the data tables of this section refers to qualitative case review ratings determined by Florida quality assurance staff using the CFSR case review tool on a sample of cases to assess performance.
- PIP Monitored Cases are cases that CBC and Department Quality Assurance staff jointly review which receive secondary oversight by the Quality Assurance team within DCF Office of Child Welfare (OCW) and a portion receive additional oversight by the CB CFSR team (PIP monitored cases). This partnership and process ensures fidelity to the CFSR case review tool.
- Rapid Safety Feedback (RSF) case reviews involve a case review process that targets open investigations or in-home cases of children under the age of four where there is at least one prior investigation on any member of the household and the current allegation is for substance misuse and family violence threatens harm.

DCF engages in a highly collaborative process to conduct case reviews of children in the child welfare system using one standard case review tool for the Florida CQI and PIP monitored cases. Florida's Windows Into Practice and the PIP [Measurement Plan](#) describe the joint process of case reviews in detail. Both include the number of cases reviewed each quarter, how cases are selected for review, and the process of second-level reviews. Quarterly meetings with Department, CBC, and Sheriffs QA managers are held to discuss QA progress and challenges with program outcome improvements. Implementation of PIP activities and progress are included in the discussions. DCF maintains transparency with stakeholders by posting all CFSR reports on the Center's website, including a link on DCF's website.

Regions and CBCs complete annual performance reports and plans for improvement based on the quantitative data and results from qualitative case reviews. The local improvement plans are constructed with input from local stakeholders including representatives from Child Protective Investigations, Case Management, Guardian ad Litem, Children's Legal Services, and service recipients such as foster parents, youth, and biological parents. Many CBCs conduct surveys of service recipients which are used in the development of improvement activities. The plans are posted on the Center's website under Results Oriented Accountability. <http://centerforchildwelfare.fmhi.usf.edu/QualityManagementPlans.shtml>

The key activities in the state's PIP were all completed by June 30, 2019; however, Florida did not meet all negotiated PIP targets. The state held its kick-off meeting for its non-overlapping data year of the PIP in collaboration with the CB in December of 2019 after the originally planned meeting in September was cancelled due to an approaching Hurricane. Structured brainstorming activities were conducted during the kick-off meeting and four (4) additional activities from OCW were introduced to be included in each region's updated local improvement plans. The four (4) additional activities include:

- Implementation of a case consultation guide specific to the items in the CFSR instrument
- Implementation of the Casey Family Programs Quality Round Tables as a case consultation guide to prepare cases for review
- Implement a shadowing program for supervisors and administrators for PIP monitored cases to allow them to participate in the process
- Implement improved strategies to improve the frequency and quality of caseworker visits with parents, CFSR item 15. Although the target for this item was achieved early in the PIP process, performance has subsequently declined, and this item impacts several others in which the state has to achieved targets.

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. See Chapters 5 and 7 for updates on prevention activities.

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 DCF. 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. A description of HFF is provided in Chapter 5. 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. A description of Family Support Services is provided in Chapter 5, Section A, Update on Services Continuum. 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.

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

2016-2017	2017-2018	2018-2019	2019 to 3/30, 2020
22, 827 children	20,676 children	17,051 children	12,124 children

Source: FSFN Children and Young Adults Receiving Services by CBC lead agency and type of service

Safety

Florida maintains a primary focus on child safety while working towards qualitative implementation of its practice model. DCF created Critical Child Safety Practice Experts (CCSPEs) in each region in 2015 and continues to use these positions to review open investigations and provide real-time feedback to Child Protective Investigators (CPI) and their supervisors. These Rapid Safety Feedback Reviews (RSF) are conducted on investigations that include children three years of age or younger with allegations of domestic violence and substance misuse. The CCSPEs must successfully complete a proficiency training program to serve as a CCSPE. This enables a transfer of learning around the practice model from the CCSPE to the CPI and supervisor during the case consultation part of the RSF review. To increase transfer of learning and practice, supervisors and program administrators also complete a practice proficiency process conducted by the CCSPEs.

Quality Management staff members with the CBC lead agencies conduct a similar RSF review for open in-home services cases meeting the same criteria. Further qualitative reviews include the Florida CQI and PIP monitored cases using the CFSR portal to gauge performance around the federal outcomes and systemic factors. In addition to the qualitative measures, DCF includes quantitative data on its scorecards to

continuously monitor performance around safety and risk assessment and services across all investigations and cases. Regions and CBCs continued to engage national experts to provide training on safety planning to ensure child welfare professionals have the skills to construct quality safety plans in collaboration with the families under supervision.

The real-time Rapid Safety Feedback (RSF) investigation quality assurance reviews initially showed improvement in overall performance, while revealing a steady decline in performance by CPIs. There has been an improvement in the fidelity of CCSPes with the practice model, based on reviews by National Experts. DCF plans to update the quality review process for investigations to focus on ensuring thorough investigations are completed with a specific attention paid to investigations involving children aged 0 – 12 months. Case Management performance on RSF ratings remains generally consistent with one region of the state scoring lower. The major practice concerns identified in the RSF reviews (investigations and case management) continue to include creating and monitoring effective safety plans, and ongoing supervisory consultation, support, and guidance to ensure sufficient information is collected to support the safety decisions.

Results from the semi-annual fidelity reviews conducted by Action for Child Protection, a National Expert in child safety, show that overall fidelity to the practice model has declined over the last year. Florida’s practice model is being adjusted beginning this year and continuing into next to ensure that the investigative and case work practices are in line with what is required to ensure safety, permanency, and well-being for Florida’s children while ensuring work-life balance for front line case workers and supervisors. One specific project being implemented toward the end of this year is to streamline the documentation required in a specific form for children determined to be safe.

Safety Data

The percent of children with no recurrence of maltreatment in 12 months at 92.97 percent for FY 2019-2020 to date 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 7.59 for FY 2019-2020 to date; a substantial improvement from a high of 10.48 in FY 2016-2017 and reaching the target.

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

	State Target	Florida FY16/17	Florida FY17/18	Florida FY18/19	Florida FY19/20 to date
Absence of Maltreatment Recurrence	90.9% or higher	91.4%	91.96%	92.54%	92.97%
Rate of abuse per 100,000 days in foster care	8.5 or lower	10.48	8.77	8.84	7.59

Source: Florida Child Welfare Dashboard /Federal Indicators

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; however, not the RSP.

Table 2.3: Florida Recurrence of Maltreatment Compared to National Performance

	National Performance	Type	Florida FY15	Florida FY16	Florida FY17
Absence of Maltreatment Recurrence	90.5% or higher	RSP	88.9%	89.8%	89.9%
		Observed	91.4%	92.1%	92.2%
Rate of abuse per 1,000 days in foster care	9.67 or lower	RSP	13.3	14.71	12.33
		Observed	9.91	11	9.16

Source: CFSR 3 Data Profile February 2020; RSP - Risk Standardized Performance

Florida's performance is 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 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19-20 to date
Percent of Children with No Verified Maltreatment During In-Home Services	95.0%	94.28%	94.28%	94.94%	95.07%
Percent of Children with No Verified Maltreatment within 6 months of receiving In-Home or Out-of-Home Services	95.0%	96.13%	96.24%	96.63%	96.55%
Percent of Children who do not re-enter care within 12 months of moving to a permanent home	91.7%	90.1%	89.89%	89.99%	90.41%

Source: Florida Child Welfare Dashboard CBC Scorecard

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 three prior years, not the most recent. Florida is meeting both the observed and RSP for children who do not re-enter foster care within 12 months of reunification.

Table 2.5: Percent of Children Who Do Not Re-Enter Care within 12 Months of Permanency

	National Performance	Type	Florida 2015	Florida 2016	Florida 2017
Percent of Children who do not re-enter care within 12 months of moving to a permanent home	91.9% or higher	RSP	91.9%	92.1%	92%
		Observed	92.8%	93%	93.2%

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 two state fiscal years and the state increased its internal target from 85 percent to 90 percent.

- The qualitative data from the Florida CQI cases shows that the agency made concerted efforts to see children timely with 94.8 percent of the cases reviewed rated a strength for Item 1 and Safety Outcome 1.
- 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.

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

Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Percent of Children Seen in 24 Hours or Less	90%	84.6%	86.65%	90.08%	92.06%
Florida CQI Cases	95%	90.9%	91.3%	91.5%	94.8%
PIP Monitored Cases	91.6%	NA	88.2%	84%	94%

Source: Florida Child Welfare Dashboard /Child Welfare Overview/Florida CQI/PIP Dashboard

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

- Daily reviews of additional reports that require children being seen again in Florida;
- Reducing time for Child Protective Investigators to make the initial attempt to see the children;
- Review daily reports of children not yet seen during investigations;
- 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;
- Some areas use 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 concern. The state achieved the PIP target for item 2; however, has not shown the expected improvement for item 3.

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 varied performance on item 2 in the Florida CQI cases compared to the PIP monitored cases. The Florida CQI cases show consistent performance above 90 percent and incremental sustained performance in the PIP monitored cases, exceeding the negotiated PIP target.

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 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	92.9%	91.9%	91.5%	92.4%
Florida PIP Monitored Cases	85%	NA	79.8%	84%	89%

Source: Federal CFSR Online Monitoring System

Although a strength, some areas of the state continue activities to provide services to prevent removals including:

- One CBC Implemented an Integrated Practice Team (IPT) to brainstorm ideas and solutions to overcome barriers for families to maintain children in their own homes.
- Increasing safety management services to keep children at home.
- Providing post reunification services to prevent subsequent removals.
- One CBC implemented a Family Assessment Support Team (FAST) that provides intensive supervision to maintain children in their own homes.
- Every CBC provides in-home supervision programs to work with families to prevent removals.

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. This item continues to be an Area Needing Improvement for Florida. Quality case reviews show fluctuating performance; however, PIP targets have not been met.

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95.0%	77.3%	72.6%	73%	76.6%
Florida PIP Monitored Cases	77%	NA	67%	68%	65%

Source: Federal CFSR Online Monitoring System

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 scores have shown a decline in performance after an initial improvement. CPIs continue to struggle with identification of danger threats, assessments, and safety planning. Sufficient supervisor consultation scores have decreased over time, which could impact the sufficiency of the assessments and safety planning. Case Management RSF scores have remained consistent; however, low. Case managers also continue to struggle with supervision consultations, assessments, and safety planning. [New for the current year \(next APSR reporting period\), the Quality Office has increased the number of quality reviews. These reviews will complement the Florida CQI reviews to increase the sample size and allow for better data analyzation. The Quality Office has its own performance management team that will be able to conduct a deeper analysis of the data.](#)

Table 2.9: CPI Risk and Safety Assessment and Management

CPI Rapid Safety Feedback Measures	Florida FY 1/-17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Are the prior child abuse and neglect reports, prior services and criminal history information accurately summarized and used to assess patterns, potential danger threats and the impact on child safety?	65.3%	63.3%	50.2%	52.7%
Does the present danger assessment support present danger or the absences of present danger?	76.8%	68.4%	55.6%	55.3%
Did the CPI implement a present danger safety plan that was sufficient to control the present danger threats identified?	65.8%	56.6%	42.9%	40%
Is the present danger safety plan effectively managed and monitored by the CPI?	58.3%	51.5%	35.5%	34.6%
Did the CPI correctly identify impending danger threats at the conclusion of the Family Functioning Assessment?	86.8%	77.7%	57.9%	53.1%
Is the assessment of caregiver protective capacities supported by information?	75.6%	69.1%	41.9%	38.9%
Does the Family Functioning Assessment (FFA) drive the correct safety decision of safe or unsafe?	87.1%	79.5%	53.1%	49.2%
Does safety planning analysis and justification clearly support the type of safety plan developed?	79.4%	71.4%	57.1%	56.7%
Is the impending danger Safety Plan Sufficient to Control Danger Threats Identified?	80%	66.6%	52.1%	52.1%
Is the Impending Danger Safety Plan Effectively Managed and Monitored by the CPI?	75.9%	65.8%	55.1%	57.7%
Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?	43.9%	36.4%	26.1%	26%

Source: Florida CPI Rapid Safety Feedback (RSF) Internal Dashboard

Table 2.10: Case Management Risk and Safety Assessment and Management

Case Management Rapid Safety Feedback Measures	Florida FY 16/17	Florida FY 17/18	Florida FY 18/-19	Florida FY 19/20 to date
Is the most recent family assessment sufficient?	50.8%	52.4	55.1%	58.5%
Is the most recent family assessment completed timely?	45.2%	45.5%	44.9%	44%
Are background checks and home assessments completed when needed?	70.5%	74.7%	71.3%	72.9%
Is the information assessed and used to address potential danger threats?	75.9%	78.3%	75.9%	79.5%
Is the safety plan sufficient?	60.5%	55.6%	59.3%	62.9%
Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	53.1%	47.7%	48.2%	44.8%
Is the supervisor regularly consulting with the case manager?	55.8%	59.3%	58.9%	53.4%
Is the supervisor ensuring recommended follow-up actions are taken?	48%	53.3%	51%	48.8%

Source: Florida Case Management Rapid Safety Feedback (RSF) Internal Dashboard

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

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

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

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

Table 2.11: Timely Achievement of Permanency

Scorecard and Federal Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Percent of children exiting to a permanency home within 12 months of entering care.	40.5%	42.93%	40.61%	39.82%	38.47%
Percent of Children exiting to a permanency home within 12 months for those in care 12 -23 months.	43.6%	54.14%	54.04%	54.38%	53.16%

Table 2.11: Timely Achievement of Permanency

Scorecard and Federal Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months.	30.3%	44.45%	46.07%	46.89%	48.25%
Placement moves per 1,000 days in foster care	4.12	4.84	5.08	4.68	4.48

Source: Florida Child Welfare Dashboard

The CFSR 3 Data Profile shows performance for three prior fiscal years, not the most recent for permanency in 12 months and the three 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.

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

	National Performance	Type	Florida 2015	Florida 2016	Florida 2017
Percent of children exiting to a permanency home within 12 months of entering care.	42.7%	RSP	43.4%	41.9%	40.8%
		Observed	44.2%	42.7%	41.2%

Source: CFSR 3 Data Profile February 2020; RSP - Risk Standardized Performance

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

	National Performance	Type	Florida 2017	Florida 2018	Florida 2019
Percent of Children exiting to a permanency home within 12 months for those in care 12 - 23 months.	45.9%	RSP	49.4%	49.4%	49.2%
		Observed	52.2%	52%	52.4%
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months.	31.8%	RSP	34.9%	35.9%	35.5%
		Observed	42.1%	44.8%	47.1%
Placement moves per 1,000 days in foster care	4.44	RSP	5.81	6.09	6.01
		Observed	5.45	5.67	5.62

Source: CFSR 3 Data Profile February 2020; RSP - Risk Standardized Perform

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

Performance on this outcome continues to be an Area Needing Improvement. 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 shows a decline over the last few years for item 4 during Florida CQI reviews, below the expected 95 percent performance which is

line with the Federal Indicator. Florida has not yet reached its PIP target during PIP monitored cases; however, is showing an increase for the current year to date compared to last year.

Table 2.14: Item 4, Stability of Foster Care Placement

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	83.2%	81.5%	80.6%	74.6%
PIP Monitored Cases	88%	NA	79.2%	76%	78%

Source: Federal CFSR Online Monitoring System

Placement stability in Florida is better for children placed with relatives, and the state is working towards increasing the number of children in out-of-home care with family. Please see CFSR item 10. Other improvement activities include:

- One area created an assigned Caregiver Support Manager to each caregiver, including relatives;
- Multiple areas created placement disruption processes, including team meetings or liaisons/specialists to stabilize placements;
- Enhanced behavioral management training provided to foster parents;
 - This training held its first class on 4/3/2019. 33 foster parents have completed this training. 4 homes have closed due to adoptions, moving out of the country, transferring to another agency (to become a therapeutic home), or being hired with BBCBC. Upon completion of the trainings, ten of the families have accepted placements outside of their initially preferred age range. Foster parents report an overall feeling of more confidence and this is reflective in their wanting to take more children and being able to better meet their needs.
- Recruit for Foster parents willing to co-parent;
- Kinship Navigator or support program such as CAREs team to provide services to prevent disruptions;
- Training for placement staff members to ensure better placement matching occurs;
- Comfort calls that connect biological parents, children, and foster parents at removal;
- Weekly meeting to plan for children with challenging behaviors to identify appropriate placements;
- Providing mentors to foster parents to provide support and guidance.

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).

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	83.9%	83.3%	83.8%	76.3%
PIP Monitored Cases	82%	NA	76.8%	77%	83%

Source: Federal CFSR Online Monitoring System

While CFSR item 5 is a relative strength for Florida, ongoing activities continue for the appropriate use of concurrent case planning.

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 continues to decrease during both the Florida CQI and PIP monitored case reviews. As noted in the Federal Indicators, Florida is taking longer to achieve permanency for children in foster care. [The issue with concurrent planning was identified during the PIP case reviews. The department aligned administrative code with state law to ensure that policy and practice align with law.](#)

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	80.7%	73.4%	64.9%	63%
PIP Monitored Cases	75%	NA	65.6%	60%	50%

Source: Federal CFSR Online Monitoring System

Improvement activities 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;
- Family Reunification Teams that complement case management by conducting more frequent visits with families as they prepare for reunification;
- Multiple CBCs revised permanency staffing processes or frequency to facilitate the achievement of permanency goals;

- Adoption specialty case managers being assigned at goal change to facilitate the completion of adoption activities such as child studies and home studies to remove delays in the process;
- Embrace Families is partnering with other CBCs in its Federal Strong Foundation Grant to improve the use of Conditions for Return and facilitate timely achievement of permanency goals;
- Use of Casey Family Programs’ Permanency Round Tables, mostly for long staying youth or other special populations.

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

Permanency 2 is a concern for the state although Florida CQI and PIP monitored case reviews show mixed findings for preserving family relationships and connections for children. While there are 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 near the CFSR baseline; however, Florida CQI reviews show a slight dip in performance so far during the current year.

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	83.7%	84.5%	79.3%	80%
PIP Monitored Cases	NA	NA	72.4%	70%	83%

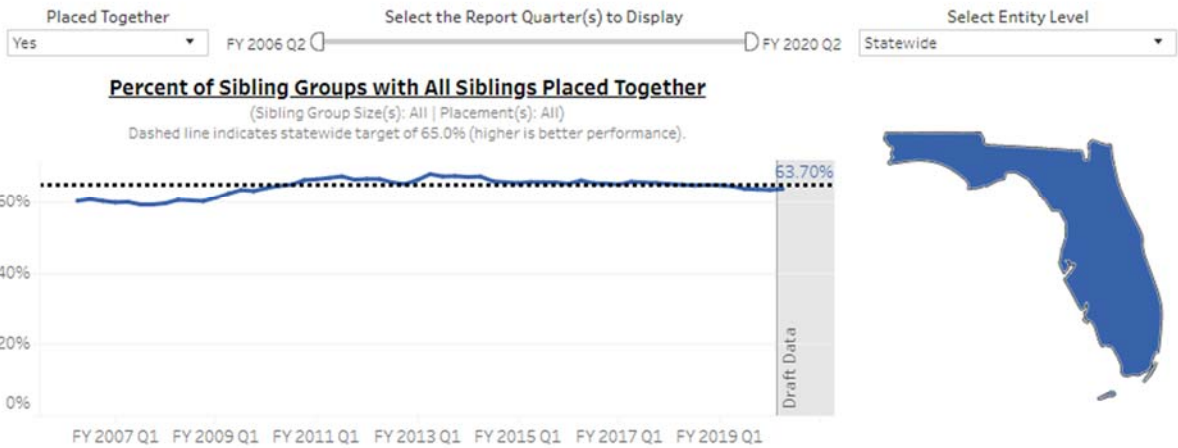
Source: Federal CFSR Online Monitoring System

Florida maintained performance just below the state target of 65% on the quantitative measure of siblings placed together reported on the CBC scorecard.

Table 21: Percent of Siblings Placed Together

Sibling Groups Where All Siblings are Placed Together - Statewide

Last Updated: 1/10/2020



Source: Florida Child Welfare Dashboard CBC Scorecard Dashboard

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, to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members.

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	69.3%	62.5%	60.5%	55.7%
PIP Monitored Cases	NA	NA	66.4%	57.0%	52.0%

Source: Federal CFSR Online Monitoring System

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. Some are also using the QIP initiative of comfort calls in which a call with the parent is scheduled after a removal to connect the foster parent, child and biological parent.

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 has shown improvement during PIP monitored cases, very close to the CFSR baseline for the current year to date; however, performance during Florida CQI case reviews has steadily declined. There are no negotiated PIP targets for this item.

Table 2.19: Item 9, Preserving Child’s Connections

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	79.3%	75.2%	71.3%	70%
PIP Monitored Cases	NA	NA	76%	75.0%	80%

Source: Federal CFSR Online Monitoring System

Permanency Outcome 2, Item 10: Relative placement

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

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	82.7%	80%	78.9%	77.5%
PIP Monitored Cases	NA	NA	85.6%	75.0%	81%

Source: Federal CFSR Online Monitoring System

Improvement activities include:

- Child Protective Investigations using specialty workers to help locate relatives.
- CBCs attending shelter hearings to help identify relatives
- Kinship Navigator and Kinship Support programs to facilitate relative placements

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 just arranging for visitation. There is no negotiated PIP target for this item and both Florida CQI and PIP monitored case reviews show steady declines in performance over time.

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	61.3%	53.6%	46.5%	39.4%
PIP Monitored Cases	NA	NA	62.3%	49.0%	47%

Source: Federal CFSR Online Monitoring System

As noted above, most CBCs are 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.

36Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Well-Being Outcome 1 is a concern for the state as Florida's performance on Well-Being 1 items are mixed. Florida has demonstrated improvement on many of the items against its CFSR baseline; however, has not yet reached PIP targets on PIP monitored cases for item 12.

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

The Florida CQI and PIP monitored cases show mixed performance in the assessment and provision of services to meet identified needs for children, parents, and caregivers. Overall, Florida showed a slight 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 has shown a substantial decline in assessing and providing services to parents in Florida CQI reviews, which is also reflected in the decline in the frequency and quality of visits with parents (item 15) and achieving permanency goals (item 6).

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	68.5%	62.6%	57.2%	46.2%
PIP Monitored Cases	58.4%	NA	51.1%	45.0%	48.0%
Florida CQI Cases 12 A (child)	NA	88.5%	86%	88.8%	84.8%
PIP Monitored Cases 12 A (child)	NA	NA	87.2%	88.0%	85.0%
Florida CQI Cases 12 B (parents)	NA	72.5%	66.2%	58.7%	44.2%
PIP Monitored Cases 12 B (parents)	NA	NA	54.1%	45.0%	46.0%
Florida CQI Cases 12 C (foster parents)	NA	88.4%	89.2%	85.7%	82.4%
PIP Monitored Cases 12 C (foster parents)	NA	NA	85.7%	80.0%	74.0%

Source: Federal CFSR Online Monitoring System

Improvement activities for item 12 include:

- Case Consultation calls with Action for Child Protection on assessments
- Monitor linkage of children and parents to recommendations in the Comprehensive Behavioral Health Assessment (CBHA).
- One CBC implemented a Parent Behavioral Health Assessment similar to the CBHA, except focused on parents instead of the child
- Providing enhanced behavioral management training for foster parents
- Improve the quality of contacts with parents (CFSR item 15 that impacts informal assessments)
- Provide critical thinking skill-building training for supervisors
- Provide training on assessments to case managers and supervisors
- Invite caregivers to permanency staffings
- Use supervisory consultations to mentor case workers
- Improved home visit forms to guide conversations
- One CBC is implementing a 360 Caregiver Protective Capacity initiative in which parents assess their own caregiver protective capacities to ensure full transparency (which includes Adverse Childhood Experiences (ACEs))
- One CBC implemented “Values Driven Partnership with Males” to engage fathers
- As noted above, Kinship Navigator and support programs for relative caregivers.
- Foster parent liaisons to support foster parents.

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 item13 during the second PIP measurement period; however, performance has subsequently declined. Performance in this item is related to the frequency and quality of caseworker visits with parents (item 15) and in the achievement of permanency goals (item 6), all showing a decline in performance after an initial improvement. Florida continues to include children and mothers in case planning more often than fathers.

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	66.3%	59.7%	57.6%	45.5%
PIP Monitored Cases	70.7%	NA	64.1%	57.0%	53%

Source: Federal CFSR Online Monitoring System

The PIP target was achieved for item 13; however, improvement activities continue.

- Encouraging parents to attend case plan staffings;
- Training to case workers on age appropriate discussions with children;
- Implementing Family Team Conferencing and Family Group Decision Making programs;

- Improved Supervisory Consultations;
- Training on engaging fathers including the “Values Driven Partnership with Males.”

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 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 at or close to 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 negotiated PIP target for item 14 during the fifth PIP monitoring period.

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

Scorecard Measures	State Standard	Florida FY 15/16	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19 to date
Percent of children under supervision who are seen every 30 days.	99.5%	99.05%	99.11%	99.06%	99.0%

Source: Florida Child Welfare Dashboard CBC Scorecard Dashboard

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	66.6%	61.5%	60.0%	57.0%
PIP Monitored Cases	78.9%	NA	68.1%	79.0%	77.0%

Source: Federal CFSR Online Monitoring System

Table 2.26: Quality and Frequency of Caseworker Visits with Child

Case Management Rapid Safety Feedback Measures	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 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?	62.7%	60.1%	55.5%	63.0%
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?	76.9%	76.8%	75.3%	78.3%

Source: Florida Case Management Rapid Safety Feedback (RSF) Internal Dashboard

Visits with children remains a primary focus for Florida. CBCs have improved home visit forms to guide case workers to improve quality. CBCs have several activities to improve quality visits including:

- SHINE reviews in which documentation is reviewed for each caseworker in the CBC and recognitions are giving for quality visits;
- Improved Supervisory reviews to ensure quality home visits are occurring;
- Training on quality visits;
- CBCs have created tip sheets to help case workers conduct quality reviews.

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

Performance on this item is mixed. 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.

Table 2.27: Item 15, Caseworker Visits with Parents

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	46.1%	36%	39.0%	30.2%
PIP Monitored Cases	51.1%	NA	38.1%	41.0%	39.0%

Source: Federal CFSR Online Monitoring System

Florida achieved its PIP target for the third PIP measurement period for caseworker visits with parents. Florida CQI review performance has been trending down over the last few PIP measurement periods. 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 to date.

Table 2.28: Rapid Safety Feedback, Caseworker Visits with Parents

Case Management Rapid Safety Feedback Measures	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
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?	68.0%	66.3%	64%	65.5%
Is the frequency of visits between the case manager and the mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?	82.2%	80.7%	75.3%	78.7%
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?	54.6%	52.6%	51.9%	54.7%

Is the frequency of visits between the case manager and the father sufficient to ensure child safety and evaluate progress toward case plan outcomes?	54.2%	50.0%	52.8%	56.0%
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Source: Florida Case Management Rapid Safety Feedback (RSF) Internal Dashboard

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:

- SHINE and STAR reviews in which visit notes are reviewed to ensure quality contact with recognition given to high performers;
- Tip sheets created to guide case managers to conduct quality visits;
- Tracking mechanisms to ensure frequency of visits;
- Initiatives to engage fathers;
- One agency is conducting calls with parents to verify visits;
- Improved supervisory reviews to ensure quality and frequency of visits with parents;
- One region created a quality visits workgroup to evaluate home visits and conduct observed consultations.

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

This item assesses whether, during the period under review, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child or on an ongoing basis. Florida performs high on its CQI and PIP 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 an area needing improvement. Florida has shown a steady decline in performance during Florida CQI cases and has not reached the CFSR baseline during PIP monitored case reviews. Performance on PIP monitored cases has improved for the current year to date.

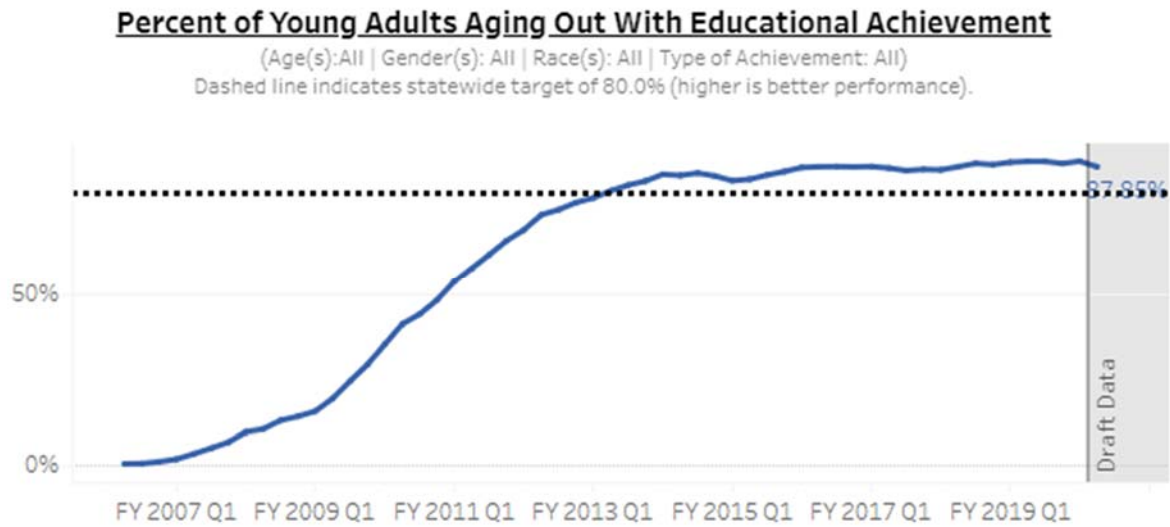
Table 2.29: Item 16, Educational Needs of Child

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	84.2%	80.9%	79.4%	76.9%
PIP Monitored Cases	NA	NA	81%	77.0%	84.0%

Source: Federal CFSR Online Monitoring System

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

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

Well-Being 3 is a concern for Florida. Although Florida performs well in the quantitative data of ensuring that children in foster care receive medical care annually and dental care every seven months, Florida CQI and PIP monitored case performance has not improved.

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 more than 90% receive dental care at least every seven months (to allow for Medicaid). Florida has shown consistent performance during Florida CQI reviews; however, has not reached the CFSR baseline during PIP monitored case reviews.

Table 2.31: Item 17, Physical Health of Child

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	77.1%	75.8%	73.5%	74.0%
PIP Monitored Cases	NA	NA	81.6%	78.0%	78.0%

Source: Federal CFSR Online Monitoring System

Table 2.32: Physical Health of Child

Scorecard Measures	State Standard	Florida FY 15/16	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19 to date
Percent of children in foster care who received a medical service in the last 12 months.	95%	96.08%	96.93%	97.09%	95.9%
Percent of children in foster care who received a dental service in the last 12 months.	95%	92.74%	93.46%	93.55%	90.7%

Source: Florida Child Welfare Dashboard CBC Scorecard

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 reviews showed a slight dip in the most recent data and has not yet reached the CFSR baseline during PIP monitored case reviews.

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

Qualitative Measures	State Standard	Florida FY 16/17	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20 to date
Florida CQI Cases	95%	75.2%	71.4%	64.4%	64.5%
PIP Monitored Cases	NA	NA	64.4%	62	63.0%

Source: Federal CFSR Online Monitoring System

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	CONCERN

Children are safely maintained in their homes whenever possible and appropriate.	
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.	CONCERN
Well-Being Outcome 2 Children receive appropriate services to meet their educational needs'	CONCERN (however, remains a relative strength)
Well-Being Outcome 3 Children receive adequate services to meet their physical and mental health needs	CONCERN.

Systemic Factors

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

Statewide Information System

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

Florida 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. Case workers may retain paper copies of the case file, along with supporting paper documentation; however, the FSFN electronic case file is the official record for each investigation, case and placement provider.

FSFN supports child welfare practices and the collection of data and enables child welfare staff to readily identify the status, demographic characteristics, and goals for the placement of every child 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, and Information and Resources, which provides FSFN Questions/Answers, Reference Data, Topic Papers, User Guides, and on-demand video training on general and specific topics to ensure the accurate use of FSFN. Training on FSFN data entry and the importance of documentation is ongoing. Modules on data entry are also included in the pre-service curricula for child protective investigators and child welfare case managers.

A finding from the CFSR review in 2016 was that the entering of placements into the system were 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. After showing promising results, there has been a decline in performance during the current year. This item has been incorporated into the state's Data Quality Plan and OCW will be monitoring this 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	Jan - Mar 2019	Apr – Jun 2019	Jul – Sept 2019	Oct – Dec 2019
Percent of Children for whom placements were entered timely during Florida CQI reviews	85%	55.8%	60%	54%	51%

Source: Florida CQI Review Documented in Qualtrics

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 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. DCF developed its 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 will be submitted along with the Annual Planning Document Update by May 1. The Data Quality Plan contains strategies to ensure that all CCWIS data is non-duplicated, consistently used, timely, accurate, and complete.

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

Enhancements to eligibility determination continued in the current fiscal year:

Eligibility Release 1 was deployed on November 1, 2019 and included:

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

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

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

In addition to the sunset of the IV-E waiver, Florida is preparing for the implementation of the Families First Prevention and Services Act (FFPSA). Enhancements are being made through the end of the current year on residential group care and home study modules within FSFN.

Florida's strategic vision is that CCWIS will achieve better efficiency for all front-end workers and improve child welfare outcomes by ensuring quality data integration that will readily provide the right information at the right time about the children and families served to the child welfare workforce. Florida plans to pilot a mobile application for Child Protective Investigators early this coming summer. The program is currently in the discovery phase but moving quickly. Another initiative in progress is the Master Data Management program. This, too, is in the discovery phase and will continue into the next year.

DCF is making progress toward meeting CCWIS requirements and continues to work toward the following:

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

FSFN is currently not able to provide reports on locally specific service array capacity and costs, or services needed but not available. Based upon feedback received through evaluations and surveys, stakeholders report the availability and quality of services are insufficient. This includes all four service array types as discussed in the Service Array (family support, safety management, treatment services, child well-being) and in Attachment 2, Health Care Oversight and Coordination Plan. Each of the five strategic initiatives in DCF's five-year plan is being coordinated with CCWIS transition activities to ensure that the system's need for accurate and timely service capacity information is addressed.

Looking ahead to 2020-2024, the CCWIS project lays the groundwork for data integration and exchanges with child welfare partners in Florida. This will allow service and client data entry directly in FSFN or through data exchanges with "contributing agencies" that maintain other information systems.

Case Review System

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 DCF'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 in order to ensure the safety, permanency and well-being of each child.

The case plan must provide the most efficient path to achieve quick and safe reunification or permanent placement. Every child under Department or 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 in order to change the permanency goal, employ the use of concurrent planning, add or remove tasks the parent must complete to substantially comply with the plan, provide appropriate services for the child, and update the child's health, mental health, and education records.

Florida Statutes detail the process for the periodic review of the status of each child, stating that the court has continuing jurisdiction and is required to review the status of the child at least every six months or more frequently if the court sees necessary or desirable.

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

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 (average of 55 days),
- Filing petitions to TPR final judgement as appropriate (average 175 days), and
- Percent of children in Out-of-Home Care 15+ months with reunification goals and no TPR activities (most recently 6.3 percent).

The case review process is systematically tracked and monitored. Court orders have been updated to include notice to caregivers and QA reviews have found improvement since the CFSR in 2016. Florida continues to demonstrate outstanding performance to provide caregivers notice of hearings measured through random file reviews.

Table 2.36: Concerted Efforts to Provide Notice of Hearings

Qualitative Measures	State Standard	Jan - Mar 2019	Apr – Jun 2019	Jul – Sept 2019	Oct – Dec 2019
Concerted efforts made to ensure caregivers provided with the right to be heard in court	85%	92%	95%	95%	93%

Source: Florida CQI Review Addendum Documented in Qualtrics

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

The Detroit Center for Family Advocacy (CFA) is another example of an innovation that uses legal and social work advocacy to empower families to overcome some of the presenting underlying problems. The CFA focuses on removing the legal barriers that either cause children to enter care or remain there, for example, a child may be at risk of removal for substandard housing that a landlord is legally obligated to improve; and outstanding traffic warrants may create a threat of jail time for child’s caregiver or may be a barrier to adoption. Over the next five years, the Office of Court Improvement is taking the lead to develop and pilot test a program model that provides quality legal representation for children and families and social work advocacy that reduces or shortens family involvement in the child welfare system. DCF will support and collaborate with the Office of Court Improvement on this initiative.

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, and*
- (5) *evaluates implemented program improvement measures*

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

Florida's current statewide Continuous Quality Improvement (CQI) activities include a variety of methods to identify the quality of services, strengths and needs of the child welfare system. These methods are conducted to assess Department functions in all regions, circuits, and all Community-Based Care lead agencies (CBCs). Methods include weekly and monthly operations data reviews, performance scorecards, quality case file reviews, Rapid Safety Feedback (RSF) reviews, Fidelity Reviews, legal reviews by CLS, annual contract oversight reviews, and Critical Incident Rapid Response Team (CIRRT) reviews. This approach ensures a formal statewide system of oversight and accountability that measures child welfare practice, A description of these methods, tools, schedules for reviews, and reports are available on the Center for Child Welfare under Results Oriented Accountability (ROA).

Windows into Practice documents the Child Welfare's Quality Assurance process including federal requirements, Child Abuse Hotline, Sheriffs' Offices, Child Protective Investigations, and the Community-Based Care lead agency standards.

Rapid Safety Feedback (RSF) Reviews for child protective investigations involve a case review process that targets open investigations and in-home cases under case management. Cases selected involve children under the age of four in which there is at least one prior investigation on any member of the household and the current allegation is for substance misuse and family violence threatens harm. Research shows several risk factors or attributes commonly associated with the probability of experiencing maltreatment in households with these factors. The RSF review consists of immediate case consultations (Rapid Safety Feedback) within ten days of the intake to ensure accurate assessment of present danger and support for upfront safety decisions. The case review occurs again at thirty days to strengthen the safety decisions and assessments made while the investigation is still open. The RSF process is currently being evaluated for its effectiveness over time based on data from FSFN and CIRRTs. This analysis is important as the Quality Office is designed.

Practice Fidelity Reviews. Action for Child Protection conducts two rounds of model fidelity reviews/case reviews of investigations each year using a statewide sample (up to 150 cases) to help Florida assess how the state is progressing collectively and where the state needs to concentrate its resources to achieve full operation. As part of the *Structured Decision Making*[®] (SDM) initial risk assessment's implementation, NCCD Children's Research Center (CRC) conducts an annual risk assessment review per year resulting in a narrative report which identifies staff strengths and issues with the risk assessment completion. The current year is the last year for the NCCD fidelity reviews and the Quality Office will be incorporation portions of the fidelity review into its processes.

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.

DCF's Contract Oversight Unit (COU) reviews incorporate quantitative and qualitative data, stakeholder surveys, focus groups, and licensing feedback. A summary of [Standards for Systems of Care](#) used for the

onsite review is shown in Table 2.37. The standards assess leadership and governance; workforce management including training; continuous quality improvement process; placement resources and processes practice; and partnership relations. The COU is being incorporated into the Quality Office during the next state fiscal year.

DCF completes contract oversight reviews of each CBC either through an onsite (every two years) or desk review (years not onsite). [COU Contract Monitoring Reports](#) are available on the Florida's Center for Child Welfare. CBCs identify and incorporate improvements needed into their quality assurance plans available at [CBC QA Plans for 2017-2018](#). CBC contract performance expectations are modified as necessary based on COU findings. All reviews scheduled beginning in March of 2020 were conducted as desk reviews as a result of the COVID-19 pandemic and resulting travel restrictions.

The dashboard developed and maintained by DCF's CQI team 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, and Child Welfare Trends. Under "Other Report Links" there are interactive reports on [Children in Group Care](#), [Children in Out-of-Home Care by Placement Type](#), [Foster Home Bed Capacity](#) and [Foster Home Licensing Status](#). In this same section are links to [Key Indicators Monthly Reports](#); [Quality Management Plans for each CBC](#); [Child and Family Services Review Information](#); [Quality Assurance and Continuous Quality Information for each CBC](#); and [Mandated Legislative Reports](#).

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. DCF has an ongoing systematic method for gathering information from caregivers, GALs, and other community partners through the case file review (CFSR) process and COU process.

Table 2.37: COU System of Care Onsite Monitoring Standards

Leadership and Governance	<ul style="list-style-type: none"> •Mission/Vision/ Values •Resource Management •Evaluation of CBC Leadership •Board Activities •Leadership Development •Risk Management
Workforce Management	<ul style="list-style-type: none"> •Workforce Capacity •Retention Activities •Training •Pre-Service Training •In-Service Training •Case Management Supervisor Development
Quality Management and Performance Improvement	<ul style="list-style-type: none"> •Data Analysis •Performance Improvement Strategy •Quality of Eligibility Determination
Placement Resources and Processes	<ul style="list-style-type: none"> •Family Foster Home Recruitment •Family Foster Home Retention Efforts •Placement Process •Group Care •Relative/Non-Relative Supports •Extended Foster Care Placement and Supports
Child Welfare Practice	<ul style="list-style-type: none"> •Theory of Comprehension •Practice Competency
Partner Relations	<ul style="list-style-type: none"> •Child Protective Investigations •Children’s Legal Services •Judiciary •Guardian ad Litem •Other Governmental Agencies (APD, DJJ, SAMH Managing Entities, etc.) •Domestic Violence Service Providers •Educational Coordination •Tribal Partnerships •Other area partnerships
Community Relationships	<ul style="list-style-type: none"> •Faith-Based Community •Business Community •Media Relationship •Community Alliance •Children Service Boards

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 DCF'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 (this includes all investigators, case managers, and licensing personnel) to earn a child welfare certification through a third-party entity, the Florida Certification Board. There are separate certifications for Case Managers, Licensing Counselors, and Child Protective Investigators. The requirements for the certification include meeting formal education requirements, participating in DCF-approved pre-service training program, achieving a passing score on the written pre-service exam, completing the required number hours of on-the-job experience, and receiving the required number hours of direct supervision according to the position. To maintain certification, all child welfare employees must complete a minimum of 40 hours of continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

The 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 Welfare 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 is described in Attachment 4.

All foster parents receive initial pre-service training as required by DCF'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.

As a result of the sun-setting of Florida's Demonstration Waiver (Waiver), Florida implemented a Level 1 Licensure process for relative caregivers. Florida expects that participation in the program will continue to increase over the next year.

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. Embrace Families is completing its planning year and will move into the implementing phase of the program beginning next year.

Ongoing training to CPIs is provided by the regions and the sheriff 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 QPI "Just in Time Training" site for foster parents. This site offers training for in-service credit on topics requested or suggested by foster parents and child welfare staff. Licensing specialists record foster parent in-service training hours each year in order to have an accurate record of completed training by the time of relicensing.

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 next. Topics include:

- Case Consultation training with Action for Child Protection
- Safety Planning
- Risk Assessment
- Improved Supervisory Reviews
- Assessment for Case managers
- Enhanced Behavioral Management for Foster Parents
- Critical Thinking for Supervisors
- Ongoing Learning Circle training on Family Assessment, safety planning, risk assessment, and caregiver protective capacities
- Leadership, self-care, and role clarification
- Mentoring programs for new caseworkers
- Simulated scenario training

The Office of Child Welfare training division created supervisory training conferences to be conducted across the state; however, these have been postponed pending the COVID-19 pandemic and resulting travel restriction.

A significant component of the COU's monitoring process is assessing the CBC's "Workforce Management" against the [System of Care Monitoring Standards](#) for onsite reviews that address Workforce Capacity, Retention Activities, Training (Pre-service and Inservice, and Case Management Supervisor Development). All CBCs receive an onsite review every two years; however, onsite reviews scheduled in March through June 2020 were conducted as desk reviews due to COVID-19 and the resulting travel restrictions. [COU Contract Monitoring Reports](#) include findings for each standard reviewed.

DCF has capacity to identify training needs and provide ongoing training for staff, parents, and others based on local needs and in response to changing circumstances. The COU has a comprehensive approach to review each CBCs workforce management, including the provision of pre-service and ongoing training. A more in-depth discussion of assessment information is included in Attachment 4, Staff Development and Training Plan Update.

The Florida Institute for Child Welfare contracted with the University of South Florida to conduct the second phase of the Child Welfare Pre-Service and-In-Service Training Evaluation. The second phase started in February 2018 and will span approximately two years. The main objectives of the evaluation are to better understand trainees' perception, learning, and performance after the pre-service training. This evaluation will determine how much transfer of knowledge and skills has occurred following participation in pre-service training.

Workforce Proficiency: Basic Skill and Knowledge Requirements

Phased implementation of the state’s practice model described in the Description of Child and Family Services Continuum began in 2014. While the fundamental skills in the practice model remained the same (engagement, teamwork, gather, and assess information, planning, monitoring, and adapting), new safety constructs were added. These safety constructs created a framework for critical thinking and analysis to enhance child safety decision-making.

A clear theme that emerged from quality reviews and COU stakeholder interviews is the inadequate engagement by child welfare professionals of children, parents and caregivers. Training has been provided to engage parents, including “Values Driven Partnership with Males” and how to have age-appropriate discussions with children. Further training included case consultation and safety planning with Action for Child Protection to strengthen these case worker skills.

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; and*
- *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 DCF/FCC strategic planning service array workgroup in collaboration with Casey Family Programs.

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.

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. DCF recognizes the barrier and continues to allocate funding to each CBC to allow for payment of services for non-Medicaid providers. In addition, DCF allows for the use of the Purchase of Therapeutic Funding to supplement services that Medicaid does not cover.

Connection between Service Array, Resources, and Financial Viability

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

- As discussed in permanency outcome 1, Florida’s performance in achieving timely permanency is decreasing resulting in an increase in the overall number of children receiving out-of-home care services. DCF and stakeholders have been aggressive with 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. Example of activities are listed under CFSR item 6.
- Loss of flexibility resulting from the end of the waiver impacts current strategies for funding the service array. The state designed a “Path Forward” initiative to plan for the sun-setting of the waiver.

Goal 3, Strategic Initiative Three, in DCF’s Plan for Enacting the State’s Vision outlines the objectives and activities to successfully transition from the demonstration waiver to new funding strategies.

Functioning of Florida’s Service Array

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

Family Support Services

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

Safety Management Services

Safety management services manage or control the conditions(s) that make a child unsafe until the parent can fully resume his/her responsibilities. During the time a child is 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 abuse services (outpatient, residential, aftercare) and mental health services.

Family Intensive Treatment Teams (FIT).

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

Child Well-Being Services

Well-being services are specific, usually formal, services/interventions 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 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% 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% of the children in out-of-home care will receive the full intervention and another 14% will receive a partial dose of the intervention. This change results in a larger, more representative sample of children and families served in the state of Florida.

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

The Strong Foundations team is currently involved in pre-implementation activities; however, due to the outbreak of COVID-19, certain activities have been put on hold. Site preparation and the development of training and tools related to the Conditions or Return strategy is in process. Site visits and the hiring of additional staff related to this strategy is currently on hold. The supervisor certification strategy required a role delineation study which nearing completion. At this time, there is a list of core competencies that are being used to guide the development of training. Site preparation and site visits have been placed on hold. The final strategy, creation of a case complexity tool is also moving forward. We have contracted with a vendor to work with us on creating the tool. Site preparation is also on hold for this strategy.

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

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?

Statewide Stakeholder Recommendations

A description of the continued involvement of child welfare stakeholders in the development and updating of the 2020-2024 CFSP is provided in Chapter 1, Collaboration. Stakeholder involvement is also reflected throughout each pertinent section of the APSR.

Feedback from Relative and Foster Family Caregivers

DCF asked Children's Home Network (CHN), the Florida Foster Adoptive Parent Association (FAPA), and the QPI to invite caregivers affiliated with their organizations to provide feedback to DCF to help inform the CFSP. This was an informal process and feedback does not necessarily represent any one association, circuit or region. The top themes reported are consistent with the COU Foster Parent Survey findings.

- Improve meaningful communication and teamwork and ensure that caregivers are invited to staffings and court hearings. Case managers seem to operate in state of crisis causing lack of or last-minute communications to foster parents. This adversely impacts visits with children and caregivers, caregivers not being routinely told about staffings, court dates, direction of the case, etc. This unresponsiveness makes foster parents feel unimportant and not included.
- Demonstrate respect and support for caregivers. Bring caregivers to the table on a consistent basis to share needs of the children. Provide back-up childcare to offer foster parents time away from home.
- Reduce bureaucracy. Basic requirements need to be more flexible based on ages of children. For example, the requirement to lock up laundry detergent for all children does not make sense when a caregiver is trying to teach life skills to teens. There is an overwhelming amount of paperwork for case managers. When caseworkers visit the home, it feels like they are completing a check list and it feels very impersonal for caregivers. Case managers are forced to prioritize paperwork over children.
- Improve the availability of mental health supports around the state.
 - Mental Health options should be available on an emergency basis without the need to involuntarily hospitalize a child under the Baker Act.
 - Caregiver supports are needed to help children in care access mental health options.
 - There is a need for more qualified therapists to help children. Improving therapeutic services is critical; without such services the result is many allegations of child maltreatment against caregivers. Quality and timely mental health services for children in care include, among many options, play therapy, Eye Movement Desensitization (EMDR), trauma-based therapy and not just behavior modification.
 - Provide other support services needed by caregivers. Many children in care have challenges such as an autism spectrum disorder, dyslexia, or other learning challenges. It can be difficult getting schools to help in finding other services in the community.
- Foster parents, relatives and youth want to:
 - Be well-informed about out-of-home care changes to share accurate information with their networks

- Be able to routinely report back implementation successes and challenges to local associations.

Local Systems of Care Responsiveness to the Community Stakeholders

A significant component of the COU’s monitoring process is assessing CBC “Partner Relationships” against [System of Care Monitoring Standards](#) for onsite reviews that address community collaboration and teamwork. [COU Contract Monitoring Reports](#) include findings for CBCs. The COU stakeholder surveys are a new means for evaluation of the system’s responsiveness to stakeholders. As a next step to broaden youth and relative caregiver input into the monitoring process, the COU will develop surveys for relative and non-relative caregivers and incorporate selected information from the National Youth in Transition Surveys Database.

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

Stakeholder surveys include:

- Local Community Partners
- Foster Parents
- Guardian ad Litem Program
- Child Protection Investigations (CPI)
- Case Managers
- Children’s Legal Services

Common themes and agreement among other stakeholders interviewed for the CFSP.

- Practice Model/Stable and Skilled Workforce
 - High turnover of CPIs and case managers is the number one problem—child welfare professionals do not stay long enough to develop the skills needed for excellent child welfare work.
 - The Practice Model:
 - Is well-embedded in law and policies.
 - The proficiency process, development and implementation, should be continued.
 - After implementation and continuous quality improvement efforts, it will be time to consider refinements to the model.
 - Develop methods to assess workforce capacity, including workload standards, common definitions of turnover and ways of measuring caseloads.
 - Training managers are considering best practices for the professional development of supervisors.
- Financial Vitality (PATH Forward)
 - Major concerns about the waiver going away.
 - Implementation planning to transition from the waiver has been excellent- local needs assessments and readiness, communication and technical assistance.

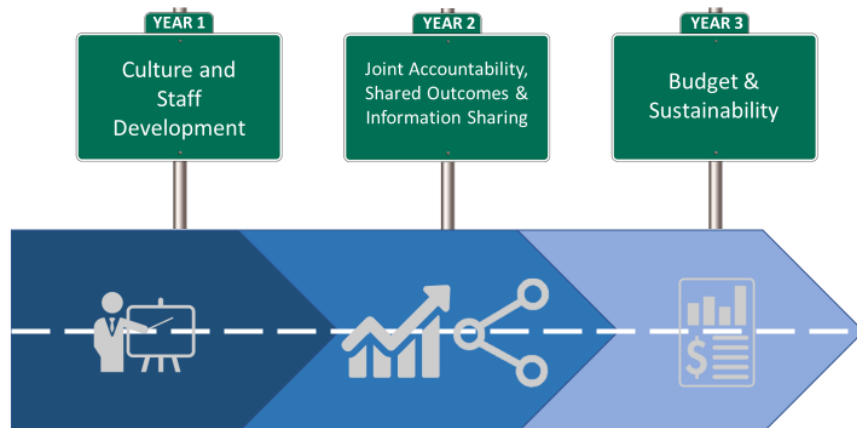
- Moving forward requires that the system establish methods for tracking implementation benchmarks and rapidly identifying challenges and solutions.
- Transitioning from the waiver is complex, involving “a lot of moving and interdependent parts.”
- Prevention
 - Retool the front end to be evidence-based.
 - Begin now to further develop Title IV-E candidacy criteria and an implementation plan for prevention services.
 - Continue to strengthen the partnership with DOH and Statewide Child Abuse Death Review Committee to implement targeted and research-informed campaigns to reduce preventable child deaths. (Child Death Review Team Offer)
- Hotline (Intake). Florida’s standards for accepting calls by the Hotline for investigation are too broad. Florida investigates families at a high rate with relatively low numbers of verified reports.
- Child Protection Investigations
 - High turnover remains a challenge and impedes development of a highly proficient workforce. This is a shared problem experienced by Sheriffs’ conducting investigations.
 - CPIs consistently report the need for more evidence-based in-home services to prevent the need for child removals.
- Current Joint Strategic Initiative Planning Process
 - Continue and strengthen the current collaborative planning and plan tracking process established between DCF and the Florida Coalition for Children (FCC).
 - Monthly communication with DCF must continue; it has been very helpful in aligning local efforts.
 - The Quarterly FCC Leadership Meetings open to all FCC members and other stakeholders are an effective venue for reporting on all Performance Improvement Plan projects.
 - The Child Welfare Task Force which meets quarterly is effective for broader information sharing.
 - The team for Strategic Initiative 1, Service Array for Children and Parents was viewed by many as a model of productive teamwork.
 - Continue efforts to get AHCA to the table. AHCA’s participation is viewed as key to the development of an effective service array and financial viability.
 - Strengthen the alignment of related system initiatives and teamwork among stakeholders.
 - Develop better ways for Florida stakeholders to share best practices across the continuum of child welfare services. Use the new COU monitoring process to identify and share best practices.

Integration

As previously shared in Chapter 1, DCF is comprised of four program offices that provide a variety of services to individuals and families. These program offices are the Office of Child Welfare, the Office of Substance Abuse and Mental Health, the Office of Economic Self-Sufficiency, and Adult Protective Services. Each of these program areas meet the critical needs of those they serve and often attend to families with complex and multiple needs. DCF recognizes the importance of Systems Integration as a Core Competency due to the prevalence of mutually served individuals and families and the understanding that addressing their comprehensive needs results in improved and sustained outcomes.

In adopting a proactive approach to how it interacts with individuals and families served, DCF has identified priorities that utilize care coordination in order to improve the collaboration between offices and enhances partnerships with state and local stakeholders. The three-year Integration Plan (see Appendix A) encompasses DCF’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.



The first step to an integrated agency requires all staff to understand the array of services offered by DCF and its partners. This knowledge is foundational to prepare staff for coordinating care effectively and providing the right services regardless of how the family entered the system. Standardized new employee orientation and trainings provide staff with the information needed to

understand the services of other program offices, local and state entities, and any other stakeholders that may meet the needs identified by an individual or family. This grounding as an organization must be provided at onboarding and through ongoing activities for everyone to understand how their work drives the overall mission.

As programs identify mutually served individuals, information sharing will not only assist with improved care but also program and agency accountability. These elements are essential in the providing the teamwork and collaboration required to address family needs and prevent crisis. Shared outcomes ensure all stakeholders are working collectively towards the same goals with the individual or family at the center.

Finally, as programs work more cohesively and evaluate outcomes and effectiveness, DCF can align internal resources to continue efforts that are making the greatest impact. DCF’s collaboration with other agencies will also offer opportunities for leveraging resources to make positive and sustained changes to our business model and culture to achieve the tenants of its Mission, Vision and Values.

Florida continues working to integrate services for children served. DCF is developing a Master Data Management program to ensure that families can be tracked across programs. More detail on this program is available in Florida’s APD. DCF is in the process of creating an enterprise Quality Office to review services provided to families across all area programs, including Economic Self Sufficiency, Child Welfare, Adult Protective Investigations, Substance Abuse, and Behavioral Health. The Florida Legislature approved and funded the creation of the Quality Office to begin July 1, 2020.

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?

DCF 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 409.145(2)(e), Florida Statutes, [Rules 65C-13, 65C-14 and 65C-15, Florida Administrative Code](#), and federal code 42 U.S.C. §671(a)(20)(B) – (D).

DCF 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. In addition, CBCs and their providers complete the licensure of family foster home with oversight from DCF. Samples of files are reviewed to ensure compliance with Florida Administrative Code. Contract managers review day-to-day compliance of CBCs.

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

COU stakeholder surveys include foster parents to learn information that is relevant to the CBCs retention efforts, including the supports that foster parents receive. The surveys of CPIs, case managers and GALs ask questions relevant to adequate and timely placement matching. Findings from foster parent COU surveys that are reported in Agency Responsiveness to the Community, are also relevant to foster parent retention.

Background checks

Florida ensures background checks are completed in all licensed foster homes. All foster home licensing packets are approved by CBCs with a sample reviewed by Department licensing specialists. Florida requested a recent technical assistance eligibility review by the Children’s Bureau Regional Office and background screenings were found in all Florida foster home licensing files; however, one home study completed by another state did not contain documentation that the results of the fingerprint checks were reviewed. Requirements for background checks are provided in [CFOP 170-1, Chapter 6, Requesting and Analyzing Background Checks](#). In April 2020, the Department was approved to submit name-based criminal history checks and receive a state and national criminal history result based upon demographic information to review under the Level 2 background screening standards on a temporary basis.

Cross-jurisdictional resources

DCF is an active participant in the Interstate Compact for the Placement of Children (ICPC). Chapter 5, Update on Service Description, includes a description of how the ICPC operates in Florida.

[CFOP 170-10, Chapter 8, Relative/Kinship Caregiver Support](#) provides the expectations for child welfare professionals to discuss the supports available for relative caregivers. Supports include 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. Goal 2 of Chapter 3, Updating the Plan to Enact the State’s Vision describes the strategies that DCF is using to improve the array of placement services available, including a determination of the capacity needed so that each CBC has the temporary caregiver capacity necessary to ensure that children in care can heal, maintain important connections, and thrive.

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:

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 our 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% 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% of the children in out of home care will receive a full dose of the intervention and another 14% 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.
-

Chapter 3. Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes

The Department of Children and Families’ vision is that every child in Florida thrives in a safe, stable and permanent home, sustained by nurturing relationships, and strong community connections. To improve the achievement of these outcomes, DCF and the Florida Coalition for Children (FCC) implemented multiple strategic planning initiatives to address critically needed system improvements. DCF and the FCC continued working on the five strategic initiatives to address service array; placement services array; the Path Forward to transition from the demonstration waiver; practice proficiency and a stable workforce; and cross-system collaboration, and the addition of FFPSA. Statewide workgroups involving system stakeholders have been created; workplans for each initiative developed; and meetings held biweekly/monthly/quarterly to report on progress being made with each initiative.

The four overarching goals and five strategic initiatives address the state’s current performance as discussed in Chapter 2.

GOAL 1. Protect children from abuse or neglect through preventable child deaths, entries to child welfare system, and entries to foster care.

Since passage of Families First Prevention and Services Act (FFPSA), the Office of Child Welfare (OCW) has collaborated with Substance Abuse and Mental Health (SAMH) program to identify evidence-based services through the Managing Entities to fill the gap as well as identified existing services that meet the Title IV-E Prevention Clearing House standards. Additionally, Florida has initiated a steering committee composed of OCW, Department regions, CBCs, foster parents, group care providers, Casey Programs, SAMH, county providers, and others, with a goal of focusing on building service capacity throughout the state.

GOAL 2. Provide children with improved permanency, stability, and family connections through a redesigned placement services array.

Strategic Initiative 2, led by the placement services array workgroup, was created to determine the appropriate temporary placement needs of children, including settings and caregiver supports. Strategic Initiative 2 work builds on the analysis of children’s needs developed by the Strategic Initiative 1 workgroup. The Strategic Initiative 2 workgroup continued to take the lead with further development and implementation of the Goal 2 workplan.

The child placement services array workgroup initiated in March 2019 and concluded in February 2020. The workgroup was charged with assessing the current capacity of placements to meet the needs of children in Florida’s foster care system; establishing a placement continuum; identifying evidence-based and promising placement models and; recommending improvements to DCF’s collection of placement retention data. Upon conclusion of the workgroup, the objectives were identified and supported with recommendations as outlined in the “Florida Statewide Placement Array Group” report.

GOAL 3. Families have enhanced capacity to provide for their children’s needs and children receive adequate services to meet their physical and mental health needs through new collaborative strategies and financing.

Strategic Initiative 3, led by the Path Forward workgroup, developed and implemented several new Title IV-E strategies to replace the flexible spending authority provided by the Title IV-E Demonstration Waiver.

Strategic Initiative 4, led by the Cross-System Collaboration workgroup, was established to work with other state-level agencies providing services to children and families involved in the child welfare system to identify and achieve efficiencies in service coordination. Both workgroups continued their complimentary work to ensure that the broad array of services needed are available through a combination of different financing strategies and improved collaboration and coordination with existing community resources.

GOAL 4: Create a stable and healthy child welfare workforce through innovation, collaboration and reorganization.

Strategic Initiative 5, led by the Practice Alignment and Performance Improvement workgroup, conducted and completed an analysis of the operationalization of the practice model; developed case management workforce metrics and an associated workforce dashboard. Development work began on the creation of a Workforce Collaborative of industry leaders to identify key ingredients necessary for a stable, thriving case management workforce. The Strategic Initiative 5 workgroup continued to take the lead with further development and implementation of the Goal 4 workplan, including the creation of a separate track to focus on the improved stability of the child protection investigations workforce.

Over the next year each of the existing strategic initiative workgroups will review their membership and broaden representation as necessary to ensure that all Florida stakeholders are well-represented. A formal charter and workplan will be created for each of the strategic initiatives. The charter will describe and clarify expectations for workgroup members.

- Roles and responsibilities of workgroup members, including ongoing communication and information sharing with local and/or statewide organizations, other statewide workgroups;
- Description of ways youth, parents, caregivers, child protection investigators (CPIs) and case managers will be involved in plan activities that impact them directly. This includes plan development, implementation, and monitoring;
- Coordination with related projects underway in the OCW including the Comprehensive Child Welfare Information System (CCWIS) Planning Team and the CCWIS implementation plan;
- Approach for workgroup meetings and communications; and
- Identification of resources for support and technical assistance from the Office of Child Welfare, including but not limited to:
 - explaining federal and/or state requirements;
 - preparing analyses using FSFN or other data;
 - developing survey tools and processes;
 - co-chairing and/or participating in work group meetings;
 - gathering information and resources from other federal or state agencies;
 - arranging for information resources on the Center for Child Welfare;
 - reviews or research about best practices; and
 - accessing technical support from other organizations such as the Children’s Bureau, national child welfare resource centers, Casey Family Programs, Florida Institute for Child Welfare, and Florida Mental Health Institute.

The workgroups will complete a workplan for each goal which includes objectives, activities, milestones. For each objective the workgroup will determine interim benchmarks, milestones, and a timetable for achieving the objectives over the five-year period. The workplan for each strategic initiative will also identify the additional resources needed to complete workplan tasks.

DCF believes that a dedicated focus on reducing preventable child welfare events, redesigning the placement array, implementing new funding strategies, stabilizing the workforce, and strengthened collaboration will result in the system's ability to shift 25% of system resources to the front end of the child and family services continuum, prevention services.

Legislative Update

Several bills passed during the 2020 Legislative Session and became law on July 1, 2020. Five of the bills include information that impact the well-being of children or families served by DCF. An outline of the changes included in each bill is listed below.

CS/HB 1087: Domestic Violence Services

The bill removes the expressed requirement for DCF to contract with the Florida Coalition Against Domestic Violence (FCADV). It does not prohibit DCF and FCADV from contracting for domestic violence services in the future. The bill further amends various statutes to remove duties previously held by FCADV. All functions will now be housed under DCF, unless DCF chooses to contract for the provisions of domestic violence services. The effective date of this bill was February 27, 2020.

CS/SB 1326: Child Welfare (DCF Accountability Bill) Pending Governor's Approval

The bill creates the Office of Quality to ensure DCF and its contracted service providers achieve high levels of performance. DCF is to develop a statewide accountability system based on measurable quality standards.

The bill requires DCF and sheriffs' offices to collaborate to monitor program performance on an ongoing basis and DCF will conduct an annual evaluation of all sheriffs' offices. Evaluation of Pasco, Manatee, Broward, and Pinellas sheriff offices will be based only on federal performance standards and metrics, and state performance measures that are not based on the child welfare practice model. All other sheriffs' offices will be measured on the child welfare practice model.

The bill requires DCF to implement policies and programs to mitigate and prevent the impact of secondary traumatic stress and burnout among child protective investigations staff. The bill requires all contracted attorneys to adopt the child welfare practice model.

The bill requires the Florida Institute for Child Welfare (Institute) and the Florida State University College of Social Work to design and implement a curriculum for the child welfare practice, and to contract with an entity to evaluate the curriculum and make recommendations for improvement. The Institute, in collaboration with DCF and other child welfare stakeholders, will also design and implement a career-long professional curriculum for child welfare professionals and will establish a consulting program for child welfare organizations to enhance workforce culture, supervision and management processes to improve the overall well-being of child welfare professionals. DCF, in collaboration with the Institute, will develop an expanded career ladder for child protective investigator staff.

The effective date is July 1, 2020.

CS/CS/HB 1105: Child Welfare Pending Governor's Approval

The bill authorizes a circuit court to create an early childhood court program to serve the needs of infants and toddlers in dependency court.

The bill requires DCF to complete records checks within 14 days after receiving a person's criminal history results. DCF will be required to notify the court of any accepted report to the Hotline that involves a child whom the court has jurisdiction.

The bill outlines DCF's response to an inquiry from a prospective adoptive parent and requires the prospective adoptive parent to successfully complete training and complete an application. The adoptive home study must be completed prior to a child being placed in an adoptive home and the home study must be approved or denied with 14 business days.

The bill outlines quality parenting roles and responsibilities for parenting partnerships for children in out-of-home care and requires caregivers of a residential group home meet the same education, training, background, and other screening requirements as caregivers in family foster homes.

The effective date is July 1, 2020.

CS/CS/HB 61: Child Welfare Pending Governor's Approval

This bill adds certain other-personal-service employees (OPS) as members of state agencies eligible for the adoption benefit as state. Veterans or service members domiciled within Florida who adopt a child within the child welfare system are to be eligible for the benefit, regardless of whether they are a qualifying adoptive employee.

The effective date is July 1, 2020.

CS/HB 43: Child Welfare Pending Governor's Approval

This bill is known as "Jordan's Law." Beginning March 1, 2021, the Florida Department of Law Enforcement (FDLE) will provide law enforcement officers with information stating whether a person is a parent or caregiver who is subject of an open child protective investigation or is under judicial supervision after an adjudication of dependency. If the officer has concerns about a child's health, safety, or well-being, the officer is required to report the details surrounding the interaction to the Hotline. The Hotline will be required to deliver the provided information to the child investigator, the case manager, and the attorney representing DCF. Until all systems enhancements and integrations are complete, FDLE will submit a quarterly status report to the Office of Policy and Budget and to the chair of each legislative appropriations committee.

All child protective investigators, child protection investigator supervisors, and child protection teams will receive training in recognition of and appropriate response to head trauma and brain injury in a child under six years of age.

Third-Party Credentialing entities may review the findings and relevant records that involve the death or critical incident of a child following the completion of the review by DCF, the inspector general, or the Attorney General. This review may only occur upon the filing of a complaint from an outside party involving certified personnel. The review will assess the certified personnel's compliance with the third-party credentialing entity's published code of ethical and professional conduct and disciplinary procedures.

The bill requires the Criminal Justice Standards and Training Commission to establish training standards for recognition of and responses to head trauma and brain injury in a child under 6 years of age. The officer will be required to complete and pass this training during the basic recruit training prior to July 1, 2022.

The effective date is July 1, 2020.

GOAL 1. Protect children from abuse or neglect through preventable child deaths, preventable entries to child welfare system, and preventable entries to foster care.

Reason for goal selection. Florida has been using the Florida Safe Families Network (FSFN) to track the outcomes of Healthy Families Florida (HFF) for many years, demonstrating that 98 percent of children in families served do not experience a preventable event of future maltreatment. Florida has made strides with implementation of family support services, requiring programs to address the evidence-based family protective factors and outcome evaluations are underway.

New funding under the Families First Services and Prevention Act (FFPSA) is available for evidence-based interventions to prevent children from future maltreatment and involvement in the foster care system. Data presented in Chapter 2 shows system performance in keeping children safe during and after services. To

continue the system’s ability to keep children safe at home, the system must be able to maintain and expand current capacity for in-home services including implementation of evidence-based standards.

Strategic Initiative 1. Establish sufficient capacity in each CBC’s service array for services necessary to avoid preventable child welfare events. Preventable events include child deaths, entries to the child welfare system, and entries to foster care. The service array includes prevention/family support services, safety management, treatment, and child well-being. The term “sufficient capacity” includes an array of options to ensure that services:

- Are an appropriate match to the child/family needs based on accurate assessment;
- Are quickly available for child/family to start services timely (not placed on a waiting list);
- Align with family culture and preferences;
- Are accessible and affordable for family;
- Are provided for the length of time appropriate to specific child/family needs;
- Are promising, well-supported or evidence-based given rigorous evaluations and research; and
- Are well-coordinated and integrated with other services the child/parent receives.

Objective 1.1. Review, re-imagine, and revise the state’s approach to prevention and family preservation.

Activities Year 1:

1.1.1. Review and update workgroup membership. The 2018 workgroup solidified its members, consisting of various stakeholders.

Year One Progress: Complete. The 2018 workgroup solidified its members, consisting of various stakeholders.

1.1.2. Create charter. The charter was created and finalized through a collaborative effort between DCF and FCC.

Year One Progress: Complete. The charter was created and finalized through a collaborative effort between DCF and FCC.

1.1.3. Update workplan for FFY 2020-2024 to include the activities already identified for year one and determine the activities for years two, three, four, and five. At the end of year one, the workgroup identified 29 evidenced based practices for specialized populations, such as human trafficking, developmental delays, LGBT, behavioral, and ages 0-5, under the current service array capacity in Florida, in addition to gaps of interventions in the child welfare system. The regions were tasked with ongoing efforts to identify interventions to fill the gap.

Year One Progress: In progress/transitioned to amended plan (phase 3). At the end of year one, the workgroup identified 29 evidenced based practices for specialized populations, such as human trafficking, developmental delays, LGBT, behavioral, and ages 0-5, under the current service array capacity in Florida, in addition to gaps of interventions in the child welfare system. The regions were tasked with ongoing efforts to identify interventions to fill the gap. This work is being incorporated into Florida’s FFPSA implementation outlined in phase 3 below.

Activities Years 2-5 for all objectives:

1.1.4. Review progress on prior activities; review progress on achieving performance targets; identify and address challenges; update and/or add new activities.

Year One Progress: In progress/transitioned to amended plan (phase 3). During year, the ongoing efforts to identify evidence-based services continued with the continuum of care subgroup of the placement array workgroup. The continuum of care identified a set of evidence based and best practices recommended by type of placement. The services were categorized to reflect services that require caregiver participation, as well as services that are reviewed or scheduled to be reviewed by the Title IV-E Prevention Services Clearinghouse; description of each evidence-based and best practice that includes ratings by both the California Evidence-Based Clearinghouse and the Title IV-E Prevention Services Clearinghouse; and a description of the cluster or population of children in care for each evidence- based and best practice. In 2020, DCF launched the FFPSA prevention steering committee to continue in efforts to build capacity. This work is begin incorporated into Florida’s FFPSA implementation outlined in phase 3 below.

Objective 1.2. Collaborate with the Governor’s Office of Adoption and Child Protection (OACP), Department of Health (DOH) State Child Abuse Death Review Committee (CADR), and Department’s Regional Administrators to implement the recommendations in the CADR 2018 Annual Report for reducing preventable child deaths.

Activities Year 1:

1.2.1. Maintain cross-sectional analyses on core data elements stratified by child maltreatment verification status and primary cause of death, with an emphasis on data-driven prevention recommendations for each data element.

Year One Progress: Complete. These analyses were conducted for the CADR 2018 and CADR 2019 Annual Report and a source of information for prevention recommendations denoted in these reports; especially those related to initiatives associated with sleep-related asphyxia deaths, drowning deaths, trauma-informed care, and injury prevention. The most recent (2019 CADR Report on 2018 child death cases) recommendations were guided, in part, by a critical appraisal of data analyses and include the following (see report for more details regarding each recommendation and rationale supporting each):

- Continue efforts to relay timely information to caregivers regarding the safety of children
- Develop strategies (some were suggested) to ensure consistent and coordinated prevention-related messaging across local and state agencies
- Expand efforts to collect data related to co-occurring substance abuse and mental health disorders
- Explore efforts to collect data related to near fatalities in cases of near-drowning, near-fatal incidents of inflicted trauma, and near-fatal sleep-related asphyxia
- Increase messaging around appropriate supervision and barriers of protection as primary factors in drowning prevention, in addition to establishing age appropriate expectations related to young children and swimming capabilities consistent with recommendations of the American Academy of Pediatrics.
- Enhance the level of coordinated support provided to expectant mothers and partners
- Encourage the consistent use of Sudden Unexpected Infant Death Reporting Forms and doll reenactments by death scene investigators for all sleep-related infant deaths

1.2.2. Provide a multi-year trend-analysis of all sleep-related death incidents from 2014-2017.

Year One Progress: In progress. The State CADR has recommended these analyses beginning for the past year’s report. However, there were a noteworthy number of child

death cases from select years that may not yet have been closed and/or reviewed. Although there was a backlog of some cases given work demands and resource issues at select local CADR Committees. An analysis of these cases revealed that many cases involved child trauma/weapon-based deaths for which extended involvement of DCF or the criminal justice system required the case to remain open (sometimes due to an active criminal investigation or judicial case). Understandable delays in closing these select cases meant delays on CADR case reviews. Comparisons of trends in sleep-related death incidents from cross-sectional profiles across report years reveal similarities in death-incident, caregiver, and child characteristic/factors. More involved trend analyses will take place in 2020 for sleep-related and other causes of death given that (as of March 2020) local committees have made a concerted effort to review backlogged cases; whereas, all 2014 and 2015 death cases have been closed and reviewed, there is now only 7 cases from 2016 that need to be reviewed (1 open) and 10 from 2017 that need to be reviewed (2 open).

- 1.2.3. Augment data pertaining to cases of child fatalities to provide local committees with all-encompassing information related to their circuit's death incidents. These efforts will be developed and implemented in a collaborative setting where the state level CADR team and the OCW will review child fatalities in vital statistics as compared to the fatalities that are reported to the Florida Abuse Hotline (Hotline). This will help to determine if there is under-reporting of child maltreatment-related fatalities; or over-reporting of non-maltreatment related fatalities.

Year One Progress: Complete. CADR support staff has developed a dashboard within DOH's Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) to provide a comparison between the child fatalities reported to the Florida Abuse Hotline and subsequently reviewed by CADR, and the child fatalities within vital statistics. During year one, CADR staff has also provided data visualizations through mapping and business intelligence software showing the same comparisons. This has allowed local committees to take a more comprehensive approach in developing local prevention initiatives and provides the State CADR Committee with information needed to assess the reporting of child maltreatment (or non-maltreatment)-related fatalities.

- 1.2.4. Perform supplemental analyses on select data elements including, but not limited to, multi-year analysis on 2015, 2016, and 2017 fatalities when the remaining child fatality cases are closed and reviewed by local committees.

Year One Progress: In progress. Analyses plans have been reviewed and discussed by the State CADR with DOH staff and analysts. These discussions have reinforced the need and value for ensuring that data/information needs are addressed in order to conduct more meaningful analyses meant to inform prevention initiatives. The following is an itemization of recommendations related to future analysis plans denoted in the 2019 CADR Annual Report:

The 2019 CADR Annual Report represents Florida's fifth year reporting through the National Fatality Review Case Reporting System. This compilation of data signifies a milestone in which trend analysis of child deaths in Florida can have a significant impact on the future development and implementation of prevention strategies. In-depth trend analyses of child death investigations coupled with a critical appraisal of past and current prevention initiatives will be instrumental in evaluating the effectiveness of prevention strategies. Listed below are strategies intended to bolster local and state CADR

stakeholders' collaborative efforts through the utilization of data tools and planned future analyses.

Emphasis on data access and collaboration

o Engaging Stakeholders - The primary focus of the State CADR Committee will continue to be enhancing data infrastructure with an emphasis on data access. CADR support staff will perform queries regarding circuit-level data with advanced comparisons to statewide CADR data and vital statistics information. Data quality assurance will be performed quarterly. Any data elements captured in the National Fatality Review Case Reporting form can be analyzed to support Local CADR Committee queries. These queries can be instrumental in detecting data elements that are underreported and identifying specific local and regional trends associated with child deaths. A strong data-driven relationship between local and state CADR stakeholders is imperative to improving future prevention strategies.

o Business Intelligence - Implementation of data portals and dashboards through the statistical analysis software will provide local committees access to all information pertaining to child fatalities while permitting control over the data elements. Complete access, dynamic capacity and the geographical location of incidents to the zip code level will allow CADR data to further support local committees and stakeholders.

o Data Webinars – Business intelligence software can assist in providing access, analysis and presentation of robust databases. However, the prospect of utilizing data portals and dashboards can be daunting. CADR support staff will provide web-based training on CADR data, navigation of CADR dashboards and how to maximize the value and utility of available data to enhance collaboration with stakeholders.

In-depth supplemental analysis of Florida's CADR database (2015-2019 Reporting Years)

o Trend Analysis – A consistent annual reporting system allows for thorough analysis of multiple years of information for the purpose of identifying local and state-wide child fatality trends and contributing factors. These trend-analyses will afford stakeholders at the local and state level an exclusive opportunity to gauge the success of prevention strategies, evaluate the benefit-cost ratio associated with these initiatives and share program successes and failures with other local municipalities.

o Statewide population statistics - An in-depth analysis of statewide population data will offer an exclusive look at groups of children who are disproportionately at risk for maltreatment and specific fatality incidents based on gender, race, age and other factors as compared to the total population. These analyses on integrated data (from multiple sources) will be instrumental in determining whether specific demographics or social determinants associated with child fatalities are over or under-represented as compared to local and statewide populations. As a result, this will allow local committees to create more tailored action plans to underrepresented at-risk children.

o Focused Report - The state CADR data team will continue to actively perform focused analysis on continuing or emerging trends in child deaths observed in the CADR database. These analyses will be structured to provide in-depth breakdowns of child deaths relating to safe sleep practices, water safety and inflicted trauma and be responsive to questions generated from continued analyses, State and Local CADR Committees, and local and statewide community stakeholders. These focused reports will also highlight data elements that are underreported such as mental health and substance abuse. The focused reports will be designed with the intent on empowering the local stakeholder with data to shape child death prevention efforts.

Objective 1.3. Strengthen participation and collaboration at the state and regional level with Office of Adoption and Child Protection, Florida Interagency Coordinating Council for Infants and Toddlers (FICIT), the Florida Perinatal Quality Collaborative (FPQC), Early Learning Coalitions (ELCs), and Department of Health Universal Screening workgroup to provide outreach and supports to families at risk of entry into the child welfare system.

Activities Year 1:

- 1.3.1. Develop or update local agreements to increase the number of expectant mothers with substance abuse disorders who enter the hospital with an initial plan of safe care and leave the hospital with an agreement (voluntary) to participate in a home visiting program.

Year One Progress: In progress/ transitioned to amended plan (phase 4). DCF continues to work with other state agencies and partners to increase the number of substance-affected newborns and their families who are offered and engage in a Plan of Safe Care. Work continues with but is not limited to, the Florida Department of Health, Florida Agency for Health Care Administration, University of South Florida which includes the Florida Perinatal Quality Collaborative (FPQC) and home visiting programs across the state.

Most recently DCF has participated in a series of webinars for hospitals and other providers addressing the need for and importance of Plans of Safe Care. DCF along with other essential partners from across the state are participating in bi-weekly calls to discuss efforts to address substance affected newborns and their families. These bi-weekly calls are helpful in identifying needs, areas of strength and initiatives occurring throughout the state.

- 1.3.2. Coordinate with Healthy Start and Sunshine Health Plan to increase the number of mothers in substance abuse treatment with an infant (under the age of 1) who have a plan of safe care and are actively following up on referrals for early intervention services.
- Year One Progress: In progress/ transitioned to amended plan (phase 4).** DCF and other state agencies continue to work with home visiting programs and managed care plans to serve infants and their families who have been affected by substance use. A recently revitalized workgroup will continue efforts to strengthen the work of home visiting programs and managed care providers as it relates to substance affected infants.

DCF has also awarded several home visiting contracts solely for the purposes of service delivery to substance affected newborns and their families. As a result of these contracts and their dedicated focus on substance affected newborns and their families, outcomes and outputs will be measured and a thorough evaluation of the services provided will occur.

- 1.3.3. Develop a state-level approach for tracking and analyzing the outcomes of in-home visiting programs.

Year One Progress: In progress/ transitioned to amended plan (phase 4). Contract deliverables executed by DCF are being further developed and expanded so that a deeper and more thorough analysis of home visiting can occur. Most recently several contracts were awarded solely focused on service provision to substance affected newborns and their families, robust reporting requirements will provide insight into the families served, including but not limited to, completion rates, decline rates and reason for decline.

Objective 1.4. Establish and implement an approach for increasing the capacity of each CBC to serve high-risk families who need family support services; evidence-based family preservation; and family reunification services, including in-home service capacity (e.g. rural communities that lack public transportation may need additional in-home services capacity).

Activities Year 1:

- 1.4.1. Based on findings from the final waiver and prevention evaluations, develop modifications as necessary to existing family support policies including performance outcomes.

Year One Progress: In progress/ transitioned to amended plan (phase 3). This population has historically been served utilizing title IV-E waiver dollars. With the conclusion of the waiver in Florida, Florida and Community Based Care agencies have continued to serve families by providing family support services families as 11.5% (4,500 children) of our clients served. Service delivery to this population has remained stable. This population will be included in Florida's FFPSA implementation plan and will be prioritized for EBP delivery and expansion in phase 3 and highlighted in the amended update outlined below.

- 1.4.2. Collaborate with Children's Legal Services (CLS) to conduct a study of barriers to closing cases where parent and child are reunified, and post-placement supervision is longer than 6 months.

Year One Progress: Complete. Children Legal Services developed a report that identified children in-home and separated the data by 6-9 months, 9-12 months, 12-18 months, and 18+ months. That client level listing was report was used to meet with the individual Circuits and CBCs to determine barriers to closure. The barriers were rolled up on a statewide level to look for trends/issues. Those barriers were taken back to the Circuits to work through at their regularly held meetings in order to get these children safely closed out.

- 1.4.3. Develop and implement a standard method to determine local capacity and need for family support services.

Year One Progress: In Progress/ transitioned to amended plan (phase 3). This work is begin incorporated into Florida's FFPSA implementation outlined in phase 3 below. Florida is currently surveying and collecting data to update the service array inventory completed by the workgroup previously. This data updated data on prevention service delivery, and service delivery in general will allow Florida to develop and enhance Florida's already installed prevention service delivery beyond family support services.

- 1.4.4. Identify recommendations for CCWIS project team and participate in CCWIS design sessions to develop CCWIS data standards for accurate tracking of family support, family preservation, and reunification services and costs.

Year One Progress: Complete. The OCW identified needed data system elements to develop CCWIS standards for tracking of prevention services. The build has been scheduled for quarter 4 of 2021.

Objective 1.5. Collaborate with the Florida Office of Substance Abuse and Mental Health (SAMH) to increase the capacity of Managing Entities for Behavioral Health Services (ME) to serve families in the child welfare system.

Activities Year 1:

- 1.5.1. Determine the capacity available for addressing behavioral health needs of parents using "The Child Welfare Behavioral Health Integration Regional Financial and Service Planning Tool" as modified based on the pilot tests completed in February/March 2019.

Year One Progress: The Financial and Service Planning Tool pilot was implemented in Circuit 12 in early 2019 to provide information on services received by parents involved in child welfare. The findings from this pilot have been rolled into DCF's Integration Plan to assess and evaluate the current service array and utilization for child welfare families in each circuit/county and address gaps in service.

- 1.5.1.1. Identify recommendations for CCWIS data standards for accurate tracking of families in child welfare receiving substance abuse services (obtaining data through a direct interface instead of the less dependable matching of data bases required with Master Client Index).

Year One Progress: Complete. DCF's DATA GOVERNANCE FRAMEWORK STRATEGIC PLAN proposed the use of Master Data Management and enterprise data warehousing to better collect and analyze data from DCF's various program offices.

- 1.5.1.2. Identify a member of the workgroup to participate in CCWIS design sessions as appropriate to convey and apply the recommended data standards.

Year One Progress: Complete. The Director of Integration participates in the update of the Annual CCWIS Data Quality Plan. There are also data stewards identified for the development of the Master Data Management.

- 1.5.2. Identify any improvements needed to the planning process for Regional Integrated Child Welfare/Behavioral Health Services Plans that meet DCF's integration standards.

Year One Progress: Complete. The Regional Integration plans have been aligned with statewide trends and DCF's focus on prevention of crisis and re-entry to the system. Statewide goals have been developed across DCF's program offices for implementation both regionally and at headquarters in DCF's Integration Plan.

- 1.5.3. Incorporate the requirement for Regional Integrated Child Welfare/Behavioral Health Services Plans into ME contracts.

Year One Progress: In Progress. DCF's Integration Plan identifies strategies and objectives that include incorporating language for child welfare-specific assessment and progress reporting into contracts and evaluating treatment efficacy to develop contract outcomes by June 2022.

- 1.5.4. Review findings in the final Family Intensive Treatment (FIT) Team Evaluation Implementation and Practice Study Report, University of South Florida (USF), Florida Mental Health Institute (FMHI), April 15, 2019 and determine changes needed to contract standards, CBC referral processes or other practices.

Year One Progress: Completed. The workgroup concluded with recommendations to update the FIT manual. The FIT Manual provides an outline for this integrated approach to treatment, including an overview of Florida's Child Welfare Practice Model, the core components of the FIT Model, steps for implementing the FIT model, and a guide for integrated treatment planning. To assist in concurrent planning, this manual includes how to create corresponding goals, objective and therapeutic interventions based on current child welfare assessments. Additionally, the FIT Manual includes a FIT Model Fidelity Assessment Tool for local systems of care to utilize in assessing implementation of the FIT model. The purpose of the Family Intensive Treatment (FIT) Model fidelity assessment tool is to provide a method for documenting the extent to which the core components of the FIT model are being implemented as intended.

- 1.5.5. Collaborate with the Contract Oversight Unit (COU) in the development of integrated CBC and ME monitoring to include focus on integration of child welfare and behavioral health in practice.

Year One Progress: Completed. The Director of Integration worked with the Contract Oversight Unit and the new Quality Office to include integration efforts in the qualitative monitoring tools.

Objective 1.6. Collaborate with the Florida Office of Substance Abuse and Mental Health, Office of Court Improvement and parents to develop methods to support and promote parent partnership opportunities.

Activities Year 1:

1.6.1. Collaborate with the Office of Court Improvement to develop and implement a pilot project involving improved legal services for parents to prevent entry into the child welfare system.

Year One Progress: Complete. The Quality Legal Representation Committee reviewed indicia of quality legal representation, surveyed practitioners about many of those indicia, reviewed the status of existing training opportunities and how to make training more accessible, and discussed what additional funding sources might be utilized to increase salaries and support for attorneys working in the dependency arena. Moving forward with a pilot project was not one of the recommendations made as a result of the research and analysis conducted by the group at this time. The workgroup will continue to meet and discuss strategies to improve the quality of representation.

1.6.2. Provide training opportunities and other supports for parents to become parent mentors and leaders. For example:

- Establish a resource page on the Center for Child Welfare (Center) about parent leadership training, parent mentoring, family advisory boards.
- Obtain training and technical assistance from the National Alliance of Children’s Trust and Preventions Funds.

Year One Progress: Deferred to Future Year

1.6.3. Encourage CBCs and Case Management Organizations to create and actively use parent advisory boards.

Year One Progress: Deferred to Future Year

1.6.4. Promote and assist providers with the development of Certified Peer Recovery Specialists. CFSP feedback received from parents was that the current background screening process for becoming a peer recovery specialist makes it very difficult for some parents in recovery to become certified peer recovery specialists.

Year One Progress: Deferred to Future Year

Benchmarks and Milestones

1. Co-chairs and workgroup members identified by July 1, 2019.
2. Charter created by September 1, 2019.
3. Workplan established by November 1, 2019 to include milestones for each objective and an interim performance benchmark for each year towards reaching PIP targets by year five.

GOAL 2. Provide children with improved permanency, stability, and family connections through a redesigned placement services array.

Reason for goal selection. Child stability in care has not improved over the last five years as shown in quantitative and qualitative data. Timely exits to permanency within 12 months of removal are declining. Survey findings gathered by the COU show that there are significant missed opportunities to fully-engage foster families as team members. The second top concern of Florida Youth SHINE, based on youth input and consensus, is placement quality, stability and group home issues. Florida’s youth want more choices and involvement in determining the caregivers that are a best match to needs.

Strategic Initiative 2. Redesign the placement services array and develop a standard method for determining the sufficient placement services capacity each CBC needs. “Sufficient capacity” includes an available number of homes to ensure (when appropriate):

- Siblings are placed together;
- Caregivers willing to co-parent;
- Proximity to child’s family and other connections;
- An appropriate match to the child/youth needs and preferences; and
- Alignment with family culture and preferences.

Objective 2.1. Review, re-imagine and revise the state’s approach to providing a placement services array.

Activities Year 1:

2.1.1. Review and update workgroup membership.

Year One Progress: Complete. The 2018 workgroup solidified its members, consisting of various stakeholders.

2.1.2. Create charter.

Year One Progress: Complete. The charter was created in collaboration with the FCC and Casey Programs.

2.1.3. Update workplan for FY 2020-2024 to include the activities already identified for year one and determine the activities for years two, three, four and five.

Year One Progress: In progress/transitioned to amended plan (phase 2). The placement array workgroup concluded in February 2020, with recommendations to 1) Retain an Adequate Number of Quality Placement Options to Meet the Needs of Children; 2) Increase the Stability and Well-Being of Children in Care; and 3) Improve Caregiver Support and Advocacy. This group has been leveraged and incorporated into Florida’s quality placement alignment workgroup and phase 2 activities in implementing FFPSA.

Objective 2.2. Collaborate with Florida Institute for Child Welfare (FICW), Casey Family Programs, and the Children’s Home Network (CHN) to implement the Guardianship Assistance Program (GAP) and expand the availability of evidence-based kinship navigator services.

Activities Year 1:

2.2.1. Review the comprehensive statewide survey of kinship support services when completed by FICW and determine the next steps.

Year One Progress: Complete. FICW conducted a survey on all existing kinship programs lead by the community-based care providers throughout Florida. The findings revealed that all CBC, with the exception of one, had a kinship program in their catchment area. 39% of the CBC offered strong kinship services. The effectiveness of the kinship programs were not evaluated, but it was recommended that Florida seek to have the effectiveness evaluated to assist in achieving the FFPSA standard through the Title IV-E Prevention Clearinghouse.

2.2.2. Support and learn from activities in FFY 2018 Kinship Navigator Funding under Title IV-B, Subpart 2 received by DCF and awarded to CHN. Grant activities include:

- Implement the evaluation activities necessary for CHN to achieve kinship services’ status as evidence-based (Children’s Bureau’s FFSPA List).

Year One Progress: Complete. FICW completed an evaluation of CHN’s kinship navigator program that revealed the program offered 25 out of the 42 identified services found in literature.

- Provide in-depth training and technical assistance to regions to replicate the evidence-based model.

Year One Progress: Complete. CHN provided training across the state during their contracted term. The contract terminated in 2019.

- 2.2.3. Collaborate with Department/CBC/Case Management Organization licensure specialists to determine any supports they need to assist relatives in resolving any challenges to become licensed as Level 1 with the ability to receive GAP upon meeting the qualifications.

Year One Progress: In progress / transitioned to amended plan (phase 1). During 2019-2020, the Office of Child Welfare visited CBCs throughout the state to discuss their level 1 licensing processes and services provided to caregivers who are licensed. During these meetings, recommendations are provided on how to streamline processes at the local level to ensure timeliness of supports provided to families.

- 2.2.4. Develop ways that kinship peer navigators can support the implementation of GAP, including the creation of feedback loops to identify any implementation challenges not timely resolved at the local level.

Year One Progress: In progress/ transitioned to amended plan (phase 2). During the contracted term, CHN offered supportive services to relatives licensed as Level I.

- 2.2.5. Collaborate with the Child Welfare Institute to develop community partner surveys for relative and non-relative caregivers.

Year One Progress: In progress.

- 2.2.5.1. Review survey data to assess implementation of the Guardianship Assistance Program (GAP) and kinship navigator/other relative/non-relative supports.

Year One Progress: In progress / transitioned to amended plan (phase 1). The Office of Child Welfare and regional teams throughout the state have worked with the Child Welfare Institute to obtain and provide stakeholder input on the implementation of the Guardianship Assistance Program. Surveys are set to be released in 2020.

- 2.2.5.2. Develop recommendations for policy, practice, and/or contract changes.

Year One Progress: Complete. The Office of Child Welfare developed policy to help inform practice related to the implementation of the Guardianship Assistance Program. Additionally, each CBC was provided with positions to help with the additional workload associated with the Guardianship Assistance Program.

- 2.2.5.3. Develop a method for assessing additional capacity needed in each CBC to provide sufficient kinship navigator services.

Year One Progress: In progress/ transitioned to amended plan (phase 2). Deferred to Year 2.

Objective 2.3. Based on needs of children in out-of-home care determine the standard model and planning process to determine sufficient capacity needed in each CBC for Licensed Family Foster Homes, Therapeutic Foster Care, Medical Foster Care, Licensed Residential Family-Based Facilities, and Safe Homes.

Activities Year 1:

- 2.3.1 Collaborate with workgroup responsible for developing “at-risk” definition to align with new FFSPA criteria for Licensed Residential Facilities.

Year One Progress: Complete- The at-risk definition has been drafted with input from various stakeholders and incorporated into draft policy to operationalize in Florida. Developed a method for conducting an impact and gap analysis of regional placement needs based on new types of care settings and child needs.

Year One Progress: In progress – transitioned to amended plan (phase 2). DCF surveyed group care providers to determine their preference of becoming an FFPSA setting. In addition, DCF surveyed the CBC to determine the reason for placement of each youth in congregate care. This data will allow DCF to determine the need of future group homes and the ability to develop a transition plan to reduce the number of children in group care.

Future Actions: Reassess placement settings to ensure children are placed in the appropriate placement setting.

2.3.1.1. Determine policy changes, FSFN enhancements and other resources needed to fully implement Licensed Residential Family Based Treatment facilities.

Year One Progress: Complete. DCF has opted out of licensing residential family-based treatment facilities; therefore, policy changes and FSFN enhancements were not identified.

2.3.1.2. Develop CBC specific regional action plans for conversion/transition of group care and associated recruitment plans for placement capacity necessary.

Year One Progress: In progress/transitioned to amended plan (phase 2). The FFPSA group care steering committee has been tasked with identifying components of the transition plan for CBC's to implement to allow for placement setting alignment and recruitment of foster homes. DCF will incorporate the recommended components in the transition plan.

2.3.2 Collaborate with caregiver networks of foster parents, relatives and Florida Youth SHINE to assist them with:

1. Becoming well-informed about changes in the placement services array;
2. Developing formal and informal methods to provide communication to their peers about changes.
3. Developing specific methods for gathering feedback from providers, youth and caregivers about implementation of changes.

Year One Progress: In progress/ transitioned to amended plan (phase 2). DCF's FFPSA steering committee consists of internal and external stakeholders, to include but not limited to caregivers, providers, and youth.

Objective 2.4. Developing a statewide implementation approach for statewide the completed pilot project on investigations of allegations concerning foster parent abuse/local system of care.

Activities Year 1:

2.4.1. Review lessons learned from the pilot and determine any changes needed, implementation approach, and implementation supports necessary.

Year One Progress: Complete. Workgroups were held in pilot regions to discuss modifications to the implementation plan and identify a statewide expansion plan. Central and Suncoast Regions are fully implemented in all counties with the exceptions of Seminole and Manatee counties.

2.4.2. Determine the data necessary for ongoing data collection and methods for collection.

Year One Progress: Complete. Revisions made to the draft policies and a data collection tool developed in Qualtrics for ongoing data collection. Upon finalization of the data collection tool, pilot areas will provide feedback prior to statewide implementation. Executive leadership will evaluate the decision to implement statewide.

2.4.3. After implementation, assess aggregated data to determine what training, ongoing policy changes, support and/or services might prevent allegations, or actual maltreatment in care from occurring.

Year One Progress: Executive Leadership will evaluate statewide implementation.

<p>Future Actions: Statewide training methods and materials will be developed and finalized after implementation of the data collection tool.</p>
<p>Objective 2.5. Identify recommendations for CCWIS project team and participate in CCWIS design sessions to develop CCWIS data standards associated with new placement array services; kinship navigator services; and the new investigation process for caregivers/local system of care when there is an allegation of licensed caregiver abuse.</p> <p>(To be developed in alignment with final approved Advance Planning Document for CCWIS, (2020-2024))</p>
<p>Objective 2.6. Children’s Legal Services will contribute to a reduction in the number of open cases where a child is available for adoption by providing relevant data to each region.</p> <p>Year One Progress: <u>Complete</u>. A dashboard was created for Regions with freed for adoption data from a Children’s Legal Services (CLS) report. CLS used children freed for adoption as their WIG. Regions and Circuits used the CLS data to work on getting children adopted. Regional leaders used the data and determined barriers for children awaiting adoption. The Regions/Circuits worked on those barriers to achieve permanency.</p>
<p>Benchmarks and Milestones</p> <ol style="list-style-type: none"> 1. Co-chairs and workgroup members identified by July 1, 2019. 2. Charter created by September 1, 2019. 3. Workplan established by November 1, 2019 to include milestones for each objective and an interim benchmark for each year towards reaching PIP targets by year five.
<p>Rationale and Resources for Objectives</p> <ol style="list-style-type: none"> 1. Program Improvement Plan (PIP) Goal 2, Strategies A and B 2. PIP Goal 3, Strategies A and C 3. Final demonstration waiver evaluation. 4. Service array workgroup products from 2018-2019 activities.
<p>End results</p> <ul style="list-style-type: none"> • Children and youth will have better options and engagement in the process of determining how to best meet their needs while in temporary care. <ul style="list-style-type: none"> ○ Appropriate matches to child/youth needs and preferences. ○ Alignment with family culture and preferences. ○ More siblings will be placed together. ○ Children will be placed in closer proximity to the people and places that provide ongoing continuity in relationships. • Children will have permanency and stability in their living situations. • Parents will feel supported and assisted by caregivers in achieving reunification with their children. • Caregivers will feel respected and valued and will receive the system supports they need to provide excellent parenting to the children placed in their care. • Child welfare professionals will have the range of placement options and caregiver supports necessary to engage children/youth, parents and caregivers in shaping excellent temporary out-of-home care experiences.

GOAL 3. Families have enhanced capacity to provide for their children’s needs and children receive adequate services to meet their physical and mental health needs through collaborative strategies and new financing.

Reason for goal selection. System stakeholders are concerned about maintaining current system capacity to deliver sufficient and quality services at a time when service demands are greater than ever before.

The state of Florida has declared an emergency regarding opioid death rates as discussed in the Executive Summary and has risen to the challenge by providing increased funding for substance abuse treatment services. DCF must develop multiple new funding strategies to maintain and expand current capacity including evidence-based standards. Analyses completed by the Goal 1, Strategic Initiative 1 Service Array Workgroup will help DCF with budget planning and forecasting and will assist in making the case for additional resources to strengthen in-home services to ensure that children at risk of maltreatment and removal are safe at home.

<p>Strategic Initiative 3. Develop and implement methods for supporting and monitoring the transition of the child welfare system from the waiver to traditional Title IV-E claiming.</p>
<p>Objective 3.1. Map out the path forward to monitoring the financial health of the child welfare system after the waiver ends.</p> <p>3.1.1. Review and update workgroup membership. Year One Progress: Complete. The workgroup membership has been reviewed and updated. With such, the workgroup has evolved into the FFPSA Steering Committee. The workgroup will continue to evolve and update as needed to meet identified needs.</p> <p>3.1.2. Create charter. Year One Progress: Complete. The Charter was established.</p> <p>3.1.3. Update workplan for FY 2020-2024 to include the activities already identified for year one and determine the activities for years two, three, four, and five. Year One Progress: Complete. Phase 1 workplan updated. All activities are implemented. The phased implementation plan for FFPSA identifies Path Forward as Phase 1. This activity was incorporated into activities of the FFPSA Steering Committee.</p>
<p>Objective 3.2. Establish a process for monitoring implementation progress (Extended Foster Care, Extended Maintenance Adoption Subsidy, Guardianship Assistance Program, Candidacy).</p> <p>Activities Year 1:</p> <p>3.2.1. Establish financial viability targets and methods for tracking and reporting progress. Year One Progress: Complete. The projected targets for financial viability were established as 67% for Title IV-E Foster Care, 90% for Candidacy, and Level I Licensure at 40%. Level I target was modified to 1 and Candidacy was adjusted to 95%.</p> <p>3.2.2. Establish methods for assessing quality of eligibility determinations across all new programs (EFC, EMAS, GAP, and Candidacy). Year One Progress: Complete. Extended Foster Care (EFC) cases were added to CFOP to be included in the foster care funding source for Federal Monitoring activities completed by CBC’s as required by Attachment I.</p>
<p>Objective 3.3. Establish appropriate audit trails for new funding methods.</p> <p>Activities Year 1:</p> <p>3.3.1. Update cost pools. Year One Progress: Complete. The cost allocation plan amendment has been submitted to the Division of Cost Allocation. More cost pools were added to track costs associated with the</p>

implementation of a Title IV-E Guardianship Assistance, Title IV-E Extended Foster Care, and traditional Title IV-E Reasonable Candidacy. Case management costs post removal have been added to track general case management activities as well as case management activities focusing on extended foster care, guardianship assistance, and prevention. Final piece is implementing a benefitting program approach to the cost allocation of Title IV-E specific training.

3.3.2. Simplify and standardize cost allocation plans.

Year One Progress: Complete. The Office of CBC/ME Financial Accountability redesigned and modernized the CBC Cost Allocation Plan template beginning in FY 2019-2020. Changes included rewriting OCA descriptions in DCF's Chart 8 system and referring to those descriptions in the Cost Allocation Plan template, requesting cost pool narrative in an easy to read chart format, requesting CBC specific service types for FSFN cost pools and providing a IV-E Maintenance Template as a new tool to CBCs.

Objective 3.4. Determine administrative costs necessary to implement evidence-based services that achieve the best outcomes in reducing preventable child welfare events.

Activities Year 1:

3.4.1. Develop policy that addresses the administrative capacity and costs necessary for Title IV-E claiming.

Year One Progress: In progress/transitioned to amended plan (phase 2). As part of FFPSA steering committee, the administrative costs and capacity for evidence –based services will be addressed.

3.4.2. Determine the investment necessary to meet requirements for well-supported, promising, and evidence-based services.

Year One Progress: In progress/ transitioned to amended plan (phase 3). As part of FFPSA steering committee, the investment necessary will be addressed. OCW and SAMH are working together to survey the managing entities to determine service capacity that will drive the outcome of investment.

Objective 3.5. Determine the financing strategies and resources plan to establish the capacity necessary in each CBC/region to establish sufficient capacity for:

- **Prevention services including family support;**
- **Safety management services, treatment, and child well-being;**
- **Kinship navigator services; and**
- **Placement services array.**

Activities Year 1:

3.5.1. Continue implementation activities to continue Medicaid coverage for parents during a child welfare initiated temporary absence (of children).

Year One Progress: Complete. Effective September 19, 2019, parents may obtain or retain Medicaid when their child is removed from their home by DCF. Data exchange technology enhancements deployed in May 2020.

3.5.2. Develop cost analysis of capacity expansion for each type of service.

Year One Progress: This activity is being deferred to Year 2.

3.5.3. Identify funding options and determine best course of action.

Year One Progress: In progress / transitioned to amended plan (phase 2). As to Kinship Navigator Services, funding was obtained through a federal grant to assist the provider in becoming approved in the Title IV-E Prevention Clearinghouse.

Future Actions: FFTA (transitional) funds will be used to build capacity of evidence-based prevention services and the implementation of FFPSA congregate care.

3.5.4. Develop state plan amendments (Title IV-E and) Medicaid) necessary.

Year One Progress: In progress/ transitioned to amended plan (phase 3). DCF is working with a subcommittee for drafting of the state’s prevention plan. The first subcommittee meeting was held April 2, 2020 and held biweekly thereafter.

Future Actions: Complete drafting of prevention plan.

3.5.5. Develop Legislative Budget Requests (LBR) as necessary.

Year One Progress: Deferred to year 2.

Benchmarks and Milestones

1. Co-chairs and workgroup members identified by July 1, 2019. See above updates.
2. Charter created by September 1, 2019.
3. Workplan established November 1, 2019 to include milestones for each objective and performance benchmarks for each year.

Reason for goal selection. Children and families in the child welfare system often have a range of needs and multiple agencies are involved. The many agencies that children, families and caregivers seek to obtain resources or services from include, but are not limited to: substance abuse, behavioral health, domestic violence, early childhood development, schools, Women, Infant and Children program, housing authorities, and workforce development.

Parents and caregivers often need to navigate the requirements of different programs which collect the same information and the family’s story multiple times. During the time services are received, the parents and caregivers discuss their current situation multiple times with different providers. Sometimes one provider gathers important information that other providers do not request or do not know. Sometimes services are duplicative or create confusion, such as a parent who attends a special parenting class and receives parent skills development while living in a domestic violence shelter.

Information sharing across agencies as appropriate improves an understanding of the child and family condition and needs. Information sharing through direct system interfaces is one important component. Active collaboration and respectful teamwork across the multiple agencies involved with a family is the only efficient way to stretch system resources and give parents and caregivers more time to spend with their children.

Strategic Initiative 4. Engage parallel systems and organizations to develop understanding of service roles as well as to design approaches to jointly meet the needs of common clients.

Objective 4.1. Review, re-imagine and revise the state’s approach to teamwork to improve the outcomes for children and families at-risk or involved in the child welfare system.

Activities Year 1:

4.1.1. Review and update workgroup membership.

Year One Progress: Complete. Workgroup membership has been finalized across executive steering committee and subcommittees.

4.1.2. Create charter.

Year One Progress: Complete. Charters for Executive Steering Committee and statewide Child Welfare Practice Task Force is complete.

4.1.3. Update workplan for FY 2020-2024 to include the activities already identified for year one and determine the activities for years two, three, four, and five.

Year One Progress: Complete. Workplan is the basis for the strategy amendments in this APSR update.

Activities Years 2-5 for all objectives:

Review progress on prior activities; review progress on achieving performance targets; identify and address challenges; update and/or add new activities.

Objective 4.2. Support the expansion of the Early Childhood Courts (ECC) by determining methods to sustain fidelity to the ECC national model.

Activities Year 1:

4.2.1. Explore ways to support the continued expansion of Early Childhood Courts, including training for CLS, CPIs, and Case Managers to enhance the understanding of the opioid crises, the effects on family systems; medication-assisted treatment (MAT) and recovery; and child welfare practices that support treatment engagement and recovery.

- Expectations for CPIs and case managers; and
- Evidence-based services availability and funding, including Medicaid and FFSPA.

Year One Progress: In Progress / transitioned to amended plan (phase 2). The Office of State Court Administrator, in conjunction with various stakeholders, participate in ongoing activities statewide to collect data, educate and train on the ECC. Activities include training during Florida's Dependency Summit, legislative activities, continuous quality improvement, trauma responsive educations, and technical assistance for local programs. FFPSA specified settings for this population are also being explored with system partners.

4.2.2. Explore ways to address forthcoming ECC evaluation findings and recommendations from University of South Florida, June 30, 2019.

- **Year One Progress: Complete.** The OCI should work with community coordinators to enhance coordination of capacities to fulfill their duties.
 - OCI has contracted with a consultant to provide training and technical assistance to Florida's community coordinators.
 - OCI has provided funding for Florida's new community coordinators to attend the ZERO TO THREE Community Coordinator Training Academy.
 - OCI provides monthly community coordinator technical assistance calls and responds to local respects for targeted training and technical assistance.
- The OCI should consider funding all community coordinator positions through the court.
 - The OCI does not specifically fund circuit court positions. However, the 2020 legislative session resulted in the passage of HB 1105 which allocated funding for twenty court-employed community coordinator positions. HB 1105 has not yet been signed into law.
- The OCI should explore options for Medicaid reimbursement for ancillary and therapeutic services.
 - While this recommendation is not a function of the judicial branch, members of the multidisciplinary Dependency Court Improvement Panel have been working with

Sunshine Health to pilot Medicaid reimbursement for certain non-billable therapeutic activities, such as attending family team meetings and court hearings.

- The OCI should provide or arrange for a statewide training for ECC team members on Neonatal Abstinence Syndrome.
 - In response to this recommendation, the OCI arranged for a brief overview of Neonatal Abstinence Syndrome during a statewide ECC meeting. This will be a training topic for future webinars and/or the 2021 ECC All-Sites Meeting.
- ECC should prioritize frequent, timely, and clear communication with parents and caregivers.
 - Training has been provided to the community coordinators on this topic, however, it will also be a training topic for future webinars and/or the 2021 ECC All-Sites Meeting.

Objective 4.3. Collaborate with Guardian ad Litem (GAL) Program to identify state-level actions to improve local partnerships.

Activities Year 1:

4.3.1. Review the GAL survey findings collected and analyzed by DCF’s COU and recommend any state-level actions that would assist with improving engagement and teamwork with GALs.

Year One Progress: Complete. DCF discontinued these surveys.

4.3.2. Support the GAL Program in the establishment of a training and certification process for professional GAL child advocate employees. This includes the GAL Program’s establishment of a statewide training program.

Year One Progress: Ongoing. OCW conducted a statewide training on Conditions for Return in January 2020 for the GAL program.

4.3.2.1. Determine ways to help GAL child advocate employees better understand core practice model concepts related to Safety Planning, Conditions for Return, and Concurrent Planning.

Year One Progress: Complete. OCW conducted a statewide training on Conditions for Return in January 2020 for the GAL program. GAL program continues to participate and be invited to ongoing trainings throughout the state. In addition, the GAL program conducts an annual statewide conference to which they invite DCF to provider trainings when the need has been identified.

4.3.2.2. Determine recommendations for improving teamwork with GALs to improve child stability; parent relationships; continuity of family connections; and services that address child well-being needs.

Year One Progress: Ongoing. GAL program is a strong partner with DCF. GAL program is invited to and participates in workgroups and statewide initiatives.

Objective 4.4. Continue to actively support the “Crossover Youth Collaboration Protocol” and statewide guiding principles.

Activities Year 1:

4.4.1. Department’s COU will continue to gather and assess information about CBCs’ working relationships with local juvenile justice providers.

Year One Progress: Ongoing. DCF entered an updated Memorandum of Understanding (MOU) for 2017-22. The eight-child serving agencies who have signed onto this MOU include Agency for Health Care Administration, Agency for Persons with Disabilities, DCF, 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, F.S.

- 4.4.2. Review the findings gathered by DCF's COU and recommend any state-level actions that would assist with improving teamwork.

Year One Progress: The COU report reveals the need for trainings with case management and DJJ to educate stakeholders on their respective roles and each's abilities and limitations during the ongoing collaboration. An additional recommendation is to build service capacity, especially the more rural counties, as well as collaborate with the Managing Entity to expand needed services in the community, specifically those surrounding substance abuse treatment.

Objective 4.5. Collaborate with the Florida Coalition Against Domestic Violence (FCADV) to consider state level actions to improve local partnerships.

Activities Year 1:

- 4.5.1. Develop recommendations and strategies to establish effective oversight and utilization of batterer intervention programs that are based in domestic violence perpetrator accountability (The Duluth Model).

Year One Progress: Ongoing. DCF along with other partners will continue to encourage more oversight and accountability for batterer intervention programs that include a focus on perpetrator accountability. To be meaning and has lasting effect this effort would require statutory changes and was not an issue addressed by Florida's Legislature in the most recent legislative session.

- 4.5.2. Consider other methods to improve local collaboration and services integration, such as the development and pilot testing of a system self-assessment tool on standards for effective and collaborative interventions between child welfare professionals and domestic violence advocates.

Year One Progress: Since initial submission, the structure of Florida's domestic violence service delivery has seen a dramatic overhaul. Florida's governor signed legislation into law on February 27, 2020 removing longstanding requirement for DCF to contract directly with the Florida Coalition Against Domestic Violence (FCADV). Subsequently, DCF terminated the current contract with FCADV on April 30, 2020. DCF has acquired all current subcontracts until new contracts can be procured. DCF will directly contract with all 42 of Florida's certified domestic violence centers until at least June 30, 2021.

Much of how the future service delivery will be operationalized is still malleable, many discussions and much research are being conducted to construct strong oversight of programs and robust services delivery to domestic violence survivors and their children, along with increased collaborative efforts between that of child welfare professionals and domestic violence advocates.

Moving forward, DCF will utilize a multifaceted approach to statewide planning. DCF will work with a wide variety of organizations to enhance services and collaboration and support specific programming that meets the unique needs of each community or population.

Benchmarks and Milestones

1. Co-chairs and workgroup members identified by July 1, 2019.
2. Charter created by September 1, 2019.
3. Workplan established by November 1, 2019 to include additional milestones and interim benchmarks for each year towards reaching PIP targets by year five.

GOAL 4: Provide the working conditions that the child welfare workforce needs to fully engage children, families and caregivers in teamwork to achieve child safety, permanency and well-being.

Reason for goal selection. Addressing the stability of CPIs and case managers is the top goal selected by child welfare stakeholders participating in the CFSP assessment process. Through different methods described in Chapter 2, the child welfare system recognizes the negative impacts that caseload size and unrealistic expectations have on child welfare professionals. Both CPIs and case managers report feeling over-burdened and lacking work-life balance. The working conditions necessary for child welfare professionals to perform their responsibilities are directly correlated with the achievement of outcomes for permanency. Children in the child welfare system are adversely impacted when child welfare professionals are not given the time and tools needed to engage children, parents, caregivers, and other team members in excellent teamwork and problem-solving.

Strategic Initiative 5. Evaluate and align Florida’s practice model to strengthen workforce competencies and stability.

Objective 5.1. Review, re-imagine and revise the state’s approach to sustaining a proficient child welfare workforce.

Activities Year 1:

5.1.1. Create workgroup with sub-committees for investigations and case management.

Year One Progress: Complete. the workgroup members were identified for both subcommittees.

5.1.2. Create charter that includes common goals and tasks; specific responsibilities of the two sub-committees.

Year One Progress: Complete. the charter was developed and outlined goals tasks, and responsibilities.

5.1.3. Update workplan for FY 2020-2024 to include the activities already identified for year one and determine the activities for years two, three, four, and five.

Year One Progress: Complete. Both the CPI and Case management have concluded with recommendations to change current policy and revision to FSFN to allow for savings in cost and manpower.

Activities Years 2-5 for all objectives:

Review progress on prior activities; review progress on achieving performance targets; identify and address challenges; update and/or add new activities.

DCF has initiated policy changes and developments to FSFN based on recommendations from the CPI efficiency workgroup. Train the train has commenced.

The case management efficiency has recently submitted their recommendations to DCF for review.

Objective 5.2. Child Protection Investigations sub-committee will establish methods to improve working conditions and supports for child protection investigators.

Activities Year 1:

5.2.1. Develop a standardized Child Protection Supervisor core competency training and coaching model.

Year One Progress: In progress/ transitioned to amended plan (Workforce Support). In 2019, DCF leadership created a Child Protective Investigations Efficiencies workgroup made up of dedicated CPIs, Sheriff's Office liaisons, and others that met regularly to discuss needs present in the field of child protective investigations. This workgroup went beyond looking just at supervisory core competency training, and put forth meaningful solutions, including a variety of resources that would increase productivity, improve performance, and allow for a higher quality of life – for those they serve and themselves. The recommendations from this group included: streamlining the Family Functioning Assessment process, implementing a recency process for in-home intakes, ending unnecessary hotline assessment requirements, create an alternative response, expansion of the assessment response team, redirecting child-on-child intakes to an alternative response, and researching institutional investigation overlap.

5.2.2. Develop ways to use technology to increase the efficiency, for example mobile applications that interact with FSFN; use of electronic signatures with mobile tools.

Year One Progress: In progress. Projects are currently underway to deliver a mobile solution for Child Protective Investigators and an electronic signature solution for increased efficiency. The CPI mobile solution is currently in the development phase after many weeks of design sessions which included statewide representation. Phase one of the mobile solution is focusing on the upfront aspects of an investigation and is scheduled for release by the end of the SFY. Phase two will occur in SFY 20-21 and will include all aspects of CPI workflow.

An electronic signature solution is also in the process of being procured and pilot to assess if such a solution would help increase efficiency. This pilot would begin in early SFY 20-21.

Objective 5.3. Establish a Child Welfare Case Management Task Force of industry leaders to provide a framework for evolving Florida's case management function. Identify co-chairs and create a charter.

Activities Year 1:

5.3.1. Collaborate with Embrace Families, Inc. to ensure maximum statewide benefit from activities associated with grant funding from Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. Embrace Families, Inc. developed a cooperative agreement with the Children's Bureau to implement additional statewide analyses of case management stability and proficiency.

Year One Progress: In progress/ transitioned to amended plan (Workforce Support): DCF continues to collaborate with Embrace through the Strong Foundations Grant to strengthen case management proficiency. In addition, as a result of the Case Management Efficiencies Project it was recommended that a practice accountability committee be formed to address fidelity issues with the practice model, how in-home services are delivered, recommended changes to pre-service training, technology to assist with document development, and recommendations for improved working conditions for privatized staff.

5.3.2. Develop a unified process for capturing case management workforce characteristics and data (for example: turnover, vacancy, caseload, and years of experience).

5.3.2.1. Identify recommendations for CCWIS data standards for accurate capturing of workforce data.

Year One Progress: Complete. A statewide workgroup was created to develop a unified process for capturing case management data workforce characteristics and data. The workgroup decided to focus on caseload and turnover and to use FSFN data. The workgroup also defined how these measures would be captured. The result of this process was a case management workforce dashboard that contains CBC-level data on caseload (monthly updates) and turnover (quarterly updates).

5.3.2.2. Identify a member of the workgroup to participate in CCWIS design sessions as appropriate to convey and apply the recommended data standards.

Year One Progress: Complete. One CBC member and one Office of Child Welfare member were identified to participate in CCWIS design sessions.

5.3.3. Develop a standardized Case Manager Supervisor core competency training and coaching model.

Year One Progress: In progress/transitioned to amended plan (Workforce Support): DCF continues to collaborate with Embrace through the Strong Foundations Grant to strengthen case management proficiency; however concurrently DCF is planning for the development.

5.3.4. Complete an inventory of case management responsibilities and develop strategies to reduce workload demands and create efficiencies through innovative practices and technology.

Year One Progress: Complete: Case Management Efficiencies Project began with 35 field-staff gathering together in Central Region HQ, brainstorming on over 200 field-supplied ideas. Over the course of the three-day ideation workshop, unfamiliar CBC and CMO colleagues from across the State became one voice, eventually segregated into smaller “focus groups” who began to develop the priority recommendations that represent the CMEP final work product. This work product includes each team’s final deliverable report, it’s presentation, and all associated evidence including hundreds of survey responses, data analyses, interviews, comparative evaluations. The team, over 9 weeks, compiled an exhaustive and comprehensive report and recommendations from Case Managers today, and what is needed to transform the business going forward.

Objective 5.4. Create a formal process for the Secretary of the Department to convene a child welfare task force (tiger team) when a region and/or CBC needs workforce reinforcement brought in from other parts of the state to provide immediate relief to staff impacted by a natural disaster or other traumatic circumstances. In the past, DCF has organized and implemented child welfare task forces without the benefit of an established approach such as:

- after Hurricane Michael when many families, including child welfare staff and providers, lost their homes and places of employment;
- when there have been extremely high backlogs of investigations that remain open for more than 60 days due to a pattern of high turnover rates in child protection investigations units; and
- Instances when CBCs have an extreme workload crisis and needs support for case managers.

Year One Progress: Complete. The “Tiger Team” process was established in 2019 and has been deployed twice to aid in child protective investigations in Broward and Hillsborough Counties. Both counties have sheriff offices who conduct child protective investigations. Both areas were in a state of crisis due to high caseloads. Department Child Protective Investigators were deployed to these areas to focus on closing investigations that were over, or approaching, 60 days to relieve the sheriff office investigators. Both deployments were successful in closing cases and reducing caseloads.

In addition to CPI deployments, the Office of Child Welfare has deployed teams to areas to conduct emergency file reviews and to assist CBCs with performance improvement activities. Department Quality Assurance staff have been utilized to assist a CBC on the transfer of cases from a case management agency

to the lead CBC, as well as being utilized to conduct specialized safety reviews for areas of concern. Regarding performance improvement activities, OCW Continuous Quality Improvement staff have been deployed to two CBCs who were deemed to be in a state of crisis. Staff worked with these CBCs over several months through data analysis and workgroups to develop plans to improve CBC performance on permanency and placement stability.

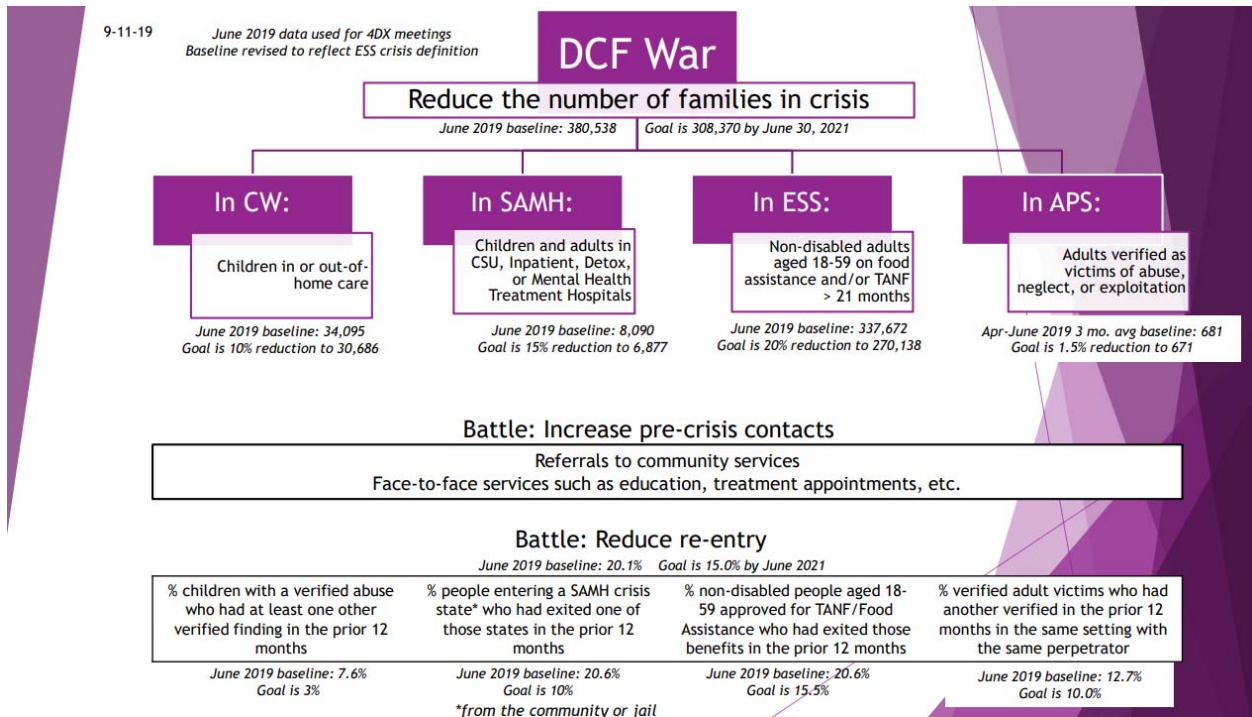
Benchmarks and Milestones

1. Co-chairs and workgroup members identified by July 1, 2019.
2. Charter created by September 1, 2019.
3. Workplan established by November 1, 2019 to include additional milestones and interim benchmarks for each year towards reaching PIP targets by year five.

Florida’s New Direction

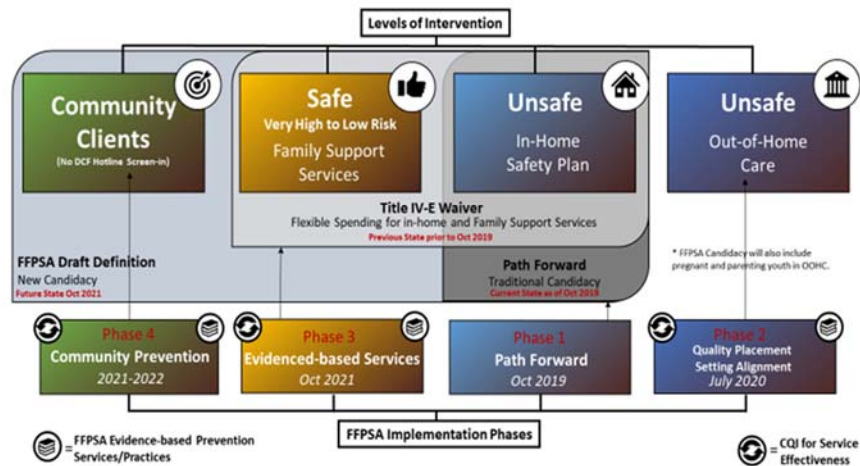


Since the development of the [CFSP 2020-2024](#), Florida has undergone many organizational changes resulting in renewed focus and vision with an overarching goal to move the Department of Children and Families from a crisis-oriented agency to a prevention agency. The implementation of FFPSA has also altered the direction of child welfare objectives, strategies, and activities as previously outlined in the CFSP. Florida’s new journey and associated strategies and activities to achieve better outcomes for children and families are being operationalized utilizing 4 Disciplines of Execution, or 4DX, throughout the agency.



Florida's CFSP, Chapter 3, Florida's Plan for Enacting the State's Vision activities served as precursory work on Florida's journey to implement FFPSA. Many of those activities have been enhanced, updated, and incorporated into new statewide implementation planning with key stakeholders and partners. The below illustration and Gantt chart, reorganizes, and refocuses Florida's resources and strategies, formally amending Florida's CFSP.

Florida's Journey to FFPSA Implementation



			FY 19-20					FY 20-21					FY 21-22					FY 22-23					FY 23-24																														
Path Forward (FFPSA Phase 1) - James Weaver			Start	End	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	Goal
Post-implementation support for Guardianship Assistance Program, Extended Foster Care, Foster Care Candidacy, Random Moment Sampling, and Level 1 Licensure			7/1/2019	6/30/2024	[Bar spanning FY 19-20 to FY 23-24]																														Develop state programs that positively impact relative/ non-relative caregivers and young adults while extending our Title IV-E footprint to close 90M funding shortfall.																		
Implementation of quality assurance process for Path Forward initiatives in post-implementation stage			10/1/2019	6/30/2024	[Bar spanning FY 19-20 to FY 23-24]																																																
Revenue maximization through improved cost allocation and claiming			10/1/2019	6/30/2024	[Bar spanning FY 19-20 to FY 23-24]																																																
Project financial impact of implementation of FFPSA group care and evidenced-based practices changes			1/1/2020	6/30/2020	[Bar in FY 19-20]																																																
Quality Placement (FFPSA Phase 2) - Vanessa Snoddy / Courtney Smith																																							Goal														
Provide training to install formal Family Finding services			10/1/2020	6/30/2021	[Bar in FY 20-21]																														Increase the utilization of family-like settings concurrently right sizing Florida's utilization and quality of congregate care resulting in increased placement stability, safety, permanency and well-being.																		
Engage CBCs in utilization of Family Foster Home estimator tool to develop and initiate CBC-based recruitment plans			5/1/2020	6/30/2021	[Bar in FY 20-21]																																																
Expand and enhance delivery of kinship programs/supports			12/1/2018	10/1/2021	[Bar spanning FY 19-20 to FY 21-22]																																																
Align group care placement settings with FFPSA specified settings			7/1/2019	10/1/2021	[Bar spanning FY 19-20 to FY 21-22]																																																
Implementation of quality group care accountability system			7/1/2018	7/1/2022	[Bar spanning FY 19-20 to FY 22-23]																																																
Train CBCs on Rapid Permanency Review (RPR) process			7/1/2018	6/30/2021	[Bar spanning FY 19-20 to FY 21-22]																																																
Evidence-Based Services (FFPSA Phase 3) - Ginger Griffith/ Vanessa Snoddy																																							Goal														
Identify and define prevention candidacy population			10/1/2019	4/30/2020	[Bar in FY 19-20]																														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.																		
Develop technology solution to capture/report evidence-based service delivery			7/1/2020	12/31/2020	[Bar in FY 20-21]																																																
Engage stakeholder to complete community needs assessment and service gap analysis			7/1/2019	6/30/2020	[Bar spanning FY 19-20]																																																
Development and submission of IV-E Prevention Plan			1/24/2020	7/31/2020	[Bar in FY 20-21]																																																
Install EBP services in identified gap service areas			10/1/2020	9/30/2021	[Bar spanning FY 20-21]																																																



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 or achieved by September 30, 2020. For the new goals established in the CFSP, performance targets will be achieved by the end of the plan period, September 30, 2024.

Performance Targets for 2020-2024

Performance Target Matrix for 2020-2024 Child and Family Services Plan

		Goal 1	Goal 2	Goal 3		Goal 4
	CFSP Target Date for Achievement	Strategic Initiative 1	Strategic Initiative 2	Strategic Initiative 3	Strategic Initiative 4	Strategic Initiative 5
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.						
Percent of Alleged Child Victims Seen within 24 Hours.	95% 9/30/2020 Achieved 9/30/2019					X
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.	85% 9/30/2020 Achieved 6/30/2018	X	X	X	X	X
Item 3, Risk and Safety Assessment and Management.	77% 9/30/2020	X				X
Permanency Outcome 1: Children have permanency and stability in their living situations.						
Item 4, Stability of foster care placement.	88% 9/30/2020	X	X			
Item 5, Appropriate and Timely Permanency Goals Established.	82% 9/30/2020 Achieved 3/30/2018					X
Item 6, Achieve Reunification, Guardianship, Adoption, or Other Planned Living Arrangement.	75% 9/30/2020	X			X	X
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children						
Item 7, Placement with Siblings.	90% 9/30/2024		X			
Item 8, Child visits with Parents and Siblings in Foster Care.	90% 9/30/2024		X			X
Item 9, Preserving Child's Connections.	90% 9/30/2024	X	X		X	X
Item 10, Relative Placement.	90% 9/30/2024	X	X			X

	Achieved 6/30/2018					
Item 11, Relationship of Child in Care with Parents.	90% 9/30/2024	X	X			X
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.	58% 9/30/2020	X	X	X	X	X
Item 13, Child and Family Involvement in Case Planning.	70% 9/30/2020 Achieved 3/30/2018				X	X
Item 14, Quality and Frequency of Caseworker Visits with Child.	78% 9/30/2020 Achieved 12/30/2018		X			X
Item 15, Caseworker Visits with Parents.	51.1% 9/30/2020 Achieved 6/30/2018		X			X
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.						
Item 16, Educational needs for Child.	90% 9/30/2024	X	X			X
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.						
Item 17. Physical Health of the Child.	90% 9/30/2024	X		X	X	
Item 18 Mental/Behavioral Health of the Child.	90% 9/30/2024	X		X	X	

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. Legislation in the current year's session created the Office of Quality for DCF to ensure that DCF and its contractors are accountable to meet goals targets set in the ROA legislation. The implementation of the Quality Office is in its planning stages and will be ready to begin with the state's upcoming fiscal year. The Quality Office will build on Florida's strong quality assurance and continuous quality improvement processes. Foundational Administrative Structure: Florida has a strong structure in place with a Headquarters Quality Assurance team, Regional teams, and managers in each Community-Based Care lead agency. The Quality Assurance unit was part of a larger Continuous Quality Improvement division within the Office of Child Welfare that included training, data analysis, data reporting, research and evaluation, and FSFN. With the implementation of the Quality Office, the Continuous Quality Improvement is moving from the Office of Child Welfare to be an enterprise solution for DCF. The Quality Office will house quality reviews, training, and data analysis, and research and evaluation.

- **Quality Data Collection:** Florida has strong data collection for both quantitative and qualitative performance. Quantitative data from FSFN is used to track performance on all cases for CBC and CPI scorecards, and other metrics. Qualitative data is captured through case file reviews including Florida CQI, PIP monitored cases, and Rapid Safety Feedback. More detail on the qualitative and quantitative performance is available in the Assessment of Current Performance in Achieving Outcomes (Chapter 2).
- **Case Record Review Data and Process:** Florida's case record review process is fully described in [Windows into Practice](#), the state's guidelines for quality reviews and in the Assessment of Current Performance in Achieving Outcomes chapter. The findings from the reviews are shared with the Quality Assurance Managers across the state, including leadership, as well as posted on the dashboards. More detail on the findings of quality case reviews is available in Chapter 2, Assessment of Current Performance in Achieving Outcomes.
- **Analysis and Dissemination of Quality Data:** The Office of Child Welfare dedicated a unit to analyze the data for all performance metrics. The Data Analysis Unit was housed in the Continuous Quality Improvement division; however, that division is being repurposed with the creation of the Quality Office. The Data Analysis Unit remains in the Office of Child Welfare and will work closely with the data unit being built within the Quality Office. As noted in Chapter 2, the Data Analysis Unit produces a monthly key indicator report that includes a full analysis of child welfare metrics. The findings from the quality reviews are analyzed by the Quality Assurance unit and available on both public and internal dashboards for regions and CBCs to use for their own regional level analysis.
- **Feedback to Stakeholders and Decision Makers, and Adjustment of Programs and Process:** As noted above and in Chapter 2 (Assessment of Current Performance in Achieving Outcomes) and Chapter 3 (Update to the Plan to Enact the State's Vision and Progress to Improve Outcomes), much work has been done and continues to be done with decision makers to adjust programs. Data from the metrics and qualitative data is shared on public and internal dashboards, as well as in the Key Indicator report and PIP data presentations. The PIP data is also shared with stakeholders through the Criminal Justice Act task force which was the steering committee for the PIP. More detail is included in Chapter 2 including the plan for CBCs to include stakeholders including youth, foster parents, and biological parents.

Updates to the state's capacity to conduct quality assurance and continuous quality improvement are described in Chapter 2. A few additional highlights include:

- The Quality Assurance Unit in the Office of Child Welfare conducted refresher training for Florida CQI and PIP monitored case reviewers using the training module and sample case in the OMS. The training was well received in that the videos were used from the OMS to explain the ratings. CBCs have also conducted training to reviewers and operations staff members on the CFSR process to ensure a full understanding of what is expected. The Data Analysis Unit worked with two specific CBCs to review data and barriers to improved performance. Performance over time is tracked for each item as noted in the Assessment of Current Performance in Achieving Outcomes chapter.
- The Quality Assurance and Continuous Quality Improvement system was used to identify areas needing improvement which are described in detail in the Assessment of Current Performance in Achieving Outcomes chapter. As family engagement continues to be an overarching need for the state, the regions collaborated with the CBCs and other stakeholders to update their Local Improvement Plans. The main activities include training for front-line case workers and supervisors on assessment, safety planning, quality visits, enhanced supervision, and involving fathers. Another specific improvement activity was for the state to create information for investigations around chronic perpetrators of child abuse and/or neglect. The state worked with a data provider to mine FSN to create a visualization for child protective investigations showing the risk level related to perpetrators across cases.
- Florida Quality Assurance and Continuous Quality Improvement processes were used to achieve goals, outcomes, and objectives. Numerous intervention strategies have been described under specific CFSR items in Chapter 2. The state has focused on achieving the remaining unmet outcomes from its Program Improvement Plan. The agency has used qualitative and quantitative data to ensure that children are seen timely in investigations, to meet CFSR outcome Safety 1. Performance has improved in this area to reach the PIP target. Florida continues to work toward engaging families, particularly parents and fathers to improve CFSR outcome Well-Being 1, and portions of CFSR outcome Safety 2 related to initial and ongoing safety and risk assessment and management. The state is also focusing on CFSR outcome Permanency 1, with specific strategies related to ensuring children in foster care have stability in their placements. Activities are included in the Assessment of Current Performance in Achieving Outcomes and the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes chapters as one of the strategic initiatives is to increase the placement service array for children.
- Florida established several mechanisms to keep stakeholders involved in its progress toward achieving goals, outcomes, and objectives. The statewide performance dashboards are published on Florida's Center for Child Welfare website as described in the Assessment of Current Performance in Achieving Outcomes chapter. The Criminal Justice Act (CJA) task force utilized as the PIP steering committee was kept apprised of the progress of the state in reaching PIP targets and updates from each region at quarterly meetings. Each region of the state created workgroups including local stakeholders to update PIP activities as more activities were needed to reach targets. The Quality Office was created with legislation in the 2020 session which will strengthen the transparency between DCF and its stakeholders, by including quarterly meetings to review performance and encourage feedback from those stakeholders for improvement efforts.
- Florida's current Quality Assurance model utilizes the federal Onsite Review Instrument (ORSI) as its only tool for PIP monitored and ongoing Florida CQI reviews and is supplemented with the Rapid Safety Feedback (RSF) reviews for specific populations for children. These are explained in more detail in the Assessment of Current Performance in Achieving Outcomes chapter. The newly formed Quality Office is reviewing instruments used and is in the beginning stages of planning for quality reviews for next year.
- The state has maintained the ability to conduct a state case review process for CFSR purposes by continuing to use the ORSI for PIP monitored and Florida CQI case reviews. These reviews are conducted using the Online Monitoring System (OMS) within the Children's Bureau website. The

Office of Child Welfare Quality Assurance team conducts monthly telephone conference meetings with the Quality Managers from the regions, CBCs, and Sheriffs' Offices to review comments and themes found during second level oversight reviews and conducts regional on-site refresher trainings using the training module in the OMS to ensure consistent ratings across the state. The Quality Office will include the CFSR process in the development of the quality reviews for next year.

- During the upcoming year, DCF will be one of the national pilot sites for Round 4 CFSR. This provides an opportunity for DCF to participate in root cause analysis workshops with the Children's Bureau and national Capacity Building Centers.

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CHAPTER 5. Update on Child and Family Services Descriptions

Overview of Child Welfare System of Care

DCF 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. DCF remains responsible for program oversight, operating the Florida Abuse Hotline (Hotline), conducting 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 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, trauma-informed interventions designed to mitigate out-of-home placements.
- follow financial guidelines developed by DCF 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 DCF'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. DCF is responsible for conducting child protective investigations in 60 of 67 Florida counties. Pursuant to 39.3065, F.S., Sheriff's offices in the remaining seven counties (Broward, Hillsborough, Pasco, Pinellas, Manatee, Seminole, and Walton counties) conduct child protective investigations through contract and grants with DCF. DCF's website provides a [Community- Based Care Lead Agency map](#) which also shows the six regions and 20 circuits.

Child Protection Teams (CPT) are provided under contracts through DCF of Health, Children's Medical Services Program. Child Protection Teams provide specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services.

Child Welfare and Behavioral Health Systems Integration

Given that families entering the child welfare system can present with multiple needs, there is the opportunity to not only maintain child safety but also provide services that may address additional needs for

behavioral health and economic independence. This more comprehensive approach can reduce the families from entering our system in the future and prevent further states of crisis.

Children living in low socioeconomic status households are at significantly greater risk of experiencing maltreatment⁸, making the collaboration between child welfare and economic welfare is vital for families to sustain long-term well-being. While use of incidental and emergency financial assistance are available to families in the child welfare system, linkage to ongoing financial supports are not often made. Additionally, both children and adults entering the child welfare system have behavioral health needs that are addressed more thoroughly in the Child Welfare/Substance Abuse and Mental Health strategies.

From the use of differential response to address concrete needs of families that come to the attention of child welfare to including assessment and connection to benefits as “reasonable efforts” in preserving families, there are significant opportunities for child welfare, economic welfare and behavioral health to work together to support positive outcomes for families. Differential response offers an opportunity for our system to respond to families that present with needs but are not an immediate safety concern. If families are assessed prior to commencement or as an alternative to commencing an investigation, community supports, and services can be offered upfront. Utilizing multidisciplinary expertise, a family’s needs can be assessed from a comprehensive lens, allowing for more well-informed safety decision-making and the linkage to prevention and intervention services.

Once child welfare professionals are involved in an investigation, information-gathering would include upfront and ongoing multidisciplinary team staffings to ensure appropriate decision-making. The Office of Child Welfare, the Office of Economic Self-Sufficiency, and the Office of Substance Abuse and Mental Health can strengthen partnership and communication to link families to the appropriate economic resources and behavioral health services up-front and during active investigations. Joint planning for stability would include whether families are receiving or eligible for benefits such as Supplemental Nutrition Assistance Program (SNAP) food assistance, Temporary Assistance for Needy Families (TANF) cash assistance and Medicaid.⁹ In Florida, eligibility for these services are available through DCF’s Office of Economic Self-Sufficiency and can provide a step toward economic well-being for families at-risk or involved in the child welfare system. The Office of Substance Abuse and Mental Health also provides funding for behavioral health services for the indigent and underinsured and can provide linkage to the behavioral health provider network.¹⁰

⁸ Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress.

⁹ Martin, M. and Citrin, A. (2014). *Prevent, Protect and Provide: How child welfare can better support low-income families*. [online] Center for the Study of Social Policy. Retrieved from <https://cssp.org/wp-content/uploads/2018/11/Prevent-Protect-Provide-Brief.pdf>.

¹⁰ Florida Department of Children and Families Integration Plan (2019-2022), page 24.

DCF identified integration of the child welfare and behavioral health systems as a priority to enhance the services and communication regarding parents involved in the child welfare system.

In 2017, parental alcohol or drug use was documented as a circumstance associated with the child’s removal for over 40 percent of all children placed in foster care nationally.¹¹ Ongoing coordination between child welfare professionals and behavioral health providers allows for more effective collaboration between the systems and results in better outcomes for the family. Joint case planning allows for a family-focused case plan monitored by both systems to reduce conflicts between case plan and treatment plan goals.¹²



Beginning in 2016, the Regional Offices conducted self-studies with key stakeholders from the child welfare and behavioral health systems, followed by peer reviews from statewide partners. Regional goals were developed and plans of action were implemented through December 2018 based on four Practice Expectations and four System Components identified as key components of an integrated system.

As a continued priority, an Integration Advisory focus group was formed with statewide representatives from DCF and contracted stakeholders that held expertise in best practices and were actively involved in their local integration efforts. This committee met in July 2019 to share the current status of integration efforts and shape statewide strategies moving forward.

Prevention Programs, A Statewide and Local Collaborative Approach

	SFY 2018-2019
Circle of Parents	Enhanced data collection efforts are being implemented
Healthy Families Florida (HFF) Source: HFF	9,682 families 18,122 children
Family Support Services Source: FSN	17,049 children

¹¹ U.S. Department of Health and Human Services, Children’s Bureau. (2018, November 8). *AFCARS Report #25*. Retrieved from <https://www.acf.hhs.gov/cb/resource/afcars-report-25>.

¹² Osterling, K.L., & Austin, M.J. (2008). Substance Abuse Interventions for Parents Involved in the Child Welfare System: Evidence and Implications. *Journal of Evidence-Based Social Work*, 5(2), pp. 157-189. Retrieved from <https://pdfs.semanticscholar.org/c5c5/5b0d926b77ba381847c79abef89ee044fcf7.pdf>.

DCF 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 2020 for the reporting period October 1, 2018 through September 30, 2019.

The Office of Child Welfare (OCW) builds partnerships at the state level that promote, support, and enhance local strategies. The goal is to implement strategies to achieve positive outcomes for families and children by encouraging them to participate in services early, before economic factors or other stressors cause a crisis that results in child maltreatment. The OCW engages in multiple activities to advance primary prevention:

- Collaboration with state and local partners to create, promote and implement evidence-based prevention strategies;
- Provide Healthy Families Florida access (HFF) to Families Safe Families Network (FSFN) to track outcomes for families participating;
- Expand methods for collecting, measuring, and reporting family support services and outcomes; and
- Focus on the provision of an effective local family support service array through the Contract Monitoring and Oversight (COU) standards and monitoring process. This includes use of the COU process to identify best practices and disseminate the information.

DCF’s regional leadership, community development administrators, specialists, and public information officers will continue to collaborate with local CBCs on area-specific prevention initiatives that meet the needs of Florida’s multi-ethnic and multi-cultural population.

The establishment of community-based care in Florida is driven by the values that effective primary prevention services must be located within communities where families live, where they are easily accessible, and culturally responsive. DCF believes there is a strong correlation between the statistically significant reduction in the proportion of child victims per 1,000 in the population (described under Safety Outcome 1 in Chapter 2) and the constellation of prevention efforts described in this section.

The Title IV-E Waiver Demonstration Final [Report](#) (Final Waiver Evaluation) was successfully used by Community-Based Care lead agencies (CBCs) to create and expand a variety of local services to prevent families from formally entering the child welfare system and to help children remain safely in their home. The Regions and CBCs have established strong partnerships locally to reach families in need.

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

The Office of Child Welfare provides ongoing technical assistance and supports OACP’s many activities including prevention planning. Planning for prevention activities often includes other state agencies, including the Departments of Education (DOE), Health (DOH), Juvenile Justice (DJJ), Law Enforcement (FDLE), and the Agency for Persons with Disabilities (APD), are partners.

Department staff from the Regions participate on the Local Planning Teams that work in specific geographical areas under the guidance of OACP. These Local Planning Teams are convened in each of the twenty judicial circuits around the state. Aligned geographically with the judiciary and DCF’s operational circuits, representation on these Local Planning Teams is consistent with the make-up of the statewide Advisory Council. In conjunction with the OACP and other state-level partners, DCF continues to develop and participate in public awareness campaigns that target the preventable causes of child death.

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™. Due to COVID-19, statewide prevention efforts have shifted to a nearly wholly virtual campaign. In previous years, Florida's Prevent Child Abuse (PCA Florida) Chapter traveled throughout the state providing training and orientation for the agency's public information staff and to local prevention and permanency councils. The annual Pinwheels for Prevention™ campaign historically has included:

- Distribution of The Family Advocacy Guide, available in English and Spanish which provides information on different ways individuals, businesses and organizations can strengthen families and promote healthy child development in their communities;
- Publication and distribution of Community Resource Packets;
- Broadcast of television and radio public service announcements in English and Spanish;
- Holding a press conference to launch the campaign in collaboration with the Governor's office, other state and local officials; and parents served;
- Coordination and advertisement of community events based on a central statewide theme; and
- Providing a campaign toolkit with sample press releases, social media posts, and letters/opinion articles for local publication. The campaign also has as its centerpiece special events, press conferences, and pinwheel displays in every corner of the state.

DCF utilizes the FrameWorks Institute of Prevent Child Abuse America to shift awareness campaigns from recognizing and reporting child abuse/neglect to understanding developmentally appropriate parenting practices. DCF will continue to use evaluations of past campaigns to inform ways to improve alignment with the FrameWorks model.

Prevent Child Abuse Florida (PCA Florida)

PCA Florida is the Prevention Services Unit in the Ounce of Prevention Fund of Florida, Inc. (Ounce). Through a contract with DCF, 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

DCF'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®.

Efforts to Track and Prevent Child Maltreatment Deaths

Child Fatality Prevention Website

The OCW 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 DCF's hope that the data and the narratives provided are "a call to action for communities to join DCF to work together to meet the needs of their neighbors and protect vulnerable children to prevent future deaths." Additionally, DCF 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. DCF is working to include five years of historical data to provide the capability for greater trend analysis. Current 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.
- Trauma/wounds caused by a weapon, primarily the use of firearms or bodily force (e.g., fists or feet) to inflict harm, also ranks in the top three causes of child deaths.

The website also includes information about DCF'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 DCF'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 DCF.

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).

DCF'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 2019.

DCF 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 2015, 2016, and 2017 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.

DCF provides ongoing CIRRT training and recruits professionals from DCF and other agencies who can participate on CIRRT reviews. DCF 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. DCF maintains information on the Child Fatality Prevention website specific to the [CIRRT](#) process including current and historical data. DCF posts all reports submitted to the Florida legislature on DCF’s website under [Legislatively Mandated Reports](#).

Promoting Safe and Stable Families

The “Promoting Safe and Stable Families” program assists in achieving CFSP Goal Area A: Enhance family-centered practice with an emphasis on child safety, permanency, well-being, and trauma-informed care and Goal Area C: Expand and refine 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 DCF 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 of Children and Families (DCF), 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.

DCF 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, DCF 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.

Family Preservation Services (24.53% of the FFY 2019 Grant)

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

- Information and referral to include substance abuse and domestic violence related services¹³;
- Targeting services geographically in zip codes where there is an increased need;
- Use of the Family Team Conferencing Model¹⁴;
- Use of the Clinical Response Teams¹⁵;
- Home safety and maintenance activities;
- Use of Wraparound services¹⁶.

Family Support Services (32.72% of FFY 2019 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:

- 1) *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;
- 2) parenting classes geared toward various developmental ages and stages and the effects of family violence and substance abuse on children;
- 3) health and nutrition education training sessions;
- 4) home visiting activities and services;
- 5) comprehensive family assessments;
- 6) early developmental screening of children to assess needs, and assistance to families in securing specific services to meet those needs;
- 7) in-home parent training;
- 8) in-home substance abuse counseling;
- 9) information and referral to community resources, such as job employment services and ACCESS
- 10) FLORIDA system (for online benefits applications).

¹³ Activities that provide families with needed information about community and statewide services and agencies that provide specific services and if necessary, provide referral information.

¹⁴ 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.

¹⁵ Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote healing and healthy growth towards the parent/ child relationship.

¹⁶ Community mandated service design where local providers "unbundle" previously categorical services to families thereby allowing families to receive individualized services for the necessary period of time.

Time-Limited Family Reunification Services (20.01% of the FFY 2019 Grant)

Time-Limited Reunification Family Reunification services are put in place for children removed from their home and for the parents or primary caregivers. Florida passionately embraces these services designed, to maintain intact families. These services are designed to support the reunification of a child safely and appropriately.

Time-Limited Family Reunification Services in Florida include:

- Supervised visitation programs and parental coaching¹⁷;
- Flexible Support Services¹⁸;
- Family team Conferencing¹⁹ with all families prior to reunification, and just before post-placement supervision services are successfully terminated;
- Follow-up care to families²⁰;
- Mentoring/Tutoring services²¹;
- Therapeutic child care services; and
- Parent (adoptive, biological, caregiver, foster) education and training relationship skill building activities²².

Adoption Promotion and Support Services (22.69% of the FFY 2019 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 Galleries²³;
- Child Recruitment Biographies²⁴;
- Child-specific or targeted population recruitment efforts;
- Use of social media;
- Media blitzes targeting severely medically fragile available children; and
- Town hall meetings and “Lunch and Learn” activities.

Examples of *Support Services* include:

- Collaboration with Early Learning Coalitions;
- Home and school visitation with post-adoptive families and children;

¹⁷ Healthy visitation, role modeling, parenting skills are encouraged and enforced to *promote* healing and healthy growth towards the parent/child relationship.

¹⁸ 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.

¹⁹ Prevention/Reunification Specialists facilitate meeting. These conferences are made available to families referred under the prevention referral process.

²⁰ Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family.

²¹ 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.

²² 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.

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

²⁴ Child Recruitment Biographies continue to be one component utilized for attracting families. In an effort to accurately describe the available children so that families can make an informed decision on whether their strengths can meet the child's needs, recruitment biographies are updated on an ongoing basis for all children.

- Adoptive parent support groups²⁵;
- 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; and
- Follow-up support services and liaison to adoptive families²⁶.

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 DCF, 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 abuse counseling. The CFS program shall ultimately reduce family risk factors related to child abuse and neglect, to ensure the safety, permanency and well-being of the child, and the preservation and stability of families.

Administration (.04% of the FFY 2019 Grant)

²⁵ 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.

²⁶ 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.

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

The table displays the specific details regarding the grant award.

Title IV-B Part II, PSSF	Actual Expend as of 9/30/19**	% of Actual Expenditures
Family Preservation	5,114,664.59	24.53%
Family Support	6,822,516.42	32.72%
Time Limited Family Reunification	4,173,161.99	20.01%
Adoption Promotion & Support	4,732,104.57	22.69%
Administration	8,501.47	0.04%
Actual Total Award	20,851,494.00	100.00%

**Grant Period 10/1/2017-09/30/2019

Populations at Greatest Risk of Maltreatment

DCF 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 383.14, 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 abuse history and patterns of use; or
- 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 abuse education;
- Home visiting through the child's age of 3 years; and
- 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 DCF. 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. Table 1 shows the number of families served by HFF. 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; and
- 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.

DCF 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 DCF 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. Last year, HFF's 38 community-based projects served 9,682 families and their 18,122 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 abuse 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 OCW and DCF'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 2012 Census Bureau shows Florida has a NAS rate of approximately seven cases per 1,000 live births. Florida's rate is higher than the national rate of 5.8 cases per 1,000 live births for the United States. Infants with NAS have longer hospital stays than healthy newborns without NAS. Mean hospital charges for NAS increased from \$39,000.00 in 2000 to \$53,400.00 in 2009. 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 [Opioid Use Dashboard](#) reports current NAS data statewide and by county.

Plans of Safe Care

DCF 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. DCF's integration of Child Welfare Substance Abuse and Mental Health has also focused on this population and includes a self-study completed in each region to analyze their local system of care's progress towards integration of services.

In order to provide additional statewide guidance and ensure infants and families affected by substance use receive the proper assessments and service intervention, DCF 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; and
- 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 DCF 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.

DCF recognizes it will take a well-coordinated effort from many partners to have an effective and sustainable system of care for this vulnerable population. DCF is continuing to review practice and use data analytics to inform training, policy development, and service provision. DCF 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 abuse, or withdrawal symptoms resulting from prenatal drug exposure must be referred for a developmental assessment at Early Steps.

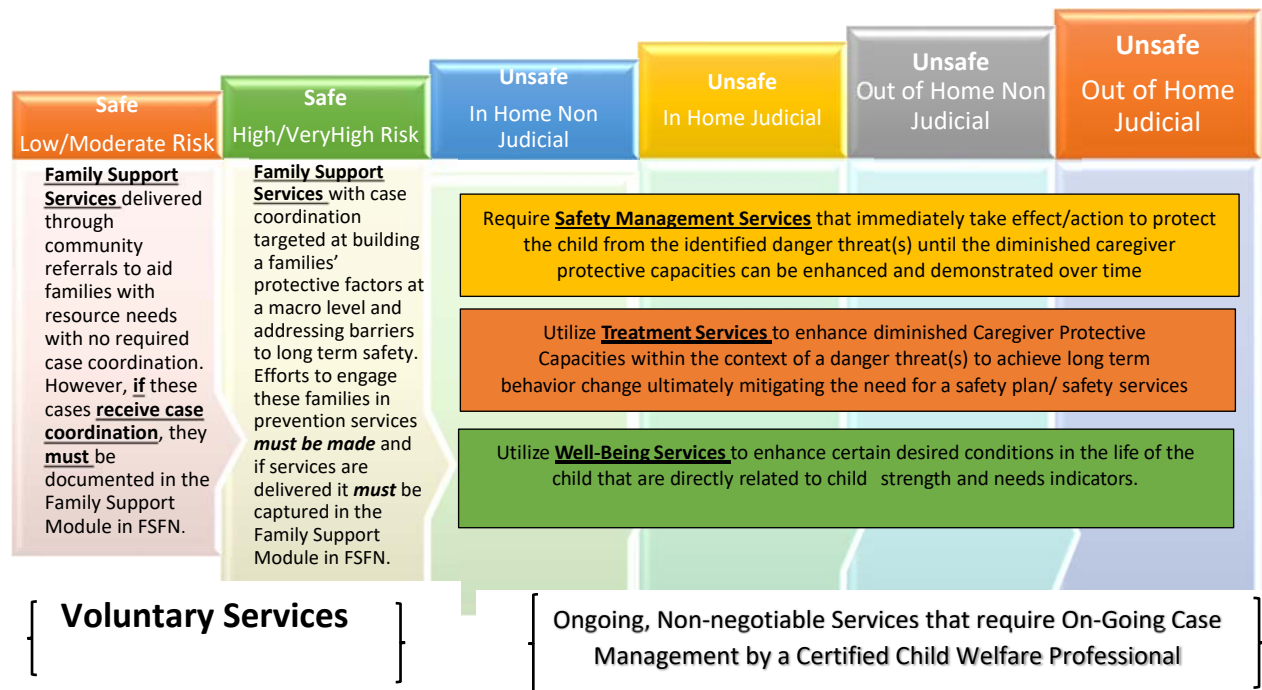
Florida Abuse Hotline: Assessment, Screening, and Special Conditions Referrals

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.” Special Condition referrals are accepted when a child needs services or supervision and there are no allegations of abuse, neglect or abandonment. Special Conditions include: Caregiver Unavailable, Child on Child Sexual Abuse, Foster Care Referral, and Parent Needs Assistance. In 2017-2018, the Hotline screened in 247,750 special conditions reports that were followed-up by the regions and CBCs. DCF’s procedures for Special Conditions are published in [CFOP 170-5, Special Conditions](#).

Family Support Services (32.72 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 at the end of an investigation. 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.



DCF utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of Family Support Services. DCF 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; and
- Assisting families with creating or strengthening family resource networks to enhance and support childrearing.

At local discretion, family support 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. DCF's procedures for outreach and family support services are published in [CFOP 170-4, Family Support Services](#).

Each CBC completed (as reported previously) a self-assessment of their family support service array. Based on the preliminary results, DCF identified a need for additional family support services throughout the state. A Request for Proposals for Enhanced Prevention Services for Child Welfare Clients was posted; DCF selected CBCs for the development of evidence-based prevention pilot programs. The pilot programs included an evaluation process to determine how pre-selected families, currently served by the family support programs at least nine months previously, demonstrate improved outcomes. DCF will use the results from the family support pilot program evaluation being conducted by the University of South Florida to inform future changes to policies or practice and efforts to expand to family support services.

DCF's COU [Onsite Monitoring Standards](#) include a comprehensive review of the local process for utilizing family support services and the adequacy of family support services.

Service Continuum

According to the [2019 Annual Performance Report](#), Fiscal Year 2018-2019, Florida's child abuse and neglect investigation rate has remained flat for a decade but far exceeds the national average. Florida is in the top 10 states in the nation for reporting by calculating children investigated per 1,000 children in the general population. Florida's child poverty rate of 21 percent for 2017 was 3.5 percent higher than the comparable national average of 17.5 percent. The 2019 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.

Florida's Practice Model

Prevention

- Efforts to Track and Prevent Child Maltreatment Deaths
- Populations at Greatest Risk of Maltreatment
- Family Support Services
 - Title IV-B, Part 1, Stephanie Tubbs Jones
 - Title IV-B, Part 2, 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; and
- 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 information 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 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 (not safe). 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.

Implementation of the Families First Prevention and Services Act (FFPSA) provides new opportunities to expand and strengthen prevention services and support the overall improvement of child welfare practice. DCF continued efforts to ensure that child welfare professionals are developed and supported to practice with fidelity to the safety constructs and skills associated with Florida's Child Welfare practice model. The relationship of these skills and constructs is included in each component of the service continuum, beginning with the discussion of Family Support Services. These constructs and skills are essential to prevent

unnecessary family disruption; reduce family and child trauma; interrupt intergenerational cycles of maltreatment; and build a well-functioning child welfare system.

Intake (Child Abuse and Neglect Statewide Hotline)

Table 2: Florida Abuse Hotline Data

Number of Reports	FY 2018-2019
Total Child Abuse Reports and Special Conditions Contacts	336,298
Total Child Abuse Reports and Special Conditions Contacts Screened-In	240,973
Total Investigations (Initial, Additional, Supplemental)	218,968
Total Special Condition Contacts	22,005

Source: FSFN BOE Reporting

Intake - Florida Abuse Hotline (Hotline)

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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 2018-2019. 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](#).
- 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.
- 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

The conclusion of the 2019 Legislative Session brought about changes in law with direct impacts to the Florida Abuse Hotline. All staff were trained and implemented the following changes in law associated with HB7099:

- If the report is of an instance of known or suspected child abuse, abandonment or neglect which occurred outside of the state and the alleged perpetrator and the child alleged to be a victim live out of state, the central abuse hotline may not accept a report or call for investigation unless the child is currently being evaluated in a medical facility in this state.
- DCF shall initiate an investigation when it receives a report from an emergency room physician.

The Hotline Training Division provided multiple face-to-face statewide community trainings with various stakeholders on the topic of Mandated Reporter Reporting Requirements. In total approximately 500 community stakeholders were trained.

Hotline implemented the 4 Disciplines of Execution with the Primary Wildly Important Goal (WIG) of Increasing Daily Operations Prevention Service Levels from 20% to 68% by June 2021; and, the Sub-WIG of Increasing the average number of quality preventive referrals provided to the reporting public from approximately 5% to 7% by June 2021.

To address the Hotline’s increasing counselor turnover rate, the Florida Abuse Hotline has instituted the following during FY2019-2020:

- Restructured the hotline counselor job advertisement from quarterly to continuous;
- Having overlapped pre-service training classes which begins approximately every-other month rather than quarterly;
- Became more visible in the community to prospective new hires by attending local University Career Fairs;

- Developed an internship program for soon to be college graduates. The goal of the internship program is to introduce soon-to-be college graduates to the Florida Abuse Hotline by providing hands on experience in our professional work environment; and, quickly transition to the hotline counselor position once they've earned their bachelor's degree.

To increase responsive to stakeholders reporting concerns of suspected abuse or neglect, the Hotline is working to enhance the on-line reporting process to allow the hotline to provide an emailed screening determination to the reporting party. This new process is to be implemented by June 2020.

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 Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database (current driver's history, license status, photos, signature);
- 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.

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 an CPI or case manager. DCF provides a comprehensive web page with information about [Background Screening](#).

Updates/Accomplishments for fiscal year 19-20:

- All planned placement results are reviewed in accordance with F.S. 39 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 FSN history searches for multiple reasons including employment and placement.
- Technicians began calling out Immediate reports 24hours Monday-Friday to assist counselors with being available for stakeholders trying to contact the hotline at a quicker rate.
- The Background Screening Helpdesk and the Crime Intelligence Unit merged to form a hybrid unit. The sharing of information has assisted in a better abandonment rate and over all knowledge base of all staff.

Child Protective Investigations

Table 3: Child Protection Investigations Data (FY 2018-2019)

Total Investigations (Initial, Additional, Supplemental)	336,283
Total Special Condition Contacts	22,004
Percent of Children Seen in 24 hours (DCF Standard is 90% or higher)	90.97%
Percent of Investigations Completed in 60 Days	97.93%
Number of children determined to be unsafe, the percent removed from home	52.5%
Number of children determined to be unsafe, the percent remaining at home with in-home safety plan	41.7%

Source: 2018 Annual Performance Report 2018-2019, October 2019

Table 3 shows the number of total investigations conducted in FY 2018-2019, 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, Florida Statutes, Rule 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 child safety 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 DCF’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 DCF 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(2), Florida Statutes:

- 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.

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 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 abuse 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 abuse;
- 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 in order to assess the harmful effects of the substance misuse to the user and to control for the imminent and direct effects of the parent/caregiver's active substance 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; and
- 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 abuse expert accompanying the investigator to the interview site when available, based on local protocols and working agreements.

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.

All children identified in the FFA-Investigations 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 or in licensed care. The least intrusive safety action is dependent upon the CPI answering 'Yes' to all five of the following questions:

- 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 at the completion 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 risks 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 planned to reduce risk of abuse or neglect.

Referral for Case Management and Treatment Services

When the CPI completes the FFA-Investigations 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, DCF 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)

Rule 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), 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 abuse 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; and
- 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. DCF's Quality Visit Guidelines and Quality Visit Tool address the core qualitative expectations for caseworker discussions with children, parents and caregivers. During the 2020-2024 plan period, DCF plans to develop guidelines for case worker conversations with children about parental substance use. Grant funds will be used to assist the Strategic 4 workgroup with plan activities to improve caseworker recruitment, retention and training. (See Chapter 3, Goal 3 plan.)

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

- 2018 requirement: 95 percent – Florida achieved 96 percent (261,888/271,687).

Florida exceeds 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.

- 2018: 99 percent (259,678/261,888).

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

- Children:
 - A face-to-face contact with the child 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 in licensed care or with a relative or nonrelative.
 - 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

Table 4: Children Served In-Home Protective Services

Of children investigated and determined to be unsafe, the number receiving services in the home	9,815 children end of month count on 3/30/2020
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Of children determined to be unsafe, the percent remaining at home with in-home safety plan	95.8% As of March 30, 2020
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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, DCF 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 in order to keep 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. 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. Many 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 DCF 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. Activities within Strategic Initiative 5 under Goal 4 in Chapter 3 and the state's training plan discuss the strategies to address these issues.

Family Preservation Services

DCF utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of family preservation services. DCF 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 abuse and domestic violence related services²⁷;
- Targeting services geographically in zip codes where there is an increased need.
- Use of the Family Team Conferencing Model²⁸;
- Creation of the Clinical Response Teams³;
- Home safety and maintenance activities;
- Use of Wraparound services⁴.

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 Goal 1, Strategic Initiative 1 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.

Time-Limited Family Reunification Services

DCF utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of time-limited reunification services. DCF 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

²⁷ Activities that provide families with needed information about community and statewide services and agencies that provide specific services and if necessary, provide referral information.

²⁸ 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.

³ Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote a healing and healthy growth towards the parent/child relationship.

⁶ 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.

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, 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; and
- 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).

DCF 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. Strategic Initiative 1 in Chapter 3 describes the progress for meeting the goals and objectives to increase the number and percentage of families and children who receive services in-home. Strategic Initiative 5 describes the strategies DCF will employ to improve the stability and practice proficiency of the case management workforce.

Out-of-Home

Table 5 shows the total number of children in out-of-care and setting types as of March 30, 2019. More information about the characteristics of children in care is provided in Chapter 6, Foster and Adoptive Parent Diligent Recruitment Plan.

Table 5: Children in Out-of-Home Care

Removal rate per 100 children investigated (1)	6.4
Children in out-of-home care as of March 30, 2019 (2)	23, 275
Percentage of children placed with approved relatives/non-relatives. (2)	49.39%
Percentage of children placed in licensed foster care (2)	37.81%
Percentage of children place in group care (2)	7.35%
Percentage of children in other settings	5.45%

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

DCF 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. DCF 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.

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 Service Array Workgroup, in collaboration with Casey Family Programs, was tasked with mapping the extraordinary conditions present in the lives of vulnerable children and families served by the child welfare system so that further capacity analysis could be completed. DCF extrapolated data sets from FSFN of all child removals in FY 2015-2017 to create child profiles of children served. Table 48 in Chapter 2 of the CFSP 2020-2024, description of Service Array, shows the identified well-being needs of children ages 0-5 in out-of-home care and the evidence-based and promising interventions that would best meet the identified needs of Florida's child welfare population.

The Service Array Workgroup conducted a further analysis to determine whether each CBC provided the identified evidence-based and promising interventions and funding sources. There is a substantial foundation of evidence-based and promising services across Florida and provided by each CBC for families with children 0-5 years of age. All CBCs reported needs for additional capacity in order to

meet the needs of all children served. Capacity building and expansion is the focus of ongoing objectives in Strategic Initiative 1.

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 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, 2020, 11,423 children with active cases in Florida's dependency courts were under the age of three when they were removed from their homes. Florida's ECC is currently serving 380 children across the twenty-five ECC sites throughout the state. The following data from Florida's Dependency Court Information System - 2014-2018 shows a comparison analysis of children served and non-served by the ECC:

- ECC children were placed in permanent homes more quickly than non-ECC children of the same age group (examples: average of 259 days (8.5 months) quicker to reunification with a parent; 230 days (7.5 months) quicker to permanent placement with relatives or non-relatives; 12 days quicker to adoption).
- Overall, ECC children attained permanency an average of 143 days quicker than non-ECC children.

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.

Strategic Initiative 4 in DCF's plan for 2020-2024 describes the collaboration that will occur with the Office of Court improvement to support expansion of ECC.

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 abuse. 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. A majority of families served by FIT Teams have children ages 5 and under. A core component of the FIT model is the integration of substance abuse, mental health, and child welfare services for families served. To be eligible to receive FIT services parents must be eligible for publicly funded substance abuse and mental health services and have a substance use disorder.

FIT program guidelines require the use of evidence-based and evidence-informed practices to treat substance abuse, mental health, and improve parental capacity, though do not mandate specific interventions to be used. Most providers reported practicing:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Dialectical Behavior Therapy was reported by eight providers.
- The parenting intervention models being used by most providers were Nurturing Parenting Program and Seeking Safety.
- Eight 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. DCF collaborated with the AHCA to establish a process for Medicaid-eligible parents with children temporarily in out-of-home care to retain their coverage. This policy, effective September 19, 2019, will be a significant help to parents of the 0-5 years old population who need access to publicly funded substance abuse treatment, including the services of FIT Teams. This initiative is addressed under Goal 1, Strategic Initiative 1.

Rapid Safety Feedback Reviews

Rapid Safety Feedback Reviews are an important tool for assessing front-end system casework for especially vulnerable children under the age of four years. A description of Rapid Safety Feedback Reviews (RSF) is provided in Chapter 2, Quality Assurance System. RSF reviews involve open investigations or case managed cases which are selected based on:

- the involvement children under the age of four;
- there is at least one prior investigation on any member of the household; and
- the current allegation is for substance misuse and family violence threatens harm.

Placement Matching

Multidisciplinary Team Staffings

The placement process established in [s.39.523, F.S.](#), 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.

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](#)).

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. Goal 2, Strategic Initiative 2 in DCF's five-year plan also addresses improvements necessary in the placement array.

Non-licensed Relative Caregiver and Non-Relative Caregivers

For many years DCF 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 for children in out-of-home care, as well as Medicaid. 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

DCF and CBCs share responsibility for licensing and recruitment. DCF 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 DCF's licensure specialists in the regions. DCF's licensure specialists review samples of files to ensure compliance with Florida Administrative Code.

The plan to address improved recruitment and retention is described in Chapter 3; CFSP Goal 2, Strategic Initiative 2, Placement Services Array; and in Attachment 1, Foster and Adoptive Parent Diligent Recruitment Plan.

There is strong alignment with National Model Licensing Standards. [CFOP 170-11, Chapter 12, Levels of Licensure \(January 2020\)](#).

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 1 licensure is a requirement for eligibility for the Guardianship Assistance Program implemented July 1, 2019.

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.

Group Care

The Group Care Quality Standard Workgroup, established by DCF in 2015, developed a set of core quality standards for Department licensed residential group homes to ensure that children receive high quality, needed services that surpass the minimum thresholds assessed through licensing. Subsection 409.996(22), Florida Statutes, requires DCF, in collaboration with the FICW, to develop a statewide accountability system for residential group care providers based on measurable quality standards. The accountability system will include:

- Promote high quality in services and accommodations, differentiating between shift and family-style models and programs and services for children with specialized or extraordinary needs such as pregnant teens and children with DJJ involvement.
- Include a quality measurement system with domains and clearly defined levels of quality. The system must measure the level of quality for each domain using criteria that residential group care providers must meet to achieve each level of quality.
- Consider the level of availability of trauma-informed care and mental health and physical health services, providers' engagement with the school that children in their care attend, and opportunities for children's involvement in extracurricular activities.

The FICW developed a project plan that consisted of six phases:

- 1) Development of core quality performance standards.
- 2) Development of a quality assessment tool.
- 3) Feasibility pilot.
- 4) Implementation pilot.
- 5) Statewide Implementation.
- 6) Full validation study and evaluation.

The group care quality assessment tool and process were piloted as a multi-dimensional, multi-informant assessment. The pilot version included three online forms completed by different groups of stakeholders including service providers, youth, and Department licensing specialists. The results of the pilot study support the feasibility of integrating the assessment into the state's re-licensure process and provided insights to guide the next phases of development.

Most recently, the Group Care Quality Standards Assessment (GCQSA) was successfully piloted statewide providing data for 238 licensed residential facilities. To date, the GCQSA has demonstrated evidence of internal consistency reliability and content, ecological, and factorial validity.

The final phases of validation will focus on construct validity and inter-rater reliability. Additionally, an outcomes development pilot study will focus on exploring potential outcomes measures to be used in conjunction with the GCQSA for Florida's residential programs. Together, these measures can be used to document and facilitate high quality and effective residential services. <https://ficw.fsu.edu/policy-analysis/quality-standards-residential-group-care>

DCF will also determine what modifications to the quality performance standards are necessary to align with FFSPA requirements in Section 5074(a):(481-487) for qualified treatment programs eligible for federal reimbursement.

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

DCF 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 DCF 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 in order 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.

DCF'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 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.

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 AHPA and AAICPC in the national implementation effort. Additionally, Florida supports further development and enhancement of the NEICE system.
- Provided ICPC trainings throughout the state to the judiciary, Guardians ad Litem, Department attorneys, protective investigators, Community-Based Care agency staff, and other interested stakeholders.

Future Plans

- Continue to be a part of the NEICE Project and serve on the technical team of the project. Florida will continue assisting AHPA 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 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.
- 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.
- A common concern relayed from the public is the amount of time it takes to initiate the ICPC process. The ICPC office will work with stakeholders to provide additional resources, training, and update procedures to assist with initiating the ICPC process at the time of shelter. Additionally, ICPC staff will continue communication with the general public to provide insight and transparency on the ICPC process.

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).

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 DCF prior to privatization that have been finalized in the state of Florida.

Post-Adoption Services Counselors

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

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

Adoption Competency

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

The use of evidence-based, evidence-informed, promising, and innovative practices in recruitment, orientation, and preparation of appropriate adoptive families, matching children with families, supporting children during the adoption process, and providing post-adoptive support.

Adoption Promotion and Support Services

DCF utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of Adoption Promotion and Support services. DCF 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 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 Galleries²⁹;
- Child Recruitment Biographies³⁰;
- Use of social media;
- Media blitzes targeting severely medically fragile available children; and
- 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 groups³¹;
- Counseling referrals;
- Post-adoption specialists;

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); etc. 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 essential to family resilience are social connections, knowledge of parenting and of child and youth development, parental resilience, and concrete support in times of need. 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

DCF, 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 2019 and October 2019. Overall, participants reported that their CBC Lead Agencies excelled in three areas:

- the timely completion of the adoption home study,

²⁹ Traveling photographic exhibit created to find forever families for children in foster care.

³⁰ 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.

³¹ 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.

- offering transparency during the adoption process,
- and responsiveness to questions.

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

- post-adoption services/supports, and
- the assistance in accessing post-adoption services/supports.

Post-Adoption Support Surveys

DCF, in conjunction with the CBC Lead Agencies conducted a Post Communication Survey between August 2019 – October 2019, 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: assistance with coordination of services and assistance with behavioral health services.
- All respondents reported that providers of services understood their needs.
- The top service that respondents tried to access but were unable to receive was mental health treatment.
- The major reason for services desired but not available was that there was no provider in the area.
- Prospective Parent and Post-Adoption Surveys are included in Appendix D.

Inter-country Adoptions

Currently, there are approximately 10 private agencies that handle international adoptions in Florida. DCF does not monitor the number of inter-country adoptions completed. If the child of an international adoption is determined to have special needs according to Florida’s definition of special needs, the adoptive family would be eligible for post-adoption services provided by the staff of the CBCs.

When a child from an international adoption is removed due to abuse, abandonment or neglect, the child and family receive the services in order to help the child and family remain safe; and services are provided to assist with reunification efforts. The CBCs self-report these numbers to DCF and DCF annually assesses the types of maltreatments and statuses of these cases. DCF receives two to three reports of international adoptees removed due to abuse, abandonment or neglect per year. Due to infrequency of such reports, DCF 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 the majority of the adoption savings to support adoption services, post adoption services, and post guardianship services, while remaining funds are used for prevention services.

DCF’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 five of the last six 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 3,500 adoptions annually. DCF 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.

DCF’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 2018-2019 DCF provided services to 4,316 youth between the ages of 13 and 17 residing in an out-of-home care placement. All of 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 that are 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 2016-2017	FY 2017-2018	FY 2018-2019
Total number of youth ages 13 to 17 in out-of-home care (end of month counts)	4,362	4,495	4,316
Number of youth ages 13 to 17 in relative/non-relative settings (end of month counts)	1,507	1,618	1,563
Number of youth ages 13 to 17 in group care (end of month counts)	1,383	1,342	1,233
Youth turning 18 while in foster care (end of month counts)	945	969	816

	FY 2016-2017	FY 2017-2018	FY 2018-2019
Youth age 16 and older who were adopted (potentially eligible for PESS) ³²	123	74	82
Youth ages 16 and older whose cases were closed to guardianship (potentially eligible for PESS) 1	318	210	186
Number of young adults receiving EFC (end of month counts)	1,437	1,304	1,337
Number of young adults receiving PESS (end of month counts)	1,541	1,318	1,217
Number of young adults receiving Aftercare Services (end of month counts)	419	398	435
Unduplicated total number of young adults receiving ECF, PESS, Aftercare (end of month counts)	2743	2,574	2284

Source: FSN

Program Oversight and Monitoring

The Chafee program is administered by DCF through contracts with Community-Based Care (CBC) lead agencies. All CBC contracts include requirements to administer all services in accordance with federal guidelines, Florida Statutes, and Florida Administrative Code. Florida has highly structured statutory requirements for Extended Foster Care (EFC), Postsecondary Education Services and Support (PESS), and Aftercare Services establishing client eligibility, standards of progress, payment disbursement, and payment amounts, as well as due process and appeals. Requirements in Florida Administrative Code further detail the framework for how the array of Independent Living services is administered, including application and discharge procedures, transition planning, and documentation requirements.

As described in Chapter 2, Assessment of Performance and Progress to Improve Outcomes, systemic factor of Quality Assurance System, DCF has established a Contract Oversight Unit (COU) which uses a comprehensive process for monitoring CBC contract performance. The COU began conducting onsite monitoring using [Standards for Systems of Care](#) in SFY 2016-2017. The Standards include an in-depth assessment of services provided for transitioning youth and young adults, addressing two overarching issues:

- The CBC, either directly or through a sub-contractor, ensures there are specialized staff to provide services that support youth 13-17 and eligible young adults 18-23 during their transition to adulthood.
- The CBC, either directly or through a sub-contractor, ensures there are adequate placements and support for young adults who move to the extended foster care program.

The COU review team conducts a Leadership Roundtable, Independent Living/EFC Supervisor Interviews, and Independent Living/EFC Case Manager Interviews using a standard set of questions published in the Standards for Systems of Care designed to learn about the local system of services and supports for youth and young adults. The review team explores other elements, for example:

³² The number of youth who became potentially eligible for PESS based on their discharge from care at ages 16 and 17 to Adoption or Guardianship and having lived in licensed care for at least six months within the 12 months preceding their placement or adoption over the last two SFYs. SFY 2017-2018 totals for this category reflect a method of calculation that represents only those youth assigned to a CBC. This change accounts for any variation in data previously published.

- Have new placements been developed?
 - Apartments,
 - Negotiations with group care providers,
 - Housing support
- Have new supports been developed?
 - Supportive/transitional housing (onsite or frequent supervision)
 - Mentoring connections
 - Lifetime connections
 - Educational support
 - Job placement or supports
 - Financial management support and/or education
 - Behavioral health resources/supports
- What tools are used to assess?
- What tools are used to train?

All [CBC Contract Monitoring Reports](#) are posted on the Center for Child Welfare (Center).

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 Independent Living programs, client eligibility, payment calculations, payment disbursement requirements, payment amounts, as well as rights of a client to appeal a denial or termination of services.

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

Subsection 409.145(2), Florida Statutes, establishes requirements that caregivers (foster parents and group home providers³³) participate in all case planning activities, including life skills development, and that caregivers ensure that all children in their care between the ages of 13 and 17 learn and master independent living skills. Per subsection 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.

Transition plans are developed in collaboration with the child and caregiver and any other individual whom the child would like to include and these plans may be as detailed as the child chooses. These plans are designed to supplement standard case planning activities and are subject to court review. The activities addressed within these plans must provide specific options for the child to use in obtaining specific services and required items that must be covered by the plan include issues associated with housing, health insurance, educational attainment, and workforce support and employment services. The plan must also consider establishing and maintaining naturally occurring mentoring relationships and other personal support services. This transition plan must also include the required discussion about health care decisions and offer

³³ Per 409.145(3), Florida Statutes, "Caregiver" includes a person with whom the child is placed in out-of-home care or a designated official of a licensed group care facility. In the Department's system of care, "out-of-home care" usually includes both licensed care such as family foster homes and residential group homes, and unlicensed care such as relative/kinship.

to the child the ability to create a health care surrogacy document (as required by the Fostering Connections Act).

Subsection 39.701(3)(a)4, Florida Statutes, requires a judicial review within 90 days after the 17th birthday of a youth in out-of-home care. At that review, a report must be submitted to the court detailing what steps have been taken to inform the teen of Independent Living programs and services. Subsection 39.701(3)(d)4, Florida Statutes, requires that the issue of Independent Living service eligibility be addressed for a second time at the last judicial review prior to the young adult reaching the age of 18 and the child affirm that they understand they are aware of their service eligibility and how to apply for services should they choose to do so.

Young adults who at the age of 18 were in the legal custody of DCF 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. Section 409.1452, Florida Statutes, also requires that DCF begin the process of working with the Florida Board of Governors, the Florida College System, and the Florida Department of Education to establish academic support systems. These systems are to provide a comprehensive support structure that helps assist children and young adults who choose to attend college with the opportunity for successful transition from the foster care system to a publicly supported postsecondary educational program. All Florida public postsecondary institutions have the ability to engage former foster care youth in campus based academic support services, intended to improve former foster care student retention and graduate rates.

Youth Involvement and Voice

A strength that helps to drive youth participation and engagement is the state's strong connection with youth advocacy groups and organizations. Florida continues to engage with four primary organizations that help to support the engagement and provide a voice to youth, service providers, and advocates.

The **Independent Living Services Advisory Council (ILSAC)** is an asset for the youth in Florida and for the agencies that serve them. The council represents a collaborative with youth, foster parents, executive agencies, advocate attorneys, and child welfare service providers. The council members provide guidance and help to improve services in a non-adversarial and supportive manner. 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 DCF and the CBCs to improve service delivery.

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 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 DCF'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. FYLA is for youth involved with Florida's child welfare system who meet the eligibility criteria. The 20 FYLA mentees that make up the Class of 2019 are 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, Supreme Court, and college campuses across Florida. Each FYLA class concludes with a graduation ceremony during the annual Child Protection Summit.

Champions for Tomorrow's Leaders (C4TL) program is a newly implemented initiative that began in September of 2019. The mission of C4TL is to support youth who are placed in group care or a licensed foster home by building healthy relationships, advocating alongside of them, and actively engaging and supporting their positive endeavors. Over 80 Department leadership staff, referred to as Champions, have been paired with a youth who has demonstrated a desire to connect with someone in a leadership role who serves as an advocate and supporter. Throughout the program year (September 2019-September 2020), the champion will spend up to one hour per month over 12 months connecting and communicating with the youth.

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.

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.

National Youth in Transition Database (NYTD) Survey Administration

DCF continues to contract with Cby25® Initiative, Inc. (Cby25®) to administer the federally required 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 the independence and stability, measuring outcomes relevant to health, housing and transportation, education, employment; and involvement with the Juvenile/Criminal Justice System.

The COU plans to incorporate data from NYTD into future on-site monitoring reviews to strengthen the assessment of:

- services that support youth 13-17 and eligible young adults 18-23 during their transition to adulthood.
- 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. Otherwise, the system must ensure that the foster or relative family caring for the child provides the loving, committed, skilled care that the child needs, while working effectively with the system to reach the child's long-term goals.

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. DCF 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.

Section 409.145, Florida Statutes, requires that all life skills training for current foster care youth ages 13 through 17 be identified and developed by the child, case manager and the child's foster parent or group home provider utilizing collaborative case management to develop an individualized plan. Identified needs are then documented and the training associated with the needed life skill is conducted via an "in-the-home" training model that is delivered by the child's foster parent or group home provider. This approach is designed to create a more normal and organic format for the development and acquisition of necessary life skills in comparison to more traditional classroom and test-based life skills acquisition programs.

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.

Services for youth 13-17 years of age

For youth 13-17 years of age, the child welfare professional responsible is expected to have a monthly conversation with the caregiver responsible and the youth to discuss life skills needs. The caregiver is expected to provide life skills activities and opportunities that are consistent with the youth's age and needs.

Subsection 39.701(3)(a)4, Florida Statutes, requires a judicial review within 90 days after the 17th birthday of a youth in out-of-home care. At that review, a report must be submitted to the court detailing what steps have been taken to inform the teen of independent living programs and services, including the Road to Independence (RTI) program and Extended Foster Care (EFC), including program requirements and benefits, and the tuition fee exemption. The report must describe the youth's plans for living arrangement 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.

Subsection 39.701(3)(d)4, 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 up to the age of 21 years are eligible for Medicaid 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. Used for services or supplies that the youth could use for 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 23 years of age

Three categories of independent living services are currently available in Florida for young adults ages 18-23, including:

- Extended Foster Care (ages 18-21)
- 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; or
- Unable to participate in programs or activities listed above on a full-time basis due to a physical, intellectual, emotional, or psychiatric condition that limits participation.

By offering young adults the option to enter extended foster care, it is 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.

EFC gives eligible young adults the option of remaining in foster care until the age of 21 or until the age of 22 if they have a qualifying disability. Eligible young adults may also choose this option while pursuing postsecondary education. In EFC, young adults receive standard case management visits, case planning, transition planning, monitoring of life skills development, and judicial oversight as required. Florida's EFC is funded through Title IV-E but can be supplemented with state funds. State funds can pay room and board and may pay for other allowable expenses, such as child care for young adults who are parenting, clothing for work or school, computer and other school supplies, and other essential services needed to support the young adult's transition.

[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 \$1,256 which 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 DCF and who have spent a total of six months in licensed out-of-home care; OR
- Who were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption; AND
- 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; and
- Signed an agreement to allow DCF 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.

Eligible young adults 18-22 (not yet 23) years of age in PESS receive \$1,256 per month and other supports necessary to become self-sufficient. After the initial application process, eligibility requires that these students are enrolled in nine credit hours or the vocational equivalent; and if meeting academic progress per the Florida Bright Futures educational institution, the students may continue to receive the assistance. Some exceptions to credit hours and progress may apply for those students with a diagnosed disability or other recognized challenging circumstance.

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 just to complete secondary education; others need to work to supplement the financial assistance; and others are parenting one or more 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: 2018-2019 School Year (July 1, 2018 to June 30, 2019)	833	353
2019-2020 School Year* (July 1, 2019 to June 30, 2020)	887	243

*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Aftercare Services

To be eligible for aftercare services, a young adult must have reached the age of 18 while in the legal custody of DCF, 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. Services may include mentoring, tutoring, mental health, substance abuse, counseling, and financial assistance. 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 abuse counseling;
- Life skills classes, including credit management and preventative health activities;
- Parenting classes;
- Job skills training;
- Counselor consultations;
- Financial literacy skills training; and
- Temporary financial assistance for necessities, including but not limited to, education supplies, transportation expenses, security deposits for rent and utilities, furnishings, household goods, and other basic living expenses.

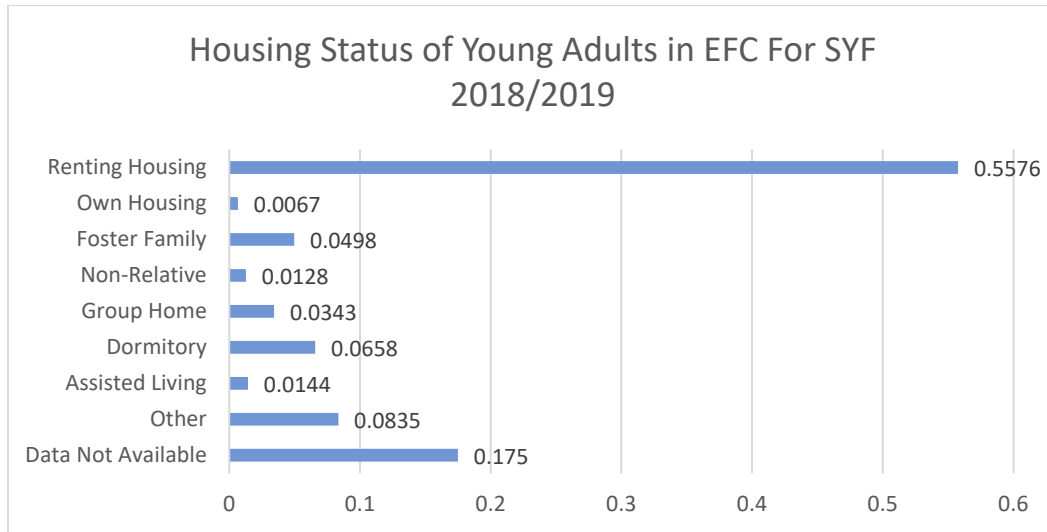
Housing (Living Arrangements)

DCF and the CBCs also track and monitor the data relevant to housing for young adults receiving independent living services. DCF 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: FSN

U.S. Department of Housing and Urban Development Awards

The Community Based Cared (CBC) agencies here 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.

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 that took advantage of 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. Oct/Nov 2019 HA of Brevard County Melbourne \$14,854 (Brevard Family Partnership)
- e. January 14, 2020, Florida Palm Beach County HA West Palm Beach got \$141,805 (ChildNet)
- f. March 2020 Florida HA of Alachua County Gainesville got \$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. With this initiative, the Florida Housing Finance Corporation administers the state affordable housing trust fund, providing 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 and allows the young adults the opportunity to rent with the developer prior to reaching out to the public. Currently, we have seven CBCs who are participating in the housing initiative statewide.

During this last legislative session, House Bill 1339 was passed to allow the Department to partner again with Florida Housing to provide funding to newly developed rental structures for our independent living population. The Office of Child Welfare continues to partner with Florida Housing throughout this initiative to ensure the program benefits our young adults.

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). DCF 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 any and all benefits and funding which any child, tribal or not, would be eligible to receive. In DCF'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

DCF supported young adults with Chafee funds in the PESS and Aftercare programs. DCF continues to mentor youth through the FYLA program and ongoing community partnership. DCF continues to conduct annual IL trainings in the summer, in addition to trainings at the Dependency 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) 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.

DCF takes part in monthly calls, quarterly meetings, and strategy meetings with youth and statewide mentors from Florida Youth SHINE. 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. DCF continues to meet with this group 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, DCF 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.

DCF has also been working to improve support for our youth and young adults in our system of care. Some areas in which DCF has collaborated with other child welfare professionals include:

Strategy Calls

The development of this call is to enhance communication with the child welfare professionals working with youth and young adults and share strategies for delivering services. These calls are supplemental to the Independent Living Statewide Calls with the goal to continue streamlining valuable information to the child welfare community that will be provided and benefit the youth and young adults.

Quality Standard Workgroup

The Florida Coalition for Children (FCC), in collaboration with the Department of Children and Families (DCF), 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.

Quality Standard Tool

Florida is in the initial phases of developing a statewide quality standards tool for Independent Living Case Managers and child welfare professionals. The tool will be designed to ensure that the IL staff are providing consistent and quality service to our young adults in PESS, EFC, and Aftercare. DCF has incorporated the FCC in its efforts of developing this tool and seeks to incorporate young adults.

Addressing Needs of Crossover Youth

Department and DJJ have worked diligently over the past four 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 the DJJ and DCF. Youth with an open case simultaneously with the DJJ and DCF are referred to as dually-served youth.

Since the beginning of the current FY through 3/31/2020 (March is the most current report posted in the Webs Systems Portal) the total number of unduplicated dually served youth is 1,802. Duplicated numbers for the past 9 months is 9,310 youth. The data source for dually served youth is a monthly DCF and DJJ data match. The reporting population is defined as youth with an open case simultaneously in DCF 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.

DCF/DJJ partnership established provides an important foundation for the next several years as DCF 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 youth in the juvenile justice system.

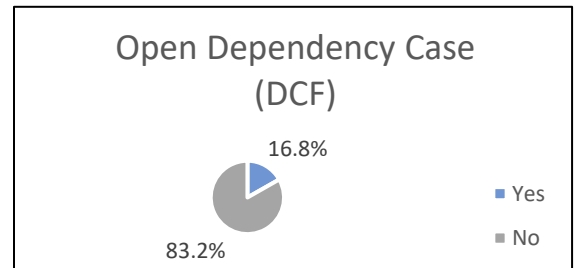
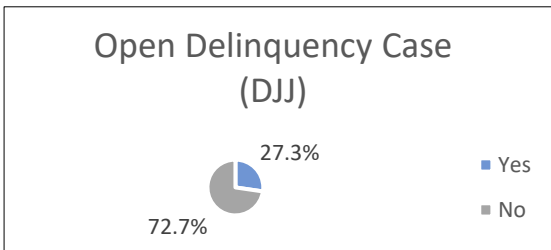
Additionally, DCF has entered into an updated Memorandum of Understanding (MOU) for 2017-22 titled the Interagency Agreement to Coordinate Services Served by More than One Agency. The eight-child serving agencies who have signed onto this MOU include Agency for Health Care Administration, Agency for Persons with Disabilities, DCF, 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, F.S. DCF 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 DCF. Since February 2018, each Review Team is tasked with staffing youth cases and entering the staffing data into Survey Monkey. Each month, the data gets rolled up into a detailed report and shared back with the leads, Crossover Champions, and Department and DJJ Leadership. Summation reports are also completed on a 6-month, annual basis and 18-month basis.

The data below represents review teams that occurred at the Local, Regional, and State Review Teams between July 1, 2018 through December 31, 2019.

Review Team Type	
Local Review Team	88.9% (1,104)
Regional Review Team	6.9% (86)
State Review Team	4.2% (52)
Total Responses: 1,242	

Staffing Outcome	
Pending	61.3% (722)
Resolved	36.8% (433)
Referred Up*	0.5% (6)
Referred Down	0.2% (2)
Other	1.5% (15)
Total Responses: 1,178	
*Local gets referred to Regional, and Regional gets referred to State.	

Circuit Where Staffing Occurred*	
C1: 3.9% (48)	C11: 5.1% (62)
C2: 1.8% (22)	C12: 7.8% (95)
C3: 4.5% (55)	C13: 3.1% (37)
C4: 2.9% (35)	C14: 2.0% (24)
C5: 14.8% (180)	C15: 1.2% (15)
C6: 4.3% (52)	C16: 2.8% (34)
C7: 5.7% (69)	C17: 3.1% (37)
C8: 4.9% (60)	C18: 5.3% (64)
C9: 3.1% (37)	C19: 2.2% (27)
C10: 13.5% (164)	C20: 8.0% (97)
Total Responses: 1,214	
*Local (and county- removed late 2018) Review teams are only counted here. Regional and State Review Team staffings are excluded.	



The average age of reported youth staffings was 14.3 years old (*Total Responses: 1,199*). 59.9% (718) of the cases staffed were males and 39.7% (476) were females. 0.2% (2) identified as other (*Total Responses: 1,196*).

38.8% (461) were lockout/abandonment case staffings and 61.2% (727) were not lockout/abandonment case staffings (*Total Responses: 1,188*). Of the lockout/abandonment staffings, 78.1% (360) were able to be diverted by the staffing and 21.9% (101) were not able to be diverted (*Total Responses: 461*).

Of the 202 youth with an open dependency case, 30.7% (62) were placed in-home and 69.3% (140) were placed out-of-home (*Total Responses: 202*). 45.5% (540) responded that the case had been previously staffed and 54.5% (648) responded that the case had not been previously staffed (*Total Responses: 1,188*).

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).
- Department/DJJ continues to maintain a Headquarters' Crossover Team to:
 - Facilitate quarterly calls with Crossover Champions;
 - Respond to technical assistance or training needs of Crossover Champions with webinars or other methods as appropriate;
 - Utilization of a Crossover SharePoint page, using a cloud-based approach to information-sharing among Crossover Champions and additional relevant parties;
 - 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.

Through contracts with Devereux (Central Region), Children's Home Society (Suncoast Region), and National Youth Advocate Program (Northeast Region), DCF continues to implement three specialized treatment programs for potential or dually served youth and their families. The providers engage families and youth with serious emotional and/or behavioral issues to divert them from residential congregate care (group home, juvenile detention, and residential commitment) and stabilizing them to live successfully in the community. These specialized treatment programs are intensive, community-based wrap-around approaches. The USF is conducted an evaluation of this pilot with the final report submitted on June 30, 2019. The findings from this evaluation revealed challenges in collecting data from the three providers due to different definitions being utilized for discharge, successful discharge, and type and frequency of treatment services utilized for youth and families. Additionally, the other challenge in comparing the three programs was that all three providers used an array of different assessment and discharge tools. This prevented accurate cross-comparison of outcomes from December 2017 to April 2019. In July 2019, DCF developed a standardized tracking tool for further information gathering.

USF's evaluation report for data between December 2017 through April 2019:

USF Report Measures	Devereux	CHS	NYAP
Total number enrolled (since December 2017)	123	74	57
Total number discharged (as of April 2019)	56	54	41
Referral source			
DCF	28.7%	32.9%	57.9%
DJJ	18.1%	24.7%	38.6%
Other	53.2%	42.5%	3.6%
Race/ethnicity			
Black	45.7%	31.1%	70.2%
White	17.1%	50.0%	24.6%
Other	37.2%	18.9%	5.4%
Gender			
Male	48.9%	77.0%	57.9%
Female	51.1%	23.0%	42.1%
Age (mean)	15.1%	14.9%	15.3%
Days enrolled (mean)	158.7	95.6	143.6
Completed treatment or other successful discharge	21.5%	61.1%	40.0%

Department data collection from August 1, 2019 through January 31, 2020:

Outcome Measures	Devereux	CHS	NYAP
Total Number of Youth who Began Services	20	12	6
Total Number of Youth Discharged	9	14	7
Total Number of Youth Successfully Discharged	7	12	5
Percentage of Successfully Discharged Youth (<i>Successfully Discharged/Total Number Discharged</i>) X 100	78%	86%	71%
Total Number of Youth with DCF and DJJ Involvement*	1	7	4
Total Number of Youth with only DCF Involvement*	7	2	3
Total Number of Youth with only DJJ Involvement*	2	3	5
Total Number of Youth with either DCF nor DJJ Involvement*	10	0	0
Number of Successfully Discharged Youth who Remained at the Same Level of Care at Discharge	1	12	5
Number of Successfully Discharged Youth who were Placed in a Lower Level of Care at Discharge	5	same	0
% of Successfully Discharged Youth who Were Placed in the Same or in a Lower Level of Care at Discharge	86%	100%	100%
Number (and %) of Successfully Discharged Youth who Remained at the Same or Lower Level of Care 3 Months Post-Discharge	5 (83%)	97%	3 (100%)

Number (and %) of Successfully Discharged Youth who Remained at the Same or Lower Level of Care 6 Months Post-Discharge	No reported data	98%	6(100%)
Number (and %) of Successfully Discharged Youth who Remained at the Same or Lower Level of Care 12 Months Post-Discharge	No reported data	98%	1 (100%)
Number (and %) of Successfully Discharged Youth with No New DJJ Violations or Criminal Charges at 3 Months Post-Discharge**	7 (100%)	97%	3(100%)
Number (and %) of Successfully Discharged Youth with No New DJJ Violations or Criminal Charges at 6 Months Post-Discharge**	No reported data	98%	6 (100%)
Number (and %) of Successfully Discharged Youth with No New DJJ Violations or Criminal Charges at 12 Months Post-Discharge**	No reported data	98%	1 (100%)
Number of Lockout Cases Prevented	20	0	12
Optional: Number (and %) of Successfully Discharged Youth who are Enrolled in School or a Vocational Program or Who are Employed at 3 Months Post-Discharge	7 (100%)	97%	3 (100%)
Optional: Number (and %) of Successfully Discharged Youth who are Enrolled in School or a Vocational Program or Who are Employed at 6 Months Post-Discharge	No reported data	98%	5 (84%)
Optional: Number (and %) of Successfully Discharged Youth who are Enrolled in School or a Vocational Program or Who are Employed at 12 Months Post-Discharge	No reported data	98%	1 (100%)

*When services initiated for that youth in the quarter.

**Dispositions are not counted as NEW charges or violations. i.e.- If a youth had pending charges when they began services with and then 2 months later, were adjudicated delinquent, this would NOT count as a new DJJ charge due to pending disposition.

A simultaneous initiative developed and implemented by the OCW over the same time-period also reported in the APSRs is restorative practice expertise and capacity-building. Restorative practice is a proactive, prevention-oriented approach to help youth develop healthier relationships, build social capital and responsive skills, heal from past harm and trauma, and provide opportunities to address conflict through restorative justice conferencing. The OCW provides ongoing training and technical assistance on restorative practices to group care providers to build their capacity.

Human Trafficking

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

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

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 DCF 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. DCF has participants on all task forces and takes a leadership role on most of these task forces. This allows for DCF 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.

DCF human trafficking manager maintains close collaborative working relationships with counterparts from the Attorney General's Office, DJJ, DOH, and the DOE. Collectively these agencies are continuing to build and implement agency strategic plans in human trafficking prevention and a coordinated statewide response. Examples of collaborative projects include school human trafficking awareness trainings for both school personnel and students; evaluation of human trafficking as a public health issue through review of national conversations around the topic; and participation on the Interagency Workgroup on Human Trafficking. Two research projects were completed in partnership with outside research institutes over the course of 2019. The Florida Institute for Child Welfare completed an initial validation study of Florida's Human Trafficking Screening Tool and submitted their report to DCF in August 2019. In April, the Journal of Human Trafficking published a report by DCF and RTI International entitled *Child Labor Trafficking within the US: A First Look at Allegations Investigated by Florida's Child Welfare Agency*.

DCF served as a training resource for multiple stakeholder groups and completed trainings in 2019 with the following groups: child welfare, legal, law enforcement, dental hygienists, medical professionals and school personnel. The Human Trafficking Unit also presented at multiple national conferences on Florida's child welfare efforts to address human trafficking.

DCF human trafficking unit staff has coordinated with DCF licensing unit staff to ensure compliance with the new required standards of the Family First Prevention Services Act (FFPSA) as it relates to safe houses, safe foster homes and at-risk homes. There are currently seven licensed female Commercial Sexual Exploitation of Children (CSEC) juvenile safe house programs and one male CSEC juvenile safe house program in Florida. DCF human trafficking unit staff provide continual support to these entities, including connecting them with providers and experts in licensing, cultural competency, and service delivery for CSEC victims, as well as how to build capacity.

DCF utilizes a collaborative approach to address several of the challenges and needs in human trafficking identification and response mechanisms. DCF 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, DCF 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 DCF on a variety of issues as requested.

DCF will continue to provide the following activities:

- Host meetings with providers who provide residential services to human trafficking victims. DCF connects the residential providers with licensing and placement staff in regional offices and CBCs. DCF 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 abuse 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.

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 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. DCF'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 Florida's Center for Child Welfare website (The Center). In DCF'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 case planning services of the Seminole Tribe of Florida (STOF) Family Services Department handles credit reports for tribal children. The Miccosukee Tribe provides case planning services to its own children; DCF has not received specific information as to whether that includes credit reports. DCF 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.

DCF is responsible for child protective investigations for the tribes. Each area of the state has staff serving as ICWA liaisons. DCF'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. DCF amended and published its operating procedures on January 14, 2020.

Florida continues to work in collaboration with the state's two federally recognized tribes, the STOF and the Miccosukee Tribe of Indians of Florida, by maintaining and encouraging ongoing contact, support, staff interaction, and opportunities for the tribes to participate in statewide initiatives and training. A third tribe, the Poarch Band of Creek Indians (a federally recognized tribe from Alabama with a reservation located close to the Florida - Alabama border), also is included in DCF's outreach efforts. All three tribes are invited to participate in the annual statewide Dependency Summit.

DCF's point of contact along with special projects administrator of the Seminole Tribal Court convenes regularly scheduled conference calls every two months to discuss issues, such as upcoming trainings, 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, and Tribe Liaisons.

Based on discussion between DCF and the STOF, there is agreement that a mutual goal for 2020-2024 CFSP is to execute the draft Statewide Memorandum of Agreement (MOA). Once the MOA is executed representatives of the STOF and DCF 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 DCF with ongoing, regular communication involving the circuit ICWA specialists to identify ongoing practice challenges and solutions.

Pending the signing of the MOA, DCF provides, 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 DCF 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.

DCF, 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 2021.

DCF 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 developed a 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.

DCF has welcomed the Seminole tribe to engage in active workgroups for suitability assessments for placement of children in residential care and Strong Foundations as a representative for the tribe on the stakeholder advisory team.

The Seminole tribe has a 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.

Even though the Miccosukee tribe has undergone recent employee changes, DCF continues to extend an invitation as efforts to ongoing collaboration in order to maintain communication. In January 2020, Community Based Care Lead Agency, Embrace Families, extended an invite for the Miccosukee Tribe of Indians of Florida to participate in the Strong Foundations project.

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

Natalie Gomes, Head of the Tribal Program

Center for Behavioral Health
3006 Josie Billie Avenue
Hollywood, Florida, 33024

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

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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 B).

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 Florida Department of Children and Families, with primary support from the Office of Child Welfare, continues to be the lead agency designated to administer the Child Abuse and Prevention and Treatment Act grant funds. The Child Welfare Program Office is also the designated lead agency for the Community-Based Child Abuse Prevention (CBCAP) federal grant and the Children's Justice Act (CJA) grant. This oversight affords technical assistance for the implementation of evidenced-based and other effective practices and for the development of systemic approaches to outcome improvement at both the state and local community levels.

This continuity in lead agency designation facilitates and promotes achievement of the following defined statewide objectives:

- Prevent children from experiencing abuse or neglect.
- Ensure the safety of children through improved investigative processes.
- Ensure the safety of children while preserving the family structure.

CAPTA Activities and Accomplishments

Overview

The Department of Children and Families continues its commitment to the prevention of abuse, neglect and abandonment by implementing strategies that support goals for all levels of prevention (primary, secondary and tertiary).

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, DCF 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 DCF 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, DCF 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, if applicable.

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.

Statewide and pilot projects focus on public awareness and community education initiatives, training for professionals, and support of statewide resources for family violence prevention.

Collaboration

PART C

The Child Abuse Prevention and Treatment Act (CAPTA) has a significant requirement for States to have provisions and procedures for the referral of children under the age of three who are involved in substantiated cases of child abuse or neglect to early intervention services under Part C of the Individuals

with Disabilities Education Act (IDEA) [42 U.S.C. 5106a, Sec. 106(b)(2)(A)(xxi)]. Florida has defined “substantiated” as any case with verified findings of child abuse or neglect.

The Department of Health (DOH) is the state’s lead agency and has the primary responsibility of delivering services under Part C in Florida. However, there are activities and services where collaboration between the Department of Children and Families and the Department of Health is essential.

Florida’s Early Steps program is designed to ensure that children under the age of three who are involved in substantiated cases of child abuse or neglect and are potentially eligible for early intervention services are referred for assessment and potential services.

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 DCF 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.

Citizen Review Panels

In response to the CAPTA requirements, as required in 42 U.S.C. 5106a, Section 106 (c)(6), DCF has designated Citizen Review Panels. Each of these meets the requirements of the Child Abuse Prevention and Treatment Act. The currently designated panels are:

- Independent Living Services Advisory Council;
- Florida Child Abuse Death Review Committee; and,
- Florida Faith-Based and Community-Based Advisory Council.

Independent Living Services Advisory Council (ILSAC)

The Independent Living Services Advisory Council (ILSAC) is legislatively mandated under s. 409.1451(7), Florida Statutes. The ILSAC functions include reviewing and making recommendations concerning the implementation and operation of the independent living transition services, but also touch upon many broader aspects of foster care.

Council members have a variety of experiences and are from diverse backgrounds, including former foster care young adults. The 40-member panel meets quarterly. Each year, the council prepares and submits an annual report to the Florida Legislature and the Department of Children and Families on the status of the services being provided, including successes and barriers to these services. The annual report provides recommendations for improvements to the services for Florida's children and young adults.

These reports are available at: <http://www.myflfamilies.com/service-programs/independent-living/reports>.

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 s. 14.31, Florida Statutes. The Florida Faith-Based and Community-Based Advisory Council exists to facilitate connections to strengthen communities and families in the state of Florida. The Council is charged to advise the Governor and the Legislature on policies, priorities and objectives for the state's comprehensive efforts to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law.

The Advisory Council website can be found at: www.flgov.com/fbcb.

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.

DCF 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 involve 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), including through telecommunication devices for the deaf and hard of hearing; by fax; and electronically via DCF's internet website.

Florida Abuse Hotline counselors assign response times (Immediate or 24-hour) to reports based upon the assessment that the child's immediate safety or well-being is threatened. 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 DCF 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.

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

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 placement option for a child upon removal from his or her home, they must contact the Florida Abuse Hotline, Background Screening Unit, and request criminal history record information on potential caregivers.

For 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 Welfare 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, a number of 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. DCF 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.
- HB 1079, effective July 1, 2018, expands the definition of abuse and clarifies the definition of harm, giving DCF the ability to remove a newborn from the home when there is an open dependency case and allows DCF to take into consideration prospective harm when a caregiver has an extensive, abusive, and chronic use of a controlled substance or alcohol.
- HB 1079 additionally establishes a Guardianship Assistance Program (GAP), which is another option for relatives, next of kin, and fictive kin, to receive financial assistance for the dependent child(ren) placed in the custody of the relative or kin.
- Additionally, DCF collaborated with Florida's Center for Child Welfare, the Institute for Child Welfare and Action for Child Protection.

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"), DCF 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 Welfare 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 DCF'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:

Historically, DCF and the Florida Coalition Against Domestic Violence (FCADV) have shared a strong working partnership aimed at integrating a seamless service delivery system when working with families experiencing domestic violence. As a result of the 2020 Florida Legislative Session, the FCADV has been removed from statute and DCF will now temporarily assume oversight and implementation of Florida's domestic violence programs. The Office of Child Welfare and Florida's critical domestic violence services have many interfaces and overlaps. Staff work on unique projects such as the "CPI Project", whereby domestic violence advocates are collocated within CPI units. The collocation allows for education, support and critical service linkages for those involved in the child welfare system as well as the domestic violence service system.

Substance Abuse and Mental Health Integration Information:

Integration of Child Welfare and Behavioral Health is critical to the successful outcomes for children and families served by DCF. 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, DCF has strengthened working relationships between child welfare and the substance abuse and mental health programs both at the headquarters and regional levels.

Children in these families are more vulnerable to instances of maltreatment, as diminished parental capacities may contribute to child safety concerns. To successfully support families with mental health and substance use disorders the system is realigning the current service provision model and move from a philosophy of “task-based case plan compliance” to an effective model of integrated treatment that supports behavioral change and improves parental capacity to safely care for their children. Failure to do so will continue to place children at risk of maltreatment and increased recidivism.

Human Trafficking Information:

On a national level, DCF has partnered with multiple states to share information developed, lessons learned, legislative language, and tools developed. DCF 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.

DCF continues to host and provide technical assistance to states interested in our 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.

Secretary Chad Poppell 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 Council was created in 2014 and is led by the Florida Attorney General. The Council was created for the purpose of enhancing the development and coordination of state and local law enforcement and social services to combat human trafficking and to support victims. The Council provides recommendations through an annual report to the Legislature. The Services and Resources committee of the Statewide Human Trafficking Council is focused on the broad statewide continuum of care for youth and adult victims from prevention to placement and treatment, ending with transition and resiliency.

DCF 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. DCF continued on-going trainings for a wide variety of state and private entities, as well as DCF’s child welfare staff. DCF 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. DCF also connects prospective providers with current providers for mentorship.

DCF 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 DCF 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 our partners, other states, and stakeholders. The use of lead ICPC liaisons within individual CBCs allows a single point of contact for both the CBC and the ICPC office, which streamlines communication and increases the efficiency of the ICPC process. The office collaborates with the regions through monthly conference calls, 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 Welfare. 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 DCF 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 Welfare 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, 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, DCF 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 DCF to ensure information contained on the site is timely, accurate, and useful to child welfare professionals and others. The Center is funded by DCF. Information and training resources are available 24 hours a day.

Vital to information sharing and education is the partnership between DCF 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 Services Program 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 with 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 include child abuse, working with children with disabilities, and community, healthy and social service resources.

Teachers. The Florida Department of Education (FDOE) in partnership with the Florida Department of Children and Families (DCF), 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. In the recent past curriculum was developed for a statewide public awareness campaign and educational initiative for the prevention of child abuse, through that awareness campaign there remains an active website, dontmissthesigns.org, as well as related information provided through DCF’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 DCF 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.

(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 DCF:

- 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.

DCF and its 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, DCF 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 DCF'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 abuse.

The DCF Domestic Violence Program's primary responsibilities include oversight of funding, initial certification of newly formed domestic violence centers, and annual renewal of certifications for existing centers. DCF 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.

DCF 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. DCF's integration of Child Welfare Substance Abuse and Mental Health has also focused on this population and includes a self-study completed in each region to analyze their local system of care's progress towards integration of services.

As a result of changes in federal legislation and the guidance learned from a review of sample cases involving substance exposed newborns, DCFs Child Maltreatment Index (CFOP 170-4) was updated on December 23, 2016 as follows:

- Added a maltreatment specific to substance-exposed newborns.
- Enhanced the definition of substance-exposed newborn to more clearly articulate when parental substance abuse poses a threat of harm to young children.
- Provided additional guidance in Factors to Consider for the maltreatment.

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 170-5, Chapter 11, Substance Abuse Consultations. 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, Chapters 1 and 2 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 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; and
- 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 DCF 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 increase in CAPTA grant funds, DCF 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. DCF 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.

DCF recognizes it will take a well-coordinated effort from many partners to have an effective and sustainable system of care for this vulnerable population. DCF is continuing to review practice and use data analytics to inform training, policy development, and service provision. DCF 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 abuse, 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 abuse treatment and counseling for pregnant women and new mothers and have multi-disciplinary engagement specialist 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 our 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 Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2021: October 1, 2020 through September 30, 2021

1. Name of State or Indian Tribal Organization and Department/Division:		3. EIN:	593458463	
FLORIDA		4. DUNS:	604604350	
2. Address: (insert mailing address for grant award notices in the two rows below)		5. Submission Type: (select one)		
1317 Winewood Blvd., Bldg. 2, Rm. 404		<input checked="" type="checkbox"/> NEW		
Tallahassee, FL 32399-0700		<input type="checkbox"/> REALLOTMENT		
a) Email address for grant award notices: mark.mahoney@myflfam.diane.sunday@myflfamilies.com		<input type="checkbox"/> REVISION		
REQUEST FOR FUNDING for FY 2021:				
Hardcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$17,452,901	
a) Total administrative costs (not to exceed 10% of the CWS request)			\$422,334	
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total	Total	
a) Family Preservation Services		20%	\$4,598,453	
b) Family Support Services		23%	\$5,380,190	
c) Family Reunification Services		37%	\$8,415,168	
d) Adoption Promotion and Support Services		20%	\$4,598,453	
e) Other Service Related Activities (e.g. planning)		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%	\$22,992,264	
<i>NO ENTRY: Displays the sum of lines 7a-f.</i>				
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$1,475,308	
a) Total administrative costs (not to exceed 10% of MCV request)			\$0	
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$5,104,583	
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:			\$7,835,850	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$0	
11. Requested Education and Training Voucher (ETV) funds:			\$2,596,953	
REALLOTMENT REQUEST(S) for FY 2020:				
Complete this section for adjustments to current year awarded funding levels.				
12. Identification of Surplus for Reallotment:				
a) Indicate the amount of the State's/Tribe's FY 2020 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		
<i>Mark Mahoney</i>				
Title	Bureau 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: _____

For FY 2021: OCTOBER 1, 2020 TO SEPTEMBER 30, 2021

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 & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 6,216,038			\$ -				\$ 112,990,249	31,809	-	years of education	6 Digits
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 4,596,453		\$ -				\$ 8,243,120	10,766	-	at eight children	6 Digits
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ 5,300,190		\$ 5,104,583				\$ 19,551,990	83,023	-	at eight children	6 Digits
4.) FAMILY REUNIFICATION SERVICES	\$ 7,779,529	\$ 6,415,168		\$ -				\$ 69,010,313	8,940	-	at eight children	6 Digits
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 3,035,000	\$ 4,596,453		\$ -				\$ 38,807,647	1,670	-	at eight children	6 Digits
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -		\$ -				\$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -	\$ -						\$ 33,971,559	8,095	-	at eight children	6 Digits
(b) GROUP/INSTIT. CARE	\$ -	\$ -						\$ 44,865,677	1,880	-	at eight children	6 Digits
8.) ADOPTION SUBSIDY PYMTS.	\$ -	\$ -						\$ 110,741,448	94,792,745	40,737	at eight children	6 Digits
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ 429,334	\$ -						\$ 367,273	94,792,745	204	at eight children	6 Digits
10.) INDEPENDENT LIVING SERVICES	\$ -	\$ -			\$ 7,835,850			\$ -	7,542,318	351	eight 18-20 year old youth	6 Digits
11.) EDUCATION AND TRAINING VOUCHERS	\$ -	\$ -			\$ -	\$ 2,596,953		\$ -	6,405,159	887	eight 18-20 year old youth	6 Digits
12.) ADMINISTRATIVE COSTS	\$ -	\$ -						\$ 134,408,110	136,730,934			
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -						\$ 77,054	564,217			
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -						\$ 365,821	523,232			
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -						\$ -	-			
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -						\$ 5,889,703	6,481,478			
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -						\$ -	491,769			
18.) TOTAL	\$ 17,452,501	\$ 22,992,264	\$ 1,475,308	\$ 5,104,583	\$ 7,835,850	\$ 2,596,953	\$ 330,076,845	\$ 721,083,406				
19.) TOTALS FROM PART I	\$17,452,501	\$22,992,264	\$1,475,308	\$5,104,583	\$7,835,850	\$2,596,953						
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						

21.) Population data required in column I - L can be found:
 On this form
 In the AFSSR/CFSP narrative

Part II exceeds request)

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher on Expenditure Period For Federal Fiscal Year 2018 Grants: October 1, 2017 through September 30, 2019

1. Name of State or Indian Tribal Organization:		2. Address:		(A)	(B)	(C)	(D)	(E)	(F)
FLORIDA		1317 Winewood Blvd., Bldg. 2, Rm. 404 Tallahassee, FL 32399-0700		Original Planned Spending for FY 18 Grants (from CFS-101, Pt I)	Actual Expenditures for FY 18 Grants	Number Individuals served	Number Families served	Population served	Geographic area served
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION									
6. Total title IV-B, subpart 1 (CWS) funds:									
a) Administrative Costs (not to exceed 10% of CWS allotment)		\$ 15,275,736	\$ 15,716,345	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
7. Total title IV-B, subpart 2 (PSSF) funds:									
a) Family Preservation Services		\$ 142,511	\$ 73,519	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
b) Family Support Services		\$ 18,866,452	\$ 20,851,404	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
c) Family Reunification Services		\$ 4,410,876	\$ 5,114,665	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
d) Adoption Promotion and Support Services		\$ 6,890,044	\$ 6,822,516	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
e) Other Service Related Activities (e.g. planning)		\$ 3,773,291	\$ 4,173,162	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
f) Administrative Costs		\$ 3,992,141	\$ 4,732,105	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
FOR STATES: not to exceed 10% of PSSF allotment		\$ -	\$ -	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
g) Total title IV-B, subpart 2 funds:		\$ 18,866,452	\$ 20,851,494	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
NO ENTRY: This line displays the sum of lines a-f.		\$ 1,188,402	\$ 1,313,973	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
8. Total Monthly Caseworker Visit funds: (STATES ONLY)		\$ 118,840	\$ -	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
a) Administrative Costs (not to exceed 10% of ACV allotment)		\$ 6,234,797	\$ 6,988,703	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)		\$ 1,870,438	\$ 781,189	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$ 2,023,207	\$ 2,317,972	31,541	-	all child welfare clients	all child welfare clients	all child welfare clients	all child welfare clients
10. Total Education and Training Voucher (ETV) funds: (Optional)									
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.									
Signature of State Tribal Agency Official		Signature of Federal Children's Bureau Official							
Mark Mahoney									
Title		Date		Date		Date		Date	
Bureau Chief of Revenue Management									

1992 PSSF Verification

State Fiscal Year	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion	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

ESTIMATED EXPENDITURES: State Fiscal Year 2017-2018

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	12,741,750	40,963						
Child Sexual Abuse Treatment Program - DCF	State Funds	4,835,314							
Child Protection Teams - DOH	State Funds, SSBG	3,253,740	6,579,592						
Child Care and Development Fund-OEL	SSBG/CDBG & TANF			182,218,592					
Children's Mental Health and Substance Abuse	DJJ- General Rev	48,015,034	18,441,139						
	DCF - Comm MH Block Grant and SA Block Grant	17,722,591	8,265,228						
CINS/FINS Runaway Shelter	DJJ -State Funds, Title IV-E	36,895,991	750,000						
Comm-Based Family Resource	State, Family Resource & Support			381,191	1,524,765				
Community Food & Nutrition	Comm Food & Nutrition Grant				282,712,416				
Day Care Quality Improvement	CCDBG, SSBG and State			2,664,101	10,916,819				
Day Care Resource & Referral	CCDBG, SSBG and State			926,911	4,148,759				
Domestic Violence	Fam Viol Prev & Svcs/STOP/SSBG/TANF			23,858,474	23,252,320				
Early Intervention Services	State, IDEA, Part C			36,243,946	25,291,861				
Epilepsy	State Funds			3,095,244					
Family Planning	Title X, Family Planning, State	4,245,455	8,769,111						
Family Safety	State, IV-E, IV-B, TANF	76,208,383	94,541,477	918,114	36,718,160	643,889	3,824,617	51,996,558	55,244,772
Full Service Schools	DCF - State Funds								
	DOH -			6,000,000					
Healthy Families	TANF, State			19,114,384	9,275,773				
Improved Pregnancy Outcome	Maternal & Child Health Blk Grant			20,676,385	5,151,754				
Interstate Compact/ ISS	State Funds, IV-E, TANF	335,189	430,815						
Local Services Program	Refugee Assistance Fed Grant TF				49,284,723				
Ounce of Prevention	State			1,552,963					
PACE	State Funds			19,619,808					
Primary Care (CMS)	Maternal & Child Health Blk Grant			841,750	1,305,458				
Protective Services Staff - DJJ	SSBG, Med Asst, TANF, CWS- State, & Title IV-E	37,540,974							
	Protective Services Staff - DCF	90,053,506	112,114,068						
Regional Perinatal Program				230,084					
School Health				10,909,412	11,625,846				
Women, Infants & Children Program	Women, Infants & Children Program				310,671,795				
Totals by Program AREA & FUND SOURCE		331,847,927	249,932,393	329,251,359	771,880,449	643,889	3,824,617	51,996,558	55,244,772

1992 Comparison to 2018 for State and Local Funds
Expended for Non-supplantation Requirements related to Title IV-B, Part II Services

Period	Family Preservation Services	Family Support Services	Time-Limited Reunification	Adoption Promotion	Total
2018	\$ 331,847,927	\$ 329,251,359	\$ 643,889	\$ 51,996,558	\$ 713,739,733
1992	\$ 85,737,000	\$ 311,374,000	-	-	\$ 397,111,000
Diff 2018 from 1992	\$ 246,110,927	\$ 17,877,359	\$ 643,889	\$ 51,996,558	\$ 316,628,733
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).					

Title IV-B, subpart I FFY 2005
Historical Comparision 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	FOSTER CARE PRG ADMIN	WO004	320,317.47	240,238.10	80,079.37
PCW05	CHILD WELFARE MAINT PYMTS-OHS	WOA00	163,614.16	122,710.62	40,903.54
PCW05	CHILD WELFARE PROGRAM ADMIN	WY000	117,226.36	87,919.77	29,306.59
	TOTAL TITLE IV-B, PART I FFY 2005		20,874,301.33	15,655,726.00	5,218,575.33
			Total	IV-B Federal	IV-B State
PCW05	IV-B CHILD WELFARE OHC MAINT-CBC	PR046	513,148.45	384,861.34	128,287.11
PCW05	CHILD WELFARE MAINT PYMTS-OHS	WO004	320,317.47	240,238.10	80,079.37
	Title IV-B FC Maintenance Payments for FFY 2005		833,465.92	625,099.44	208,366.48
No Child Care or Adoption Assistance Payments were paid from FFY 2005 Title IV-B, subpart I grant funds or used as state match for the grant.					
				Amount State Share	
Non Federal funds expended by the state for Foster Care Maintenance Payments for FFY 2005				87,983,633.35	
<i>Source: IDS Grants</i>					

Title IV-B/IV-E Training FFY 2019

OCA	OCA TITLE	Purpose	Cost Allocation Methodology	FFP	Title IV-B Child Welfare (Part 1)	Title IV-E Adoption Assistance	Title IV-E Foster Care	TOTAL 10/1/18-9/30/19
2JTR1	CLS IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on FSN Out of Home Care group eligibility rate.	75%			130,220	130,220
2JTRN	CHILDREN'S LEGAL SVC REGION SALARY IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Direct charge to Title IV-E Foster Care for the time period the employees participate in eligible Title IV-E training.	75%			147,617	147,617
BTR1	PROGRAM ADMINISTRATION IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on FSN Out of Home Care group eligibility rate.	75%			185,195	185,195
CWTR1	CHILD WELFARE IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on FSN Out of Home Care group eligibility rate.	75%			758,135	758,135
CWTRN	CHILD WELFARE IV-E TRAINEE	Title IV-E Eligible training	Direct charge to Title IV-E Foster Care for the time period the employees participate in eligible Title IV-E training.	75%			-248,592	-248,592
CWTG	CP TRANSFORM PROJECT - CW TRAINING	Child Welfare Administrative Training Costs	Costs are allocated to Title IV-E Foster Care, IV-B Child Welfare, and Title IV-E Adoptions based on a weighted number of child related reports based on FSN In-home, Out of Home, and Adoption groups eligibility rate.	75% and 50%	150	5,411	13,784	19,345
DCTRN	CBC IV-E TRAINEES	Pre-service core curriculum training, field training, and in-service training	Costs are allocated to Title IV-E Foster Care, IV-B Child Welfare, and Title IV-E Adoptions based on a weighted number of child related reports based on FSN In-home, Out of Home, and Adoption groups eligibility rate.	75% and 50%	-120,172	967,224	10,566,866	11,413,918
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	Foster parent short-term training and National and State Foster Parents and State Conferences	Direct charge to Title IV-E Foster Care based on training activities approved in the State of Florida's State Plan and Title IV-E Training Plan.	75%			9,374	9,374
TRCOR	CBC IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care and Title IV-E Adoption Assistance based on the total number of trainings completed by the primary audience.	75%		755,708	5,000,265	5,755,973
TRFCA	CBC-TRAINING FOSTER & ADOP. PARENT	Foster and Adoptive parent training	Costs are allocated to Title IV-E Foster Care and Adoption Assistance based on FSN Out of Home and Adoption Assistance groups eligibility rate.			11,864	60,719	72,583
				Total	(120,022)	1,740,206	16,623,585	18,243,769

Title IV-B/IV-E Training FFY 2020

OCA	OCA TITLE	Purpose	Cost Allocation Methodology	FFP	Title IV-B Child Welfare (Part 1)	Title IV-E Adoption Assistance	Title IV-E Foster Care	TOTAL 10/1/19-9/30/20
ZJTR1	CLS IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on FSN Out of Home Care group eligibility rate.	75%		47,290.75	65,847	113,138
BAT00	DEPARTMENT CPI TRAINING	In-Service and Field training activities for Child Welfare Professionals	Costs are allocated to benefitting programs based on the results of the Child Protective Investigator Random Moment Sample	75%			72,799	72,799
BATRN	DCF CPI SALARY IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions as well as staff attending training	Costs are allocated to benefitting programs based on the results of the Child Protective Investigator Random Moment Sample	75%		2,183.75	1,313,725	1,315,909
CITR1	OFFICE OF COURT IMPROVEMENT IV-E TRAINING	Develop and deliver training to case managers, family court managers, general magistrates, and judges	Costs are directly charged to Title IV-E	75%			1,144	1,144
CWTR1	CHILD WELFARE IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on FSN Out of Home Care group eligibility rate.	75%		13,645.50	26,647	40,293
CWTRN	CHILD WELFARE IV-E TRAINEE	Title IV-E Eligible training	Direct charge to Title IV-E Foster Care for the time period the employees participate in eligible Title IV-E training.	75%		33,308.75	400,310	433,619
FPS56	FOSTER ADOPTIVE PARENT SUPPORT	Increase the foster and adoptive parent pool within the foster care system and to secure adoptive placements for children	Costs are allocated to Title IV-E Foster Care, IV-B Child Welfare, and Title IV-E Adoptions based on a weighted number of child related reports based on FSN In-home, Out of Home, and Adoption groups eligibility rate.	75%		4,695	35,391	40,086
KTRRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	Foster parent short-term training and National and State Foster Parents and State Conferences	Direct charge to Title IV-E Foster Care based on training activities approved in the State of Florida's State Plan and Title IV-E Training Plan.	75%		1,946	17,425	19,371
SGT00	SHERIFF OFFICE CPI TRAINING	Sheriff's Office In-Service and Field training activities for Child Protective Investigators	Costs are allocated to benefitting programs based on the results of the Child Protective Investigator Random Moment Sample	75%			34,144	34,144
SGTRN	SHERIFF CPI SALARY IV-E TRAINING	Sheriff's Office Child Protective Investigators attending the core and specialty track portions of the pre-service curriculum	Costs are allocated to benefitting programs based on the results of the Child Protective Investigator Random Moment Sample	75%			300,744	300,744
TRCOR	CBC IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care and Title IV-E Adoption Assistance based on the total number of trainings completed by the primary audience.	75%		392,837	4,080,165	4,473,002
TRFCA	CBC-TRAINING FOSTER & ADOP. PARENT	CBC-Training Foster & Adoptive Parent	Costs are allocated based on children in licensed foster care or adoptive/pre-adoptive homes then allocated to benefitting programs based on the CWLA caseload weight for all populations times the eligibility rate.	75%		128,500	958,291	1,086,791
				Total	-	624,407	7,306,632	7,931,040

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 February 29, 2020, there were 23,036 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. In 2019 DCF implemented Level I foster home licensure for relatives and fictive kin. This new licensing level is reflected by the increase in percent of children and siblings who are placed in licensed foster homes and a decrease in placement with relative/non-relative who are not licensed. The following information reflects the characteristics of the statewide number of children in care as of February 29, 2020:

- Placement settings:
 - 51 percent with approved relative/non-relative caregivers
 - 37 percent with licensed foster families
 - 8 percent in group care
 - 5 percent in other settings
- Race:
 - 60 percent White,
 - 30 percent Black/African American, and
 - 10 percent are a mix of other races
- Gender:
 - 51 percent are male, and
 - 49 percent are female
- Age:
 - 49 percent are 0-5 years of age;
 - 36 percent are 6-12 years of age; and
 - 20 percent are 13-19 years of age

- Of 5,634 sibling groups, 64 percent are placed together (Source: CBC Scorecard Dashboard, 12/31/19):
 - 68 percent of sibling groups placed together are placed with relative/non-relative caregivers
 - 27 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
 - 23 percent of sibling groups are comprised of 3 children
 - 11 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, 12/31/19)

Table 1: Children in Out-of-Home Care as of 2/29/2020

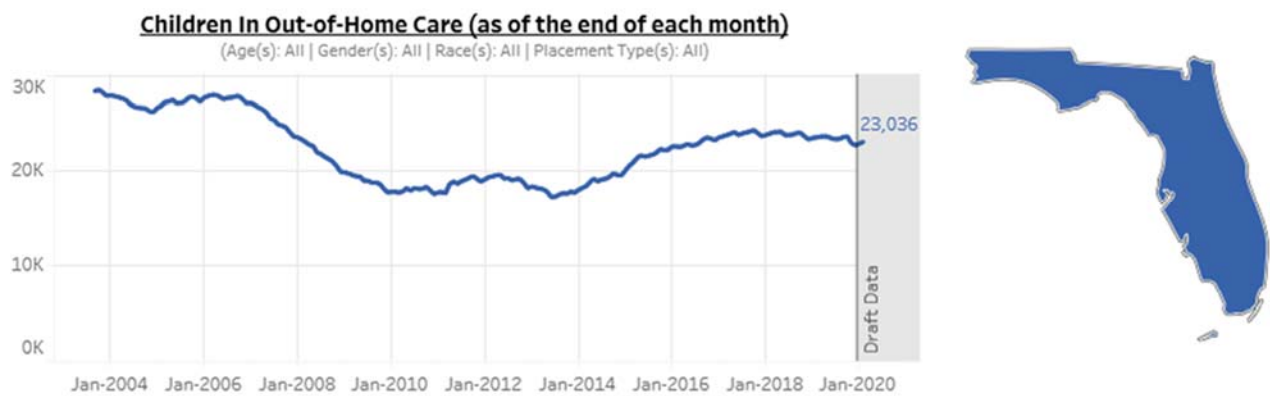
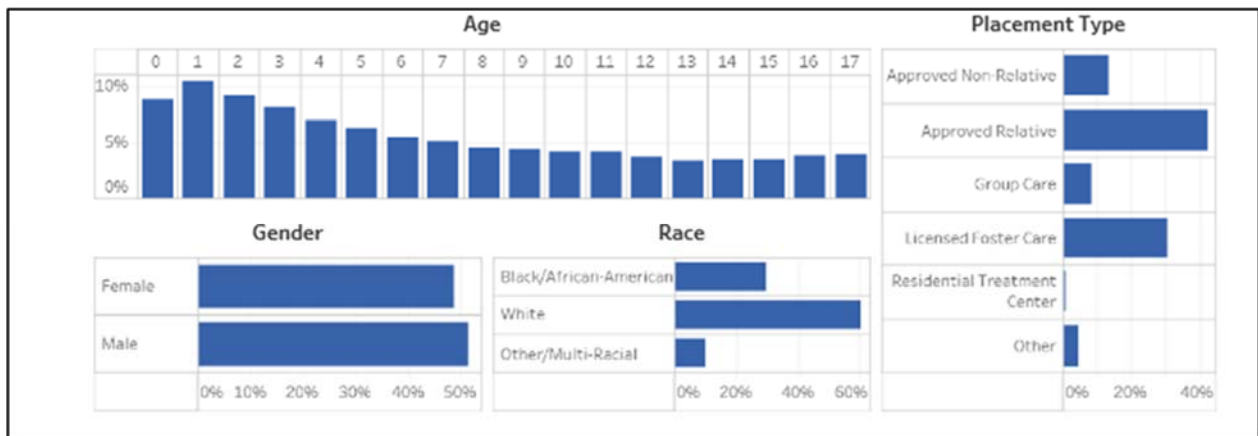


Table 2: Children in Out-of-Home Care as of 2/29/2020



Children Entering Out-of-Home Care

A total of 1,114 children entered care between 2/1/2020 and 2/29/2020. (Source: Child Welfare Dashboard, Trend Reports) The following information describes the characteristics of the new children entering foster care:

- Age:

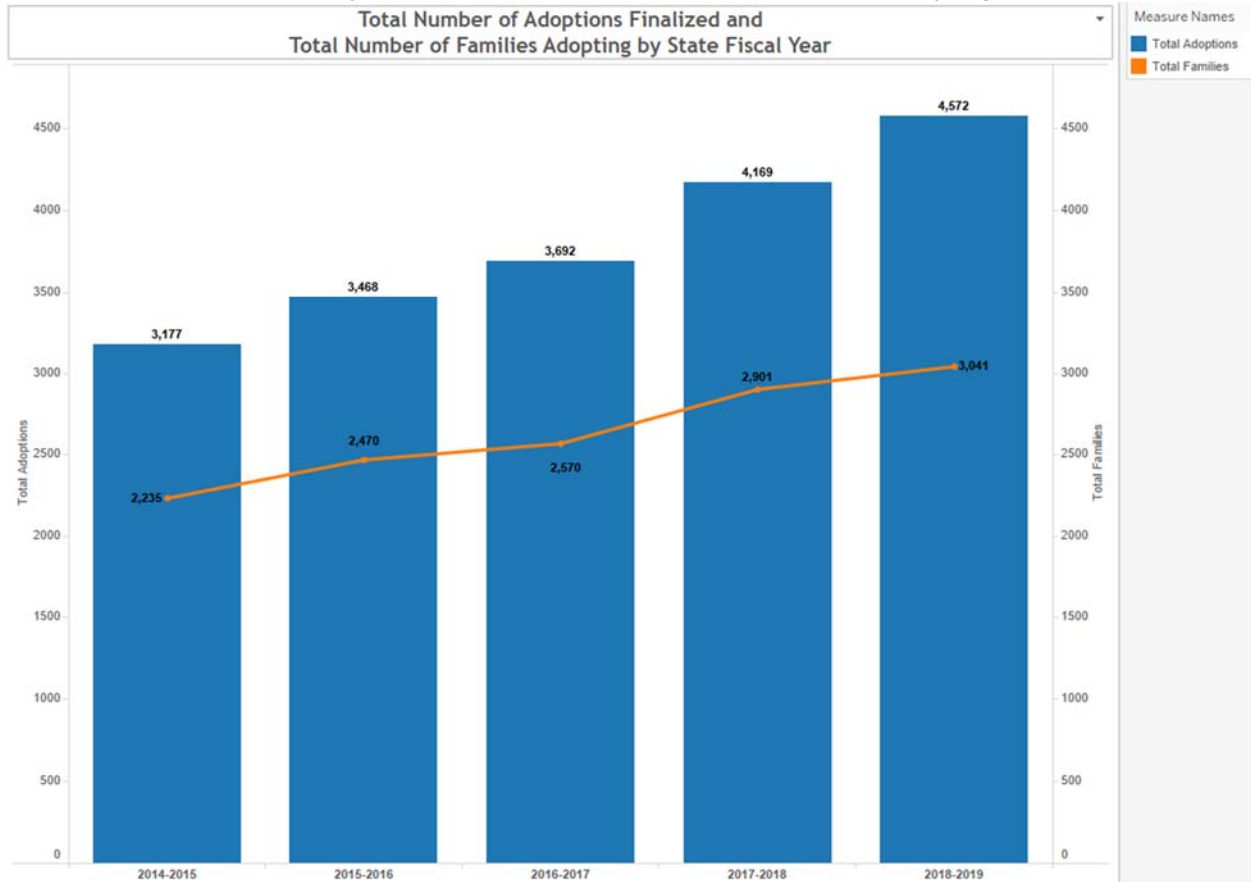
- 27 percent were 0-1 year of age
- 27 percent were 2-5 years of age
- 30 percent were 6-12 years of age
- 16 percent were 13-17 years of age
- Gender:
 - 49 percent female
 - 51 percent male
- Race:
 - 61 percent White, 31 percent Black/African American, and 8 percent a mix of other races

Characteristics of Children with a Goal of Adoption

As shown in Table 3, 12,449 children were adopted from foster care during the last five years, with an upward trend each year. Of the 2,901 children adopted in 2017-2018:

- 50 percent were adopted by relative caregivers,
- 26 percent by foster parents, and
- 24 percent by recruited families.

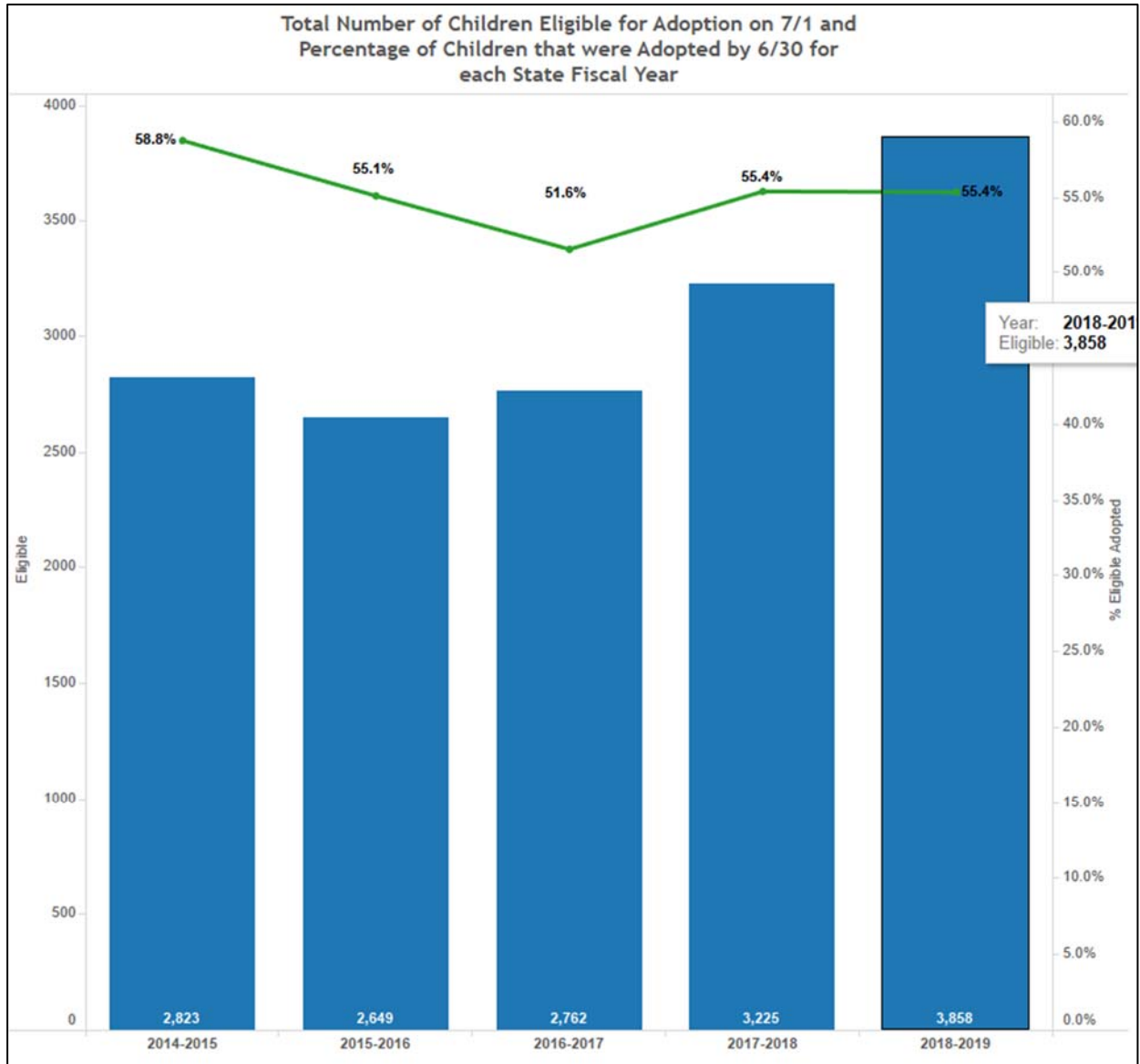
Table 3: Total Number of Adoptions Finalized and Total Number of Families Adopting



Source: Adoption Incentive Annual Report November 15, 2019

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 increased from 3,225 in SFY 2017-2018 to 3,858 in SFY 2018-2019. The percent adopted remained the same both time periods at 55.4%.

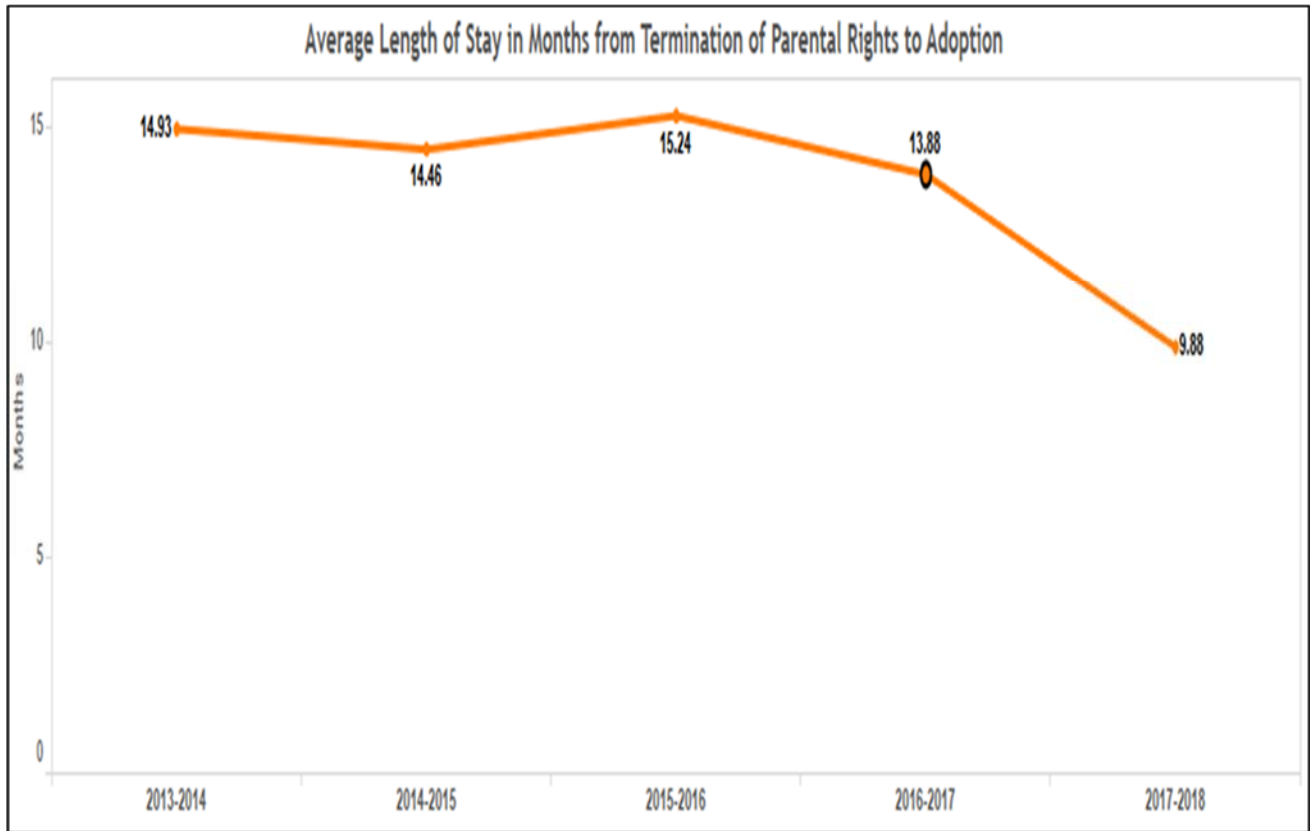
Table 4: Number of Children Eligible for Adoption on 7/1 & Percentage of Children Adopted



Source: Adoption Incentive Annual Report November 15, 2019

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 the statewide average for the length of time from TPR to adoption finalization decreased from 15.24 months FY 2015-2016 to 9.88 months in FY 2017-2018; a five-month decrease (32.8 percent improvement).

Table 5: Average Length of Stay in Months from Termination of Parental Rights to Adoption

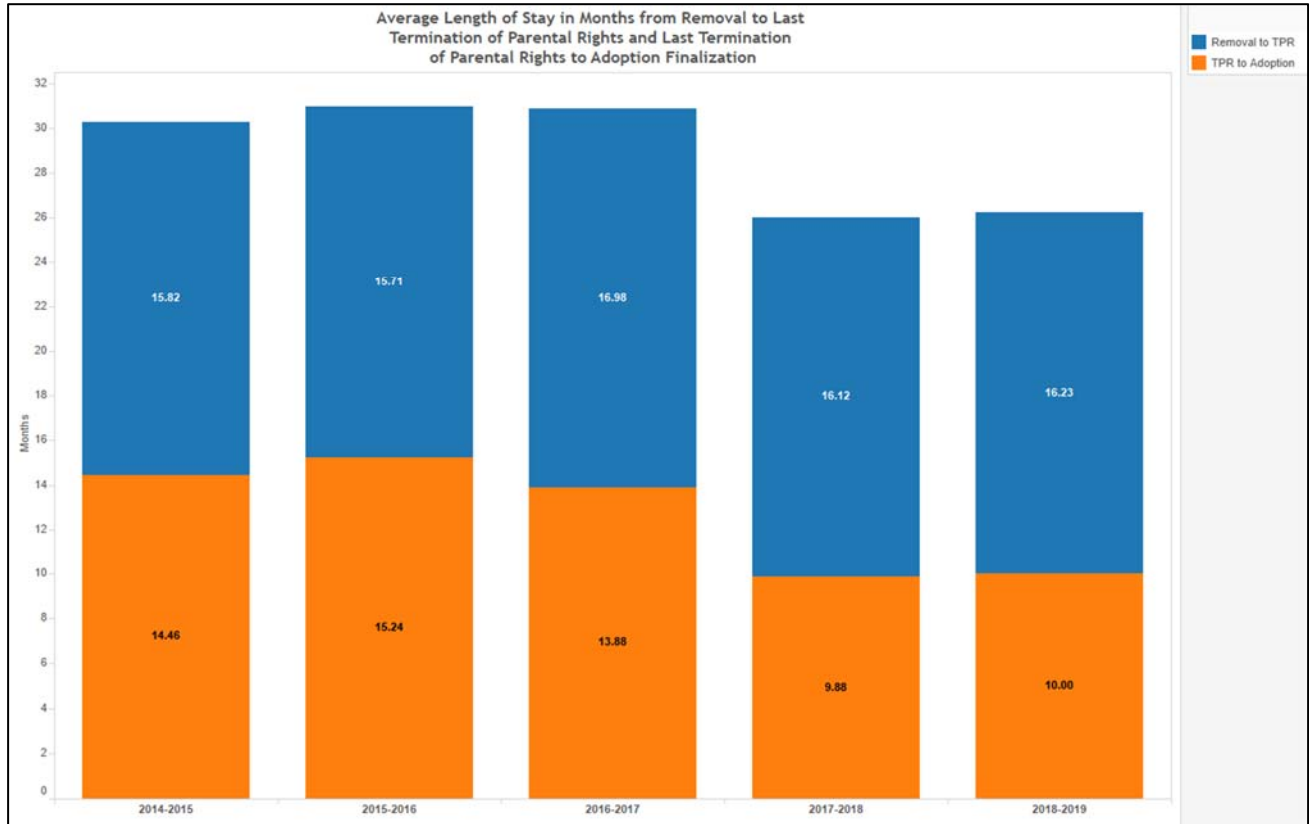


Source: Adoption Incentive Annual Report November 15, 2019

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 parental 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 2018-2019, there was an increase in the amount of time from removal to TPR by .11 and an increase in the length of time from TPR to adoption by .12 compared to SFY 2017-2018.

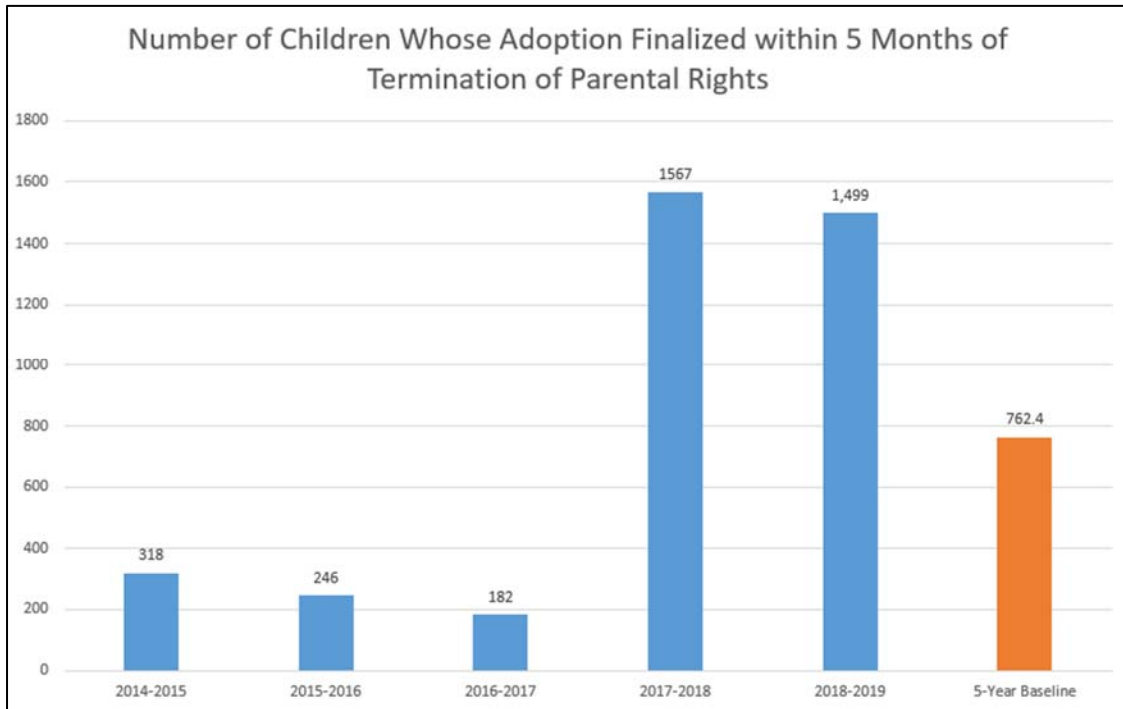
Table 6: Average Length of Stay in Months from Removal and Time to Finalization from TPR



Source: Adoption Incentive Annual Report November 15, 2019

Table 7 shows the number of children adopted within five months of TPR continues to remain high compared to the five-year average of 762.4 children. The slight decrease in the number of available children achieving permanency within five months of termination of parental rights from the last fiscal year correlates to the length of time from termination of parental rights to adoption.

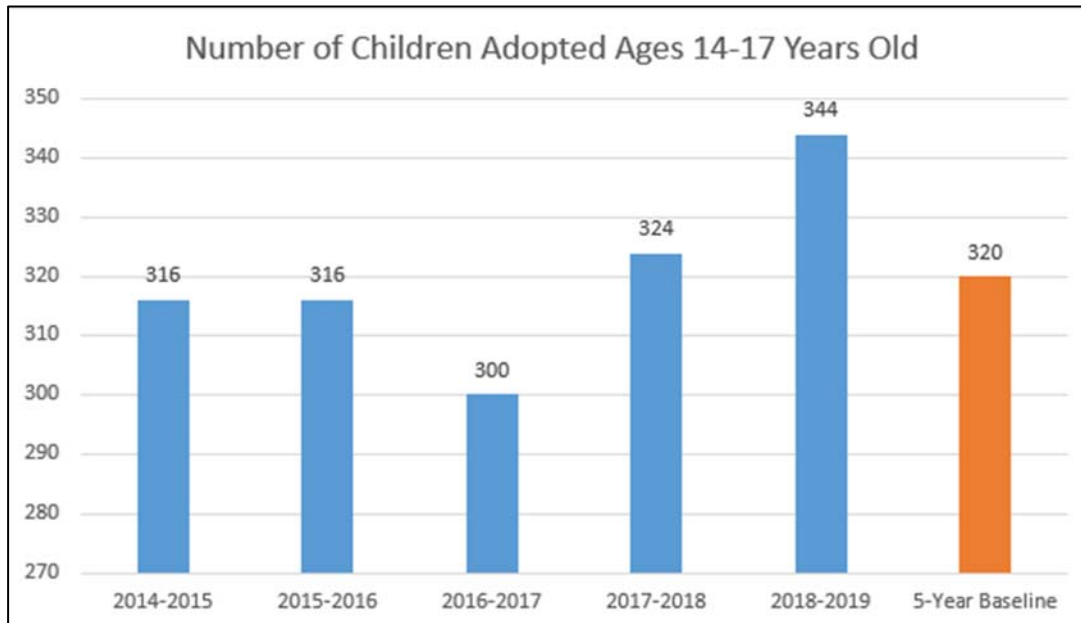
Table 7: Number of Children Adopted Within 5 Months of TPR



Source: Adoption Incentive Annual Report November 15, 2019

Table 8 shows the number of children ages 14 to 17 years old who were adopted by year.

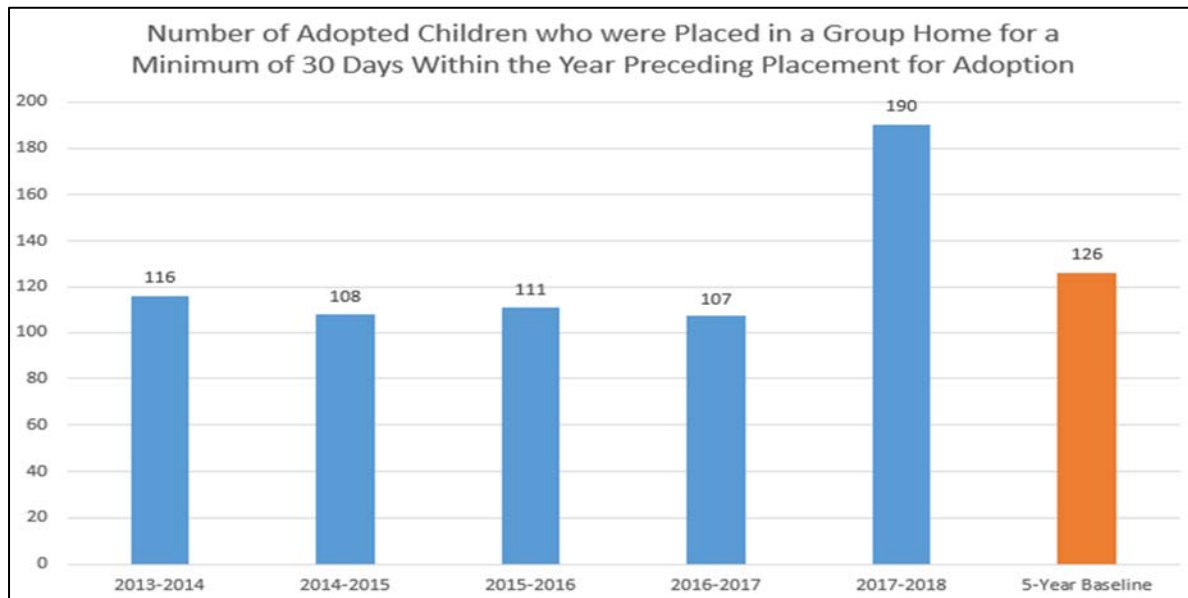
Table 8: Number of Children Adopted Ages 14-17 Years Old



Source: Adoption Incentive Annual Report November 15, 2019

Table 9 below indicates that the number of children who were placed in group homes for 30 days within the year preceding their adoption placement has increased. Approximately 7.5 percent of all finalized adoptions in FY 2018-2019 had a child’s last FSFN placement coded as group care. The chart below shows an increase of 20 children between the ages of 14-17 from the previous state fiscal year.

Table 9: Number of Children Placed in a Group Home Prior to Adoption



Source: Adoption Incentive Annual Report November 15, 2019

After reviewing the baseline data and trends, DCF believes there are four populations for whom achieving adoption finalization is more complex and challenging. Those populations are:

- Children whose adoption finalized within five months or less of termination of parental rights;
- Children available for adoption 24 months or longer;
- Children adopted between the ages of 14- and 17-years-old; and
- Children adopted who had been residing in group care for 30 days preceding their adoption placement.

Recruitment and Retention Strategies

1. Outreach and Dissemination Activities

Websites and Social Media

DCF 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 DCF. 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.
- Adoption Call to Action Initiative - Administration for Children and Families (ACF) in collaboration with the Center for States has called states to engage with them in the development of new strategies to achieve timely permanency for these children and youth who are waiting to be adopted. ACF and other federal partners have provided training and tools around early focus on permanency, structural, process, data improvements, post permanency support, partnership with key stakeholders and youth engagement and empowerment.
- 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). DCF hosts a blog on its Facebook page featuring foster and adoptive parent experiences.

Quality Parenting Initiative (QPI)

DCF 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 DCF 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; and
- 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. DCF is committed to implementing QPI in every circuit by 2024. Currently, DCF 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.

Other Family Finding Methods

The Office of Child Welfare (OCW) continues to explore ways to develop additional capacity to provide technical assistance and training to CBCs or other providers to replicate the “Family Finding Model.” Some CBCs are currently implementing a similar model. The Family Finding Model is an approach designed to discover “lost relationships,” people who could be re-engaged to have meaningful connections with youth in foster care, possibly provide a home. 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. One of several “discovery strategies” in Family Finding is the use of Mobility Mapping. In this work, the youth is walked through a process where they remember where they have lived and who were the important people in those locations. This elicits memories of the relationships that can be captured in order to help build a team of supportive adults.

DCF was granted funding for the implementation of family finders training for the state. OCW seeks to contract with the University of South Florida to provide a train the trainer program and technical assistance throughout the state on the Family Finders. The contract has a begin date of April 1, 2020 and an ending date of June 30, 2021.

Permanency Roundtables

Permanency Roundtables developed and implemented with technical assistance and training from Casey Family Programs continue to provide a dependable method for child-specific family finding. The purposes of the permanency roundtable process are:

- Develop a child-specific plan to achieve permanency;

- To stimulate thinking and learning about pathways to permanency for other children in foster care; and
- To identify and address barriers to permanency through creative thinking, professional development, policy change, resource development, and the engagement of system partners.

Rapid Permanency Reviews (RPR)

Rapid Permanency Reviews, also developed by Casey Family Programs and implemented with technical assistance and training from Casey, are an effective process to find any local operations barrier or bottleneck that is keeping a child in care. The OCW currently has three trained implementors who can provide regional trainings. OCW is committed to finding ways to provide additional training and technical assistance to the field.

Florida State Foster/Adoptive Parent Association (FAPA)

The FAPA is a key partner in recruitment activities. The association conducts quarterly training sessions, hosts an annual training conference, and attends Children’s Week activities during Florida’s annual legislative session. Partnership with the association provides opportunities for feedback from current caregivers for recruitment and retention efforts. The association continues to provide wonderful “real life” examples of foster care/adoption experiences to share with the media and others for recruitment purposes.

Adoption Benefits for State Employees and Other Eligible Applicants

DCF 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 2017, individuals eligible to receive this benefit expanded to include employees of a charter school or Florida Virtual School.

Successful Foster Parent Recruitment Strategies

Licensure specialists in the OCW 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 OCW and posted on DCF’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; and
- Quality Parenting Initiative.

The Office of Child Welfare has continued retention and recruitment calls with the Regional Licensing Managers and Specialist. During the calls, each region reports the successes with recruitment and retention in their respective areas. In addition, barriers to recruitment are discussed. With the impending launching of the new Foster and Adoptive Parent Recruitment Campaign led by First Lady Casey DeSantis, the Office of Child Welfare will reevaluate the purpose of the quarterly calls to ensure the meetings are effectively addressing the recruitment and retention needs statewide and align with the campaign.

Recruitment and Retention Calls were held on the following dates:

- August 27, 2019
- October 22, 2019

- November 25, 2019

Effective recruitment activities in the Suncoast Region are described below.

To increase the number of medical foster homes, informational and recruitment meetings are being held at local hospitals to target professionals in the healthcare field. The lead agencies have seen success with utilization of social media to locate potential new foster homes as well. Social media has proven especially successful for targeted recruitment of sibling groups and teenagers.

Another strategy being employed is to ask current foster parents licensed for teenagers or larger sibling groups to speak during informational meetings with prospective parents to highlight the need for quality licensed homes for these populations. By establishing a greater community presence through public events, church services and community organizations, the licensing staff can reach a new group of potential foster parents. One lead agency had t-shirts made that say "Ask me how to become a foster parent" to start conversations with individuals about the positive experiences of being a foster parent. Most the lead agencies have initiatives specifically targeting faith-based organizations in the community.

Recruiting efforts are sometimes focused around targeted zip codes that coincide with areas of high removal rates. This allows for better opportunity for children to remain in their same community and keep many of their important connections. Recruitment signage is prominently posted in strategic locations with high visibility.

During this reporting period the regional licensing team began a new initiative to increase the co-parenting between the foster parents and biological parents. These co-parenting connections assist with a smooth transition when children are safely able to return home. This connection can also be a support to the biological parent even after Department involvement has ended.

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 1,325 prospective adoptive families registered on the site and 49 available children have been matched to prospective adoptive families.
- In partnership with Casey Family Programs and DCF, ChildNet-Broward, Community Partnership for Children, Embrace Families, Inc., 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.
- Eckerd Community Alternatives implemented the Forever Home Exhibit at the Great Explorations Museum. As an interactive exhibit, guests may utilize the book nook with age-appropriate books about adoption and foster care. The exhibit has a newly designed selfie wall where guests may create their own home with puppets of varying cultures and abilities. The building of families with the selection of diverse puppets assists in educating children on adoption and the diversity of homes.

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

DCF 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.

DCF 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. DCF'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

DCF 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 DCF 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 1st, 2019. The Office of Child Welfare has used many strategies to communicate the new program to child welfare professionals, other stakeholders, and current families.

- August 2019-The Office of Child Welfare in conjunction with the Center for Child Welfare recorded GAP web trainings for child welfare staff that is also accessible to caregivers and prospective caregivers.
- August 2019-The Office of Child Welfare in conjunction with Communications created GAP mailers that were sent to existing caregivers by the Community Based Care Lead agencies. These mailers were sent as of September 2019.
- August-September 2019- The Office of Child Welfare in conjunction with communications created a GAP page on the DCF internet. <https://www.myflfamilies.com/service-programs/child-welfare/gap/>

- December 2019-The Office of Child Welfare presented at a workshop during the Child Protection Summit on the Guardianship Assistance Program. This workshop was geared towards caregivers and front-line staff.

Investigations of Foster Parents

DCF developed and piloted a new process for the investigation of alleged maltreatment by a foster parent in 2018/19. Although there has been a continued decline in verified abuse occurring in foster care, an investigation is difficult for the caregiver and the child welfare system involved. DCF, CBCs, and the QPI project collaborated in the development of the new pilot process. There is a strong shared belief that with the right ongoing caregiver support, training, and services, no child in foster care should experience maltreatment by a caregiver.

The new process will ensure that investigations include a thorough assessment of the system's provision of necessary supports provided to the foster parent. The goal is to learn from each report investigated what training, ongoing support and/or services might prevent allegations, or actual maltreatment in care from occurring.

Adoption Information Center and Multiple Websites

DCF 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 DCF remain in compliance. DCF 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); and
- 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.
- DCF'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.
- DCF 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](#).

- DCF 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 DCF 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 DCF will host one statewide in-service foster home licensing and group home licensing trainings, in January. The two-day trainings are conducted by OCW staff in conjunction with community stakeholders. The attendees include statewide CBC and private agency licensing staff and supervisors, group home licensing staff, regional DCF licensing staff, fiscal staff, revue maximization staff and Children’s Legal Services’ attorneys.
- National Training Development Curriculum (NTDC) is a training pilot in which Florida is currently participating. The training curriculum is designed for prospective foster and adoptive parents and helps to teach them about trauma, grief, and loss for children in the child welfare system. NTDC has facilitated a train the trainer 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 include 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 Welfare has participated in the train the trainer along with facilitators from two of the CBCs that will be providing the training to their populations.

Strategies for Dealing with Linguistic Barriers

DCF has a [2019 Statewide Auxiliary Aids and Service Plan for Persons with Disabilities and Persons with Limited English Proficiency](#). The guide provides DCF’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 DCF, as well as the Headquarters Office, has an Auxiliary Aids Plan unique to their location.

For persons with linguistic challenges, the plan provides for:

- translation of written materials;
- competency of interpreters and translators;
- provision of interpreters in a timely manner;
- other means of communication; and
- effectiveness of communication.

The plan also provides significant resource information in the appendices, including:

- in-person communication etiquette guide;
- interpreter and translation services poster;
- Florida relay information;
- Assistive listening devices;
- Directory of agencies and organizations;
- Language line services; and
- Video remote interpreting.

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.

Non-discriminatory Fee Structures

DCF ensures that fees, if charged, are fully disclosed and defined in an impartial manner.

- All out-of-home care and adoption services are available free-of-charge.
- Prospective adoptive families may choose to pay for a private adoption home study to expedite the process.
- Rule 65C-15.010, Florida Administrative Code, governs “Finances” for child-placing agencies and provides a structure to ensure fees are based on reasonable costs and are non-discriminatory.

Procedures for Timely Search for Prospective Adoptive Parents

All children available for adoption and who have no identified family must be, according to Florida Statute, on the statewide website Explore Adoption with a photo and narrative within 30 days of termination of parental rights. In addition, the national photo listings at [AdoptUSKids](#) and [Children Awaiting Parents](#) are also utilized.

DCF 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 DCF’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 DCF’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 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: 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 Welfare 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. DCF, 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: DCF has begun to implement recommendations #3 and #6, with the goal of having all recommendations implemented by 2021 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 Welfare (OCW) 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 OCW 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 DCF 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 Welfare provided a presentation to the judiciary during the Circuit Judges Educational Training Event in Naples, Florida.

- The Office of Child Welfare 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 will occur in April 2020 with staff across the state to ensure the new enhancements are implemented.

2.2.2. Kinship support services.

Year 1 Progress: In progress. DCF 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.

Future Actions:

OCW was awarded another grant to implement a Kinship Navigator Program. DCF’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

2.2.3. Extended Maintenance Adoption Subsidy.

Year 1 Progress: Complete.

- The Office of Child Welfare (OCW) 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: In progress. DCF continues to work with QPI on executing a contract that will allow for training and technical assistance of “comfort calls”.

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 Welfare 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 Welfare 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: In progress. During the 2019 Child Protection Summit, a workshop was held on the Institutional Investigations pilot.

- 2.7. Explore and strengthen ways to build local capacity to provide post-adoption services and achieve more parity across CBCs.

Year 1 Progress: In progress. The Annual Post Communication Survey was conducted in September 2019 and provided an opportunity for adoptive parents who were receiving post adoption services through their CBC lead agency to provide feedback regarding services. The majority of survey participants reported that they received behavior health services and assistance with coordinating additional services. Adoptive parents reported that accessing mental health service was the leading item they were having challenges with as there was no provider in their area.

Future Actions: The Office of Child Welfare 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: DCF will continue to search for funding to support modifications.

2.9. Develop operating procedures for the role of the Adoption Applicant Review Committee which is in administrative code.

Year 1 Progress: The Office of Child Welfare led a workgroup that included representation from each region of DCF and the Community-Based Care lead agencies to develop the Adoption Applicant Review Committee (AARC) policies. The AARC CFOP will include policy guidance regarding Terms and Definitions, Adoption Applicant Review Committee Members and Participants, General Requirements, Procedures, Regional Department Review and Outcome Approvals Out of County Supervision & Interstate Compact on the Placement of Children. The finalized AARC CFOP will be published by June 2020.

Future Actions: The Office of Child Welfare will provide statewide training regarding the new AARC CFOP to various child welfare professionals. Additional technical assistance will be provided to Community-Based Care lead agencies as requested.

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. DCF 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: 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.

Future Actions: Florida FAPA plans to hold additional quarterly conferences during 2020. 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.

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: In progress. 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.

Future Actions: During the 2020 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.

3.3. Continue to collaborate with DCF 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 DCF offices to address concerns as this has been effective.

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.

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 DCF will continue with their efforts to ensure that they are communicating with regional leadership as necessary.

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.

Future Actions: Florida FAPA and DCF 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 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 DCF 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 Plan reports serving approximately 40,000 children. Half of the children served are in out-of-home care, including children placed with relatives. Forty percent of children served were adopted from the child welfare system (post-adoption).

As of April 9, 2020, 70.47 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 DCF 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.

DCF 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. DCF'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, DCF 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. DCF 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.

[Rule 65C-30-011\(4\), Florida Administrative Code](#), requires the creation of a Resource Record for every child in out-of-home care. The child’s resource record must be physically located with the caregiver, whether the child is in licensed care or placed with a relative or non-relative. The case manager is responsible for ensuring that medical and court-related documentation are kept current at each visit that is made at least every 30 days. If additional information is needed in the child’s resource record, the case manager and the caregiver are expected to work together to ensure that the child’s resource record is updated. The child’s caregiver is responsible for updating the resource record after every health care, psychological, psychiatric, behavioral and educational service or assessment provided to the child.

Data sharing and management is facilitated by 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 on a daily basis 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.

DCF 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 DCF must be obtained. December 2019, modifications to Florida Administrative Code 65C-35 included the ability for psychiatric nurses, certified under Chapter 464 F.S. and defined in Chapter 394 F.S., 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 DCF'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. DCF 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.
- DCF 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; and,
 - 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; 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 DCF'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.

DCF 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, DCF 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), F.S., 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. Rule [65C-28.004](#), Florida Administrative Code, addresses this requirement. The rule (1) requires an initial assessment to determine whether relative or non-relative placement is an appropriate out-of-home placement; (2) requires a multidisciplinary team staffing to prior to placement in licensed care; (3) specifies factors that must be considered by the multidisciplinary team; (4) sets forth documentation requirements; (5) establishes requirements for the placement and care of children with special behavioral and physical health needs; and (6) sets forth child welfare professional placement responsibilities.

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, F.S., 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). DCF 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.

F.S. 39.47, 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. DCF's Florida Administrative Code, 65C-27 for Suitability Assessments, 65C-28.015 Florida Administrative Code, for Residential Mental Health Treatment outline DCF's policy and practice for children in need of residential treatment.

DCF 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. DCF 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 DCF, 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 Plan reports serving approximately 40,000 children. Half of the children served are in out-of-home care, including children placed with relatives. Forty percent of children served were adopted from the child welfare system (post-adoption).

As of April 9, 2020, 70.47 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 DCF 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.

DCF 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. DCF'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, DCF 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. DCF 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.

[Rule 65C-30-011\(4\), Florida Administrative Code](#), requires the creation of a Resource Record for every child in out-of-home care. The child’s resource record must be physically located with the caregiver, whether the child is in licensed care or placed with a relative or non-relative. The case manager is responsible for ensuring that medical and court-related documentation are kept current at each visit that is made at least every 30 days. If additional information is needed in the child’s resource record, the case manager and the caregiver are expected to work together to ensure that the child’s resource record is updated. The child’s caregiver is responsible for updating the resource record after every health care, psychological, psychiatric, behavioral and educational service or assessment provided to the child.

Data sharing and management is facilitated by 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 on a daily basis 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.

DCF 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 DCF must be obtained. December 2019, modifications to Florida Administrative Code 65C-35 included the ability for psychiatric nurses, certified under Chapter 464 F.S. and defined in Chapter 394 F.S., 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 DCF'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. DCF 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.
- DCF 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; and,
 - 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; 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 DCF'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.

DCF 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, DCF 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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Attachment 3: Statewide Disaster Plan Update

Statewide Disaster Planning

Florida was affected by Hurricane Dorian in August 2019 and Tropical Storm Nestor in October 2019. DCF successfully implemented the activities included in DCF's Emergency/Disaster Plan along with the Community-Based Care agencies (CBC) local Continuity of Operations Plans and Child Welfare Disaster Plans.

DCF is currently assessing and monitoring the impact of the COVID-19 pandemic on program operations, CBCs and other contracted services to adapt and react to immediate challenges.

DCF has directed CBCs to conduct a risk assessment of current cases to prioritize in-state home visits to foster homes, group homes, extended foster care, and other settings to determine cases that can be safely assessed using a type of video conferencing or telephonic interviews to conduct face-to-face visits to meet the current 30-day visit requirement. Where there are concerns for the contraction of COVID-19 from the caregiver, child, or parent, and/or the case manager, DCF authorizes alternative means to conduct in-person face-to-face visits to meet the current 30-day visit requirement. This guidance applies to contacts with children, parents, caregivers, youth in EFC, other populations requiring a 30-day visits. DCF has also released guidance for DCF frontline team members to prevent the spread of COVID-19 during investigations, inspections, site-visits, and other visits to homes and facilities. This guidance is in alignment with CDC and Florida DOH guidelines to practice social distancing and to use PPE (personal protective equipment).

In addition, DCF is conducting a pilot program for Supplemental Nutrition Assistance Program (SNAP) recipients to purchase groceries online with the use of an EBT card. SNAP participants are automatically eligible to participate in this program and do not need to apply. This partnership with federal, state, and local partners will ensure Floridians can access nutritious food while also practicing social distancing and self-quarantining to reduce the spread of COVID-19. The initial launch for the pilot program in Florida was on April 16 at all five Tallahassee locations. On April 21, both Walmart and Amazon online purchasing will be available statewide. DCF will continue to coordinate with the USDA and the Florida Retail Federation to expand the network of retailers participating in the pilot program.

These activities and guidance documents as well as others will be incorporated into DCF's [Emergency/Disaster Plan](#) in the event of a future pandemic.

Statewide Disaster Planning

DCF's published [Emergency/Disaster Plan](#) provides guidance for all Department program operations. Although Tropical Storm Watches and Warnings are the most often experienced events, DCF'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, wild fire, 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 Welfare, the Interstate Compact Unit, the Hotline, Children's Legal Services and Child Protection Investigations.

As part of its disaster preparedness efforts, DCF posts information about office closings and other operations changes on a disaster section on its website and encourages Floridians to sign up for DCF'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 our Department is reaching out to communities across the state to assist them in their time of need. In addition, families and

individuals who are current food assistance clients may receive replacement of benefits for the value of the food lost because of damage to their home or sustained electrical outages.

Requirements for Local Disaster Plans

Each Community-Based Care agency (CBC) has locally driven Continuity of Operations Plans and Child Welfare Disaster Plans. All written plans are updated and submitted annually to DCF. Copies of the written plans are provided to DCF'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; and
- Preserve essential program records that are external to the Florida Safe Families Network.

The Office of Child Welfare (OCW) 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. DCF also reminds stakeholders and partners in the field to make sure staff are trained and apprised of any changes in the plan.

Attachment 4: Staff Development and Training Plan Update

Training Plan Updates

The Office of Child Welfare (OCW) Training 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 OCW Training Unit continues to team up with all training units in the Community-Based Care Lead Agencies (CBCs), the Florida Coalition for Children, universities, the Florida Certification Board, sheriff office grantees, the six DCF regions, Children's Legal Services (CLS), and the Office of Court Improvement to aid DCF in its mission of protecting the vulnerable, promoting strong families, and advancing family resiliency.

Pending Legislation: The Florida Legislature passed a bill (CS/SB 1326) that directs DCF to work with universities to develop and implement a career-long professional development curriculum for child welfare professionals. The Legislature also expanded the functions of the Florida Institute for Child Welfare (Institute) to inform and train social work students for a successful career in child welfare. The bill is waiting for the Governor's signature.

Personnel Changes: The OCW Training Unit welcomed a new manager. Two more staff changes are anticipated due to retirement and a lateral promotion; positions to be impacted are those of the Instructional Designer and the Professional Development Specialist.

New Training Updates: In response to the expiration of Florida's Title IV-E Waiver, DCF implemented a statewide Path Forward initiative to prepare for the post-waiver environment. With this initiative, DCF created Title IV-E programs such as traditional Title IV-E Foster Care, Candidacy, Extended Foster Care, and the Guardianship Assistance Program. DCF updated procedures and the Florida Safe Families Network (FSFN), Florida's comprehensive child welfare information system, to meet the new programs' requirements. The OCW Training Unit contracted with a company to deliver just-in-time training sessions to train and educate all child welfare professionals for the newly implemented Title IV-E programs.

COVID-19 Effects on Training: The COVID-19 pandemic has forced DCF to move from face-to-face training to virtual training. The OCW Training Unit has started utilizing a video conferencing platform, GoToTraining, to deliver training. DCF is using this platform to deliver pre-service and in-service training to prepare staff for the possible rise in child maltreatment, and host webinars to better equip all child welfare professionals to deal with complexities surrounding the profound effects of the virus.

Activities in Support of Florida's Current Staff Development and Training Plan

Goal: Professionalize and Strengthen the Training Infrastructure

Initiative 1.1 Trainer Credentialing:

OCW contracted with the University of South Florida to develop and deliver a standardized statewide Trainer Coaching and Competency Program (TCCP) for all pre-service child welfare trainers. The goals of the initiative are to enhance child welfare pre-service trainers' skills and knowledge through a strong certification program and ensure consistency in pre-service training delivery.

Per the training rule 65C-33, Florida Administrative Code, trainers are classified into one of the following levels:

- Level 1: Pre-service child welfare trainers who require both content knowledge and delivery skills training.
- Level 2a: Pre-service child welfare trainers who are deemed competent for content knowledge but require training for delivery skills.

- Level 2b: Pre-service child welfare trainers who are deemed competent for delivery skills but require training for content knowledge.
- Level 3: Pre-service child welfare trainers who are deemed competent for content knowledge and delivery skills and are eligible for trainer certification through the Florida Certification Board.

All pre-service trainers must apply to be certified. After applying, trainers are required to complete assessments on both their Core Pre-service content knowledge and training delivery abilities. If trainers are unable to pass the content knowledge assessment, or choose not to take the delivery assessment, they must attend fundamental courses which conclude with an assessment of their content and delivery skills. Once the trainer is deemed competent in content knowledge and delivery skills, they can obtain certification as a Child Welfare Trainer.

Between June 2019 – February 2020, 38 trainers have been credentialed through TCCP. The table below shows a breakdown of the number of trainers:

	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb
Level 1	1	0	7	0	2	0	0	0
Level 2a	2	6	4	3	0	0	6	6
Level 2b	1	0	0	0	0	0	0	0
Level 3	8	5	8	5	3	3	3	3
Total	12	11	19	8	5	3	9	9

Future Plans: All trainers who teach the pre-service curriculum will be either a certified child welfare trainer or be in the process of becoming certified through the TCCP. Trainers who are already certified will continue to develop their knowledge and competency by attending at least 20 hours of in-service training.

Initiative 1.2. Professionally Developed Pre-service Curricula

Since 2017, the Institute, partnering with the Florida State University College of Social Work, conducted a study³⁴ with 21 new Child Protective Investigators (CPIs) and 17 Case Managers (CMs) to determine newly hired child welfare professionals’ preparedness upon completing pre-service training in 2017. The results showed that the participants found the pre-service content was informative but difficult to apply due to case complexities. Also, participants reported being unfamiliar with FSFN computer documentation even after completing the pre-service training.

To increase the skill application after completing pre-service training, the OCW Training Unit has begun working on updating the pre-service curriculum with the Institute. The Institute will contract with a third-party institution to evaluate and make recommendations to improve the current pre-service curriculum to align with new legislation by November 1, 2020. Depending on the evaluation results, the Institute will collaborate with the Florida State University College of Social Work to design and implement a pre-service curriculum during the 2021-2022 school year.

³⁴ Radey, M., Schelbe, L., Miller, C., King, E., Panisch, L., & Wilke, D. (2017, March). Child Welfare Workers’ Preparedness for Transition from Training to Independent Work. Retrieved April 4, 2020, from [https://ficw.fsu.edu/sites/g/files/upcbnu1106/files/FSPSF-Child Welfare Workers Preparedness for Transition from Training to Independent Work-031417.pdf](https://ficw.fsu.edu/sites/g/files/upcbnu1106/files/FSPSF-Child%20Welfare%20Workers%20Preparedness%20for%20Transition%20from%20Training%20to%20Independent%20Work-031417.pdf)

The OCW Training Unit also contracted with a company to design and implement FSFN documentation curriculum for all child welfare professionals. The implementation of FSFN pre-service training is expected to start by September 2020.

Future Plans: The OCW Training Unit will oversee the implementation of pre-service curriculum and FSFN training curriculum.

Initiative 1.3: Leadership and Guidance

Florida child welfare training has a decentralized structure; the Florida Abuse Hotline (Hotline) and each region, CBC, and sheriff's office that conducts child protective investigations either has an in-house training program or contracts with a university or other child welfare provider for a training program. To strengthen the relationship among the siloed training units in Florida's child welfare institutions, the OCW Training Unit is implementing an advisory board.

The purpose of the board is to provide input and guidance for child welfare training. The board will have a vision, mission, scope, objectives, and by-laws. The board will review, evaluate, and make recommendations on training initiatives, policies, and procedures. The board will help the OCW Training Unit explore its scope of work including, but not limited to, pre-service training, in-service training, and trainer proficiency program.

Members will be volunteers recruited from organizations that have a stake in Florida's child welfare system (i.e., CBCs, sheriff offices that conduct child protective investigations, universities, the Florida Certification Board, and DCF). Members will be expected to serve a two-year term. DCF regions and the OCW Training Unit will each have one ex-officio member. The committee will meet quarterly through conference calls and in-person bi-annually. The first meeting is planned for August 2020.

GOAL 2: Promote a Culture of Career-Long Learning

Initiative 2.1: Career-Long Learning

Career Path is a new initiative launched by DCF and is designed to increase employee satisfaction and retention. It is expected to improve employee motivation, responsiveness, and productivity. The Child Protective Investigations Career Path proposal includes the creation of three new classification levels (CPI II, CPI III, and CPI Supervisor II).

Creating new classifications and levels of Child Protective Investigators/Supervisors will require DCF to develop a coinciding training plan. Additionally, the OCW Training Unit is collaborating with the Institute to design, develop, and implement an expanded career ladder for CPIs. Depending on legislative appropriation, the curricula is expected to be available by July 1, 2021.

Initiative 2.2: Supervisor Professional Development

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. Strong Foundations is partnering with OCW, 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 of the project is to help supervisors increase their understanding of core supervisor competencies and enhance their ability to coach, mentor, and supervise. CPI Supervisors, CM Supervisors, and Licensing Supervisors will go through the process to become a certified supervisor.

Strong Foundations completed the first subject matter expert review of the competencies. They validated the competencies using the Delphi method to get solid feedback from incumbent supervisors. The next step will be to create the supervisory training that is based on the determined core competencies. Starting July 2020, the supervisory certification program will be piloted in the Central Region.

Future Plans: After pilot and review, the OCW Training Unit will oversee statewide implementation of supervisor certification.

Children's Legal Services (CLS) Leadership Academy: CLS presently has 20 attorneys participating in its CLS Leadership Academy. The CLS Leadership Academy is preparing the next generation of CLS leaders to transition seamlessly into Lead Trial Attorney, Supervising Attorney, Managing Attorney, and Regional Director positions.

Since July 1, 2019, the CLS Leadership Academy trained the participants on such matters as communication, reviewing work products, and time management. Further in-person training was scheduled for March 2020, but the training had to be postponed until further notice due to the COVID-19 pandemic. Participants are also engaging in quarterly group calls to prepare a resource document for the benefit of the entire firm. Lastly, each participant is paired with a mentor who provides monthly one-on-one counseling and semi-annual feedback. The current class is scheduled to graduate in September 2020. CLS plans to recruit a new class of 25 individuals for the next academy.

Initiative 2.3: Proficiency in Florida's Child Welfare Practice Model

The OCW Training Unit is collaborating with the Florida Coalition for Children and DCF Office of Innovation to develop and implement a case management proficiency initiative. The purpose of this initiative is to develop model experts who can consult and provide guidance to case managers and their supervisors to create a 'real work' environment for the transfer of knowledge around core competencies and fidelity to the Practice Model.

Under the initiative, the OCW Training Unit established the Case Management Safety Practice Expert Training and Development Program Academy (CM SPE Academy). The CM SPE Academy has a strong focus on case application so that candidates can gain a clear understanding of how to implement the Practice Model within varying family dynamics. The purpose of the CM SPE Academy is to provide classroom and field instruction that provides advanced knowledge of the practice model, FSFN, and coaching required for skill application at an expert level. Programs covered in the CM SPE Academy will include practice model concepts, FSFN skill building and case application, coaching, and consultation.

The OCW Training Unit is determining a contractor to implement the process. Once the project is contracted out, the training unit will reach out to each CBC to determine whether they will opt in or out of the process by July 2020. The first-round of participants will be selected by August 2020. The CM SPE Academy will roll out in September or October 2020.

Future Action: An on-going assessment and evaluation will be conducted to improve the CM SPE Academy.

GOAL 3: Fully Integrate Training into the Continuous Quality Improvement (CQI) Process

Initiative 3.1: Continuous Improvement of Training

The OCW Training Unit is migrating training transcripts from the in-house Human Resource Training System (HRTS) to a new Learning Management System (LMS) in the State of Florida PeopleFirst platform, as all Florida state agencies are required to use the new system. Even though the new LMS has more functionality for training registry, delivery, and tracking, the system cannot track training activities for child welfare professionals who are not state employees, such as those employed by private agencies or municipalities.

Future Plans: The OCW Training Unit is looking for possible ways to track statewide training, including CBCs, Case Management Organizations, and any child welfare institution.

Initiative 3.2: Strengthen the Link Among Training, Data, and Quality Assurance

The OCW Training Unit uses quarterly training reports submitted by CBCs, sheriff office grantees, DCF regions, and CLS to ensure that training occurs statewide for all child welfare professionals, foster parents, adoptive parents, and staff in licensed facilities. Attachment 4 shows a breakdown of all training that was delivered during January 2019-December 2019.

The OCW Training Unit has not implemented a formalized process to use quality assurance review findings to inform pre-service and in-service training.

Future Plans: The OCW Training Unit will require all Florida child welfare agencies to implement at least Kirkpatrick’s Level I (satisfaction) and Level II (learning) evaluation methods to measure the effectiveness of training. The OCW Training Unit will require each DCF region, sheriff office grantee, and CBC to submit annual training plans that incorporate statewide needs. Also, the OCW Training Unit will work with DCF’s Quality Office to develop a process so that quality reviews will inform training needs.

Training Budget

As the Title IV-E Waiver ended in September 2019, DCF implemented Title IV-E programs such as traditional Title IV-E Foster Care, Candidacy, Extended Foster Care, and the Guardianship Assistance Program. Chapter 8 provides the breakdown of the training budget for this fiscal year.

Overview of Training Delivered (01/2019-12/2019)

This overview is a compilation of data submitted by the CBCs, sheriff office grantees, the six DCF regions, and CLS. The reporting period for state training is from January 2019 through December 2019. During the year, 62,907 individuals attended child welfare-related training activities offered by DCF or one of its partner agencies.

The trainees were foster parents, adoptive parents, CPIs, CMs, licensing counselors, adoption specialists, independent living case managers, CLS staff, and other child welfare service provider employees. Because the training data is self-reported there are inconsistencies. This document includes the way local agencies label and describe their training.

Below are tables with the breakdown of training by the audience, course types, training setting, and training providers. Totals may vary across the table due to missing data.

Table 1: Pre-service Training in 2019

Course Title	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Core	690	403	442	427	1962	52.0%
Case Management Specialty Track	362	338	270	296	1266	33.6%
CPI Specialty Track	163	42	139	21	512	13.6%
Licensing Specialty Track	18	2	1	9	30	0.8%
Grand Total	1233	785	852	753	3770	100.0%

Table 1 shows the number of individuals who received pre-service training in 2019. Case management staff are the largest consumer of the training, followed by CPIs. For the purpose of this report, case management staff are the case managers, adoption counselors, licensing counselors, quality assurance staff, case management support staff, and supervisors. The table shows that the licensing specialty track trainee numbers are low. A possible explanation is that some agencies may be reporting them under case management.

Table 2: Description of In-service Trainings Delivered in 2019

Title IV-E Training Topics Claimable at the 75 Percent Match Rate	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Social Work Practice	3251	1880	3992	2658	11781	19.92%
Child Abuse and Neglect Issues	1635	700	3705	1273	7313	12.37%
Assessment	1443	1152	2532	1479	6606	11.17%
Communication Skills	735	221	1360	1131	3447	5.83%
Mental Health	972	334	1601	324	3231	5.46%
Permanency Planning	685	190	960	255	2090	3.53%
Title IV-E Policies	430	930	502	47	1909	3.23%
SACWIS	374	404	627	146	1551	2.62%
Cultural Competency	130	54	792	55	1031	1.74%
Child Development	153	124	463	275	1015	1.72%
Preserving Families	131	138	341	399	1009	1.71%
Domestic Violence	210	220	315	257	1002	1.69%
Substance Abuse	401	51	301	245	998	1.69%
Referrals to Services	407	45	428	97	977	1.65%
Ethics Training	227	106	149	482	964	1.63%
Independent Living	137	77	120	33	367	0.62%
Effects of Separation	20	3	210	-	233	0.39%
Foster Parent Training	35	46	41	65	187	0.32%
Visitation/Family Time	22	5	48	65	140	0.24%
AFCARS System	-	-	75	9	84	0.14%
Training Topics Not Eligible @75% FFP	2919	1146	5629	3508	13202	22.32%
Grand Total	14317	7826	24191	12803	59137	100.00%

Table 2 displays the in-service training delivered to child welfare professionals and service providers across the state. The high-demand topics were social work practice, child abuse and neglect, and assessment. The social work practice skills course is about family-centered practice and social work methods such as interviewing and assessment. The child abuse and neglect topic courses educate child welfare professionals on the effects of neglect and abuse on children. The assessment courses focus on the circumstances that require removal of the child from home, yet they do not cover how to conduct a child abuse and neglect investigation.

Table 3. In-service Training by Audience Groups in 2019

Attendee Category	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Case Management	10910	7150	20105	12532	50697	85.73%
Child Protective Investigations	2703	181	3111	97	6092	10.30%
No Response	587	495	495	174	1751	2.96%
Child Legal Services	117	-	480	-	597	1.01%
Grand Total	14317	7826	24191	12803	59137	100.00%

Table 3 shows that case management trainees were the largest training population in 2019. This distribution reflects the staffing structure of the state’s child welfare system. Foster and adoptive parents are not included in this table because their training is tracked and reported separately.

Table 4. In-service Training by Settings in 2019

Training Setting	Number of In-Service Trainings					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Online	401	330	481	191	1403	48.9%
Classroom	413	242	490	253	1398	48.8%
Field	10	6	43	7	66	2.3%
Grand Total	824	578	1014	451	2867	100.0%

Table 4 shows the environment or setting where training was provided. In 2019, about half of the trainings took place in some form of a “classroom” environment, using the face-to-face delivery method. The other half was delivered online; most of the online training was webinars.

Table 5. In-service Training by Providers in 2019

Training Provider	Number of In-Service Trainings					
	Q1	Q2	Q3	Q4	Year Total	Percentage
In-House	584	403	815	327	2129	74.3%
Other	218	163	179	124	684	23.9%
University	22	12	20	-	54	1.9%
Grand Total	824	578	1014	451	2867	100.0%

Table 5 shows the training providers. Most of the trainings are provided ‘in-house.’ The in-house category is comprised of training provided by staff from DCF, CBC, case management organization, or a sheriff’s office that conducts 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, such as Action for Child Protection, David Mandel, or a local provider.

Table 6. Foster and Adoptive Parent Training in 2019

Course Title – For Foster and Adoptive Parents Training	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Passport to Parenting	253	57	370	200	880	21.2%
QPT Training	-	210	560	100	870	21.0%
Adoption 101	156	201	147	160	664	16.0%
PRIDE	51	80	478	-	609	14.7%
Other	10	58	117	16	201	4.9%
Foster Parent Recruitment	-	-	134	-	134	3.2%
Professional Parenting	18	15	43	52	128	3.1%
MAPP Training	-	-	91	18	109	2.6%
Group Home Training	-	100	-	-	100	2.4%
Empowered to Connect	-	-	-	91	91	2.2%
Adoption Information Night	40	-	14	36	90	2.2%
Adoptive Parent Training	-	-	34	42	76	1.8%
Information Night	-	45	-	-	45	1.1%
Adoption Orientation	-	-	43	-	43	1.0%
TBRI	-	42	-	-	42	1.0%
Foster Parent Training	-	-	32	-	32	0.8%
Self-care	27	-	-	1	28	0.7%
Grand Total	555	808	2063	716	4142	100.0%

Table 6 shows the courses provided to foster and adoptive parents in 2019. About 73% of foster and adoptive parents attended Passport to Parenting; Quality Parenting Training (QPT); Adoption 101; or Parent Resources for Information, Development, and Education (PRIDE). It is possible that foster and adoptive parents are receiving more training than is being tracked and reported. Efforts are being made to address this situation including telephone consultations with CBCs and the six DCF regions to reinforce both documentation and reporting of training activities.

Appendix A. Department's Integration Plan



Department Integration Plan

2019-2022

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Mission, Vision and Values

MISSION

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. Ch.20.19 F.S.

VISION

We are a highly skilled workforce committed to empowering people with complex and varied needs to achieve the best outcomes for themselves and their families. In collaboration with community stakeholders, we will deliver world class and continuously improving service focused on providing the people we serve with the level and quality that we would demand and expect for our own families.

CORE VALUES

A workforce that operates with **integrity** maintains loyalty to a code of ethics that requires the **courage** to take responsibility for providing the highest quality of service to the vulnerable. We are a solutions-focused learning organization built on a foundation of transparency in action and **accountability** of results. Both within the organization and among our stakeholders, we thrive in a culture of **respect** for diversity of opinion that is nurtured through open communication. High performing and committed, we are unified in our goal of **excellence** in achieving quality outcomes for those we serve.

CORE COMPETENCIES

Systems Integration:

The Department oversees diverse and multi-faceted systems of care that must be designed, managed and continuously improved. We must be experts in the systematic integration and coordination of services to optimize available resources and drive the best possible outcomes for each person we serve.

Vendor Relationship Management:

The services for which we are responsible are delivered through a complex network of vendors and community partners. It is critical that we ensure vendors and community partners share in our mission and vision – it is not enough for them to simply deliver services. They must uphold our values and maintain a commitment to world class service and outcomes. We must balance partnership with accountability.

Data Analytics:

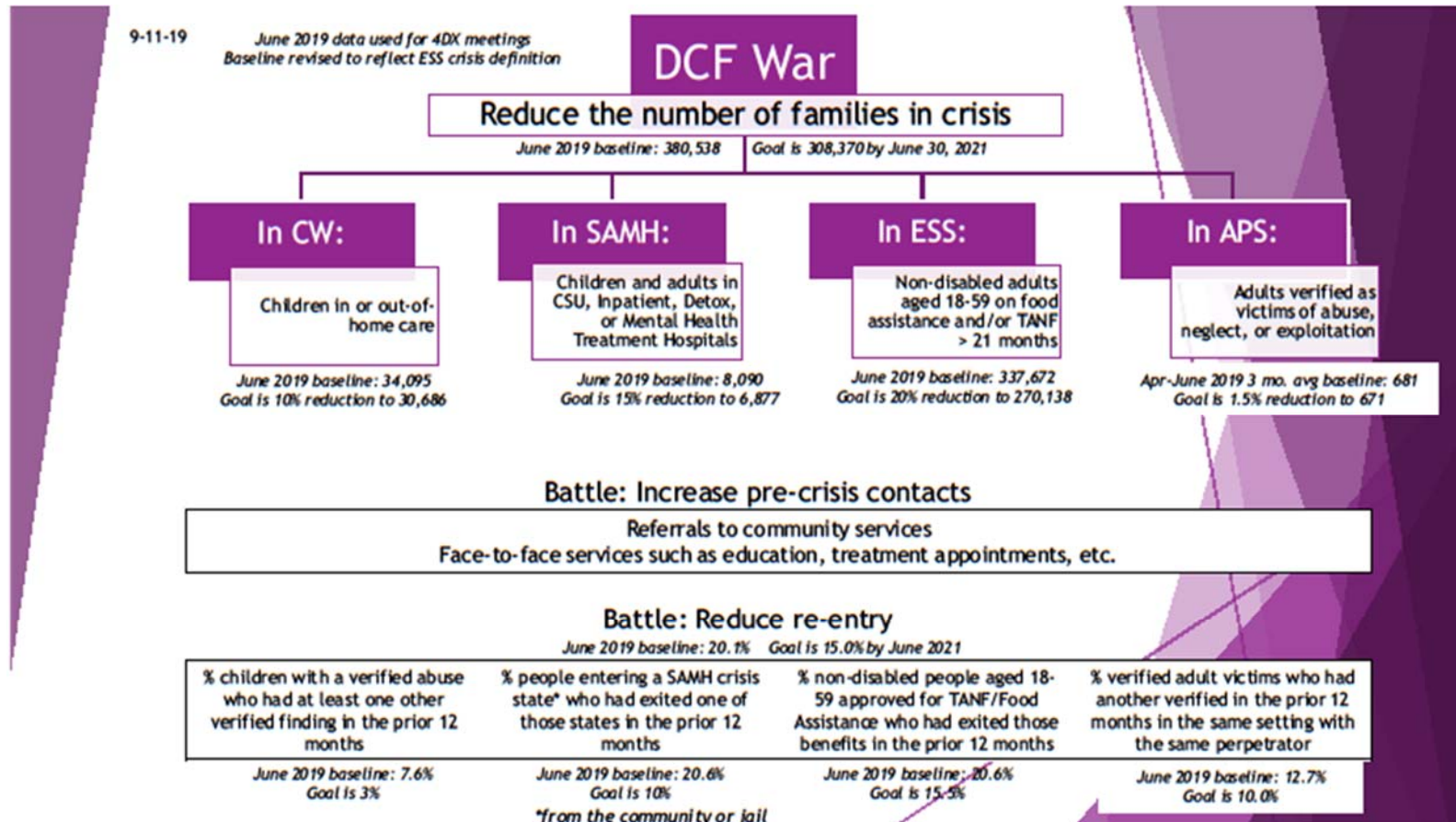
Everything we do must be outcome-based and solution-focused. We must analyze data and information in multidimensional ways to gain deep understanding of system issues and challenges. We use analytic data to drive daily actions; inform strategic, operational, and financial decision-making; and improve outcomes.

World Class Workforce:

Because we have a sacred mission to protect the vulnerable with the same passion we have for our own families, we must have a committed and competent workforce. Our workforce is truly our most valuable asset. We are committed to recruiting, developing, and retaining a world class workforce to support this organization now and into the future.

DCF War WIG

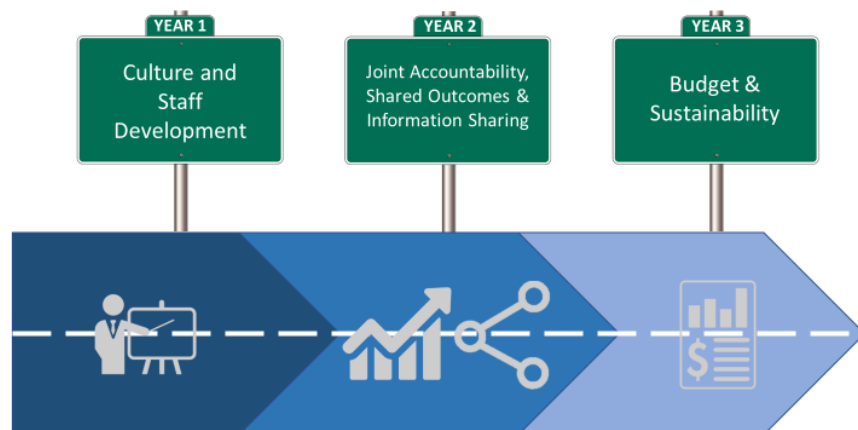
The Department has adopted Franklin Covey’s “4 Disciplines of Execution” to provide greater focus on the vision to move from a crisis agency to a prevention agency. The identified Wildly Important Goal (WIG) is to reduce the number of families in crisis. This goal will be approached from two angles to change how we interact with persons served. The first is increasing pre-crisis contacts with at-risk families through referrals to community resources and face-to-face services, including education and treatment appointments. The second is reducing re-entry into our programs and services. Each program area has defined this reduction in crisis based on their services and population.



Executive Summary

The Florida Department of Children and Families is comprised of four program offices providing a variety of services to individuals and families. These program offices include the Office of Child Welfare, the Office of Substance Abuse and Mental Health, the Office of Economic Self-Sufficiency, and Adult Protective Services. Each of these areas meet the critical needs of those they serve and often attend to families with complex and multiple needs. Due to the prevalence of mutually-served individuals and families 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 adopting a proactive approach to how we interact with individuals and families served, the Department has identified priorities that utilize care coordination in order to improve the collaboration between offices and enhances partnerships with state and local stakeholders. The three-year Integration Plan 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.



The first step to an integrated agency requires all staff to understand the array of services offered by the Department of Children and Families and their partners. This knowledge is foundational to prepare staff for coordinating care effectively and providing the right services regardless of how the family

entered the system. Standardized new employee orientation and trainings provide staff with the information needed to understand the services of other program offices, local and state entities, and any other stakeholders that may meet the needs identified by an individual or family. This grounding as an organization must be provided at onboarding and through ongoing activities for everyone to understand how their work drives the overall mission.

As programs identify mutually-served individuals, information sharing will not only assist with improved care but also program and agency accountability. These elements are essential in the providing the teamwork and collaboration required to address family needs and prevent crisis. Shared outcomes ensure all stakeholders are working collectively towards the same goals with the individual or family at the center.

Finally, as programs work more cohesively and evaluate outcomes and effectiveness, the agency can align internal resources to continue efforts that are making the greatest impact. The Department's collaboration with other agencies will also offer opportunities for leveraging resources to make positive and sustained changes to our business model and culture to achieve the tenants of our Mission, Vision and Values.



OFFICE OF CHILD WELFARE
MYFLFAMILIES.COM

The Office of Child Welfare (CW) works in partnership with local communities, courts and tribes to ensure the safety, timely permanency and well-being of children. The goals of the Child Welfare Program are to prevent the separation of children from their families, protect children, reunify families, and identify permanent placement of children who cannot be reunified. Additionally, the Child Welfare Program works to transition older children in the foster care system to self-sufficiency as they exit foster care. The Department contracts with Community-Based Care Lead Agencies to provide foster care and related services meeting the local needs of the community. The Office of Child Welfare’s Office of Child Care Regulation is also statutorily responsible for the administration of child care licensing and training in Florida to ensure children are cared for in a safe, healthy, positive and educational



OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH
MYFLFAMILIES.COM

The Office of Substance Abuse and Mental Health (SAMH) is the single state authority on substance abuse and mental health as designated by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The program is governed by Chapters 394 and 397 of the Florida Statutes and is responsible for the oversight of a statewide system of care for the prevention, treatment, and recovery of children and adults with serious mental illnesses or substance abuse disorders. The Department contracts regional systems of care called Managing Entities that allow the Department’s funding to address the specific behavioral health needs of that area.



OFFICE OF ECONOMIC SELF-SUFFICIENCY
MYFLFAMILIES.COM

The Office of Economic Self-Sufficiency (ESS) helps to promote strong and economically self-sufficient communities by determining eligibility for food, cash and medical assistance for individuals and families on the road to economic recovery. The Automated Community Connection to Economic Self Sufficiency (ACCESS) allows customers to connect with their public assistance information 24/7, through the online application and MyACCESS Account. The Department also leverages a community partner network to work with the ACCESS program and provide a variety of services to individuals seeking or receiving assistance.



ADULT PROTECTIVE SERVICES
MYFLFAMILIES.COM

The Adult Protective Services (APS) Program is dedicated to protecting vulnerable adults from further abuse, neglect, exploitation, or self-neglect and enabling adults with disabilities to remain in the community. Services of this program include on-site investigation of reports of alleged abuse, neglect, exploitation or self-neglect; determination of immediate risk to the victim and provision of necessary emergency services; evaluation of the need for and provision of protective supervision; and, provision of on-going protective services. Additionally, Adult Protective Services assists vulnerable adults to live dignified and reasonably independent lives in their own homes or in the homes of relatives or friends so that they may be assured the least restrictive environment suitable to their needs.

environment by trained,
qualified child care staff.

Care Coordination

The Department of Children and Families promotes the use of care coordination to achieve the goal of reducing families in crisis. The care coordination model reinforces the Department’s Core Competency of Systems Integration and supports the goal of excellence in achieving quality outcomes for those we serve. Given the complex needs of families entering our system, the Department must coordinate with available resources to maximize outcomes.

Florida statute 394.4573(1)(a) defines care coordination as “the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.”

When individuals and families deal with health conditions in conjunction with other social determinants of health, there is greater difficulty navigating healthcare systems due to a disjointed system of care.³⁵ As the Department adopts a “No Wrong Door” approach to individuals entering the system through any of our program offices, care coordination allows for pre-crisis intervention and aims to reduce re-entry into the system. Improved integration of internal program offices and increased collaboration with state and local stakeholders allow for an individual or family’s needs and preferences to be identified and communicated to the right parties in order to provide safe and effective care.³⁶ Targeted care coordination also drives improved outcomes for providers and the Department.

The Department is committed to utilizing pre-crisis contacts to address the full needs of an individual or family, regardless of how they enter the system. This focus requires a cultural shift from leadership and frontline staff, multidisciplinary coordination between program areas to fully comprehend the scope of resources available, and collaboration with partner agencies to provide warm handoffs to services. A care coordination model is approached differently in each program office but ultimately will result in a more thorough assessment of an individual or family’s needs, identification of services, and streamlined linkage to those resources.

³⁵ Galbreath, L. SAMHSA- HRSA Center for Integrated Health Solutions. (2012). eSolutions: Care coordination: The heart of integration. eSolutions. <http://www.integration.samhsa.gov/about-us/esolutions-newsletter/july-2012>

³⁶ Care Coordination. Content last reviewed August 2018. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/ncepcr/care/coordination.html>

Priority 1: Culture and Staff Development

ALL DEPARTMENT STAFF MUST UNDERSTAND THE ROLES AND SERVICES EACH PROGRAM OFFICE PROVIDES AND HOW THEIR WORK DRIVES. COMMUNITY PARTNERS AND RELEVANT STAKEHOLDERS MUST ALSO HAVE KNOWLEDGE OF AVAILABLE RESOURCES WITHIN THE DEPARTMENT OF CHILDREN AND FAMILIES AND PARTNER AGENCIES. THIS PROVIDES THE FOUNDATION FOR ADDRESSING THE FULL NEEDS OF THE INDIVIDUALS AND FAMILIES WE SERVE AND AVERTING FAMILY CRISES. ALL DEPARTMENT STAFF AND PARTNERS WILL EFFECTIVELY COORDINATE CARE AND PROVIDE ENGAGEMENT TO THE RIGHT SERVICES REGARDLESS OF HOW THE FAMILY ENTERED THE SYSTEM.

GOAL	1-1	Increase cross-program knowledge within the agency and community partners to enhance responsiveness to an individual or family's needs.	
Strategy	1-1.1	Establish an employee onboarding process that provides new employees with the understanding of all programs and services offered by the Department and community partners.	Expected Completion: June 2020
Objectives	1-1.1.1	Assess the current onboarding processes at headquarters and regionally.	March 2020
	1-1.1.2	Develop a curriculum with essential roles and functions the program offices and services offered internally or through community partnership.	May 2020
	1-1.1.3	Develop a plan for agency-wide implementation.	June 2020
Strategy	1-1.2	Utilize ongoing training exercises to cultivate an understanding of programs and services available to individuals and families through the Department and partner agencies.	Expected Completion: October 2020
Objectives	1-1.2.1	Work with the regional offices to develop an implementation plan for integrated trainings and activities to reach all existing staff, community partners and relevant stakeholders.	June 2020
	1-1.2.2	Implement training plan and provide integrated training to all Department staff, community partners and relevant stakeholders.	October 2020

Program-Specific Strategies

CHILD WELFARE

Strategy	CW 1-1.1	Increase the number of child care programs with a Trauma-Informed Care Endorsement through training to provide trauma-informed care to families and recognize signs of trauma impacting children.	Expected Completion: October 2020
Objective	CW 1-1.1.1	Provide an instructor led course to assist child care programs for implementation of trauma informed care for the families they serve through the Office of Child Care Regulation.	February 2020
	CW 1-1.1.2	Assess the number of child care programs with Trauma-Informed Care Endorsement and develop a plan to continue expansion of training.	October 2020

CHILD WELFARE/SUBSTANCE ABUSE AND MENTAL HEALTH			
Strategy	CW/ SAMH 1-1.1	Enhance collaboration and understanding between child welfare professionals and behavioral health providers through interdisciplinary training.	Expected Completion: June 2020
Objective	CW/ SAMH 1-1.1.1	Develop a standardized curriculum for behavioral health providers working with the child welfare population on Florida’s Child Welfare Practice Model and terminology.	April 2020
	CW/ SAMH 1-1.1.2	Develop a standardized curriculum for child welfare staff on behavioral health issues and the impact on parenting and the family system.	June 2020
	CW/ SAMH 1-1.1.3	Create an implementation plan to ensure all CPIs, CWCMs, Supervisors and behavioral health staff working with child welfare-involved families receive standardized ongoing cross-training.	June 2020

GOAL 1-2 Increase screening and navigation to facilitate appropriate referrals and improve engagement and reduce the number of families in crisis.

Strategy	1-2.1	Increase contact, engagement and access to services for at-risk families.	Expected Completion: October 2020
Objectives	1-2.1.1	Work with program offices to identify points of entry to our system and the comprehensive needs of individuals and families.	June 2020

1-2.1.2	Formalize an agency framework to coordinate care for individuals and families across programs.	October 2020
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Program-Specific Strategies

CHILD WELFARE			
Strategy	CW 1-2.1	Increase collaboration pre-commencement by linking families to appropriate resources and services through differential response.	Expected Completion: October 2020
Objective	CW 1-2.1.1	Assess the activities of the Assessment Response Team (ART) in the Northwest Region and Brain in Central and Southern Regions to expand activities and include linkage to behavioral health services and economic resources.	February 2020
	CW 1-2.1.2	Evaluate the number of referrals made to appropriate services and other pre-crisis contacts.	June 2020
	CW 1-1.2.3	Identify resources for pre-commencement coordination of care and linkage to appropriate services and resources.	October 2020
Strategy	CW 1-2.2	Utilize the CPI Facesheet developed by the Office of Innovation to enhance assessment of family needs and services during an investigation.	Expected Completion: October 2020
Objective	CW 1-2.2.1	Assess the use of a unified data source in information-gathering and decision-making taken during an investigation.	May 2020
	CW 1-2.2.2	Identify any needs for support across program offices to assist in navigation based on behavioral health service and benefit determination information provided through the Facesheet.	July 2020
	CW 1-2.2.3	Implement supports for system navigation based on the improved understanding of the family's behavioral health and economic stability.	October 2020

ECONOMIC SELF-SUFFICIENCY			
Strategy	ESS 1-2.1	Overhaul the current community partner network to deploy a community-based approach to economic independent service delivery.	Expected Completion: October 2020
Objective	ESS 1-2.1.1	Redefine the role of community partners.	January 2020

	ESS 1-2.1.2	Formalize agreements with the Community Partner Network.	July 2020
	ESS 1-2.1.3	Ensure community partners are informed of and have the necessary resources to navigate individuals and families to appropriate services.	October 2020
	ESS 1-2.1.4	Monitoring for quality service delivery.	Ongoing
Strategy	ESS 1-2.2	Utilize Care Coordination to assist ESS clients in identifying and removing barriers to employment.	Expected Completion: October 2020
Objective	ESS 1-2.2.1	Receive proposals from all regions on how to implement Care Coordination.	February 2020
	ESS 1-2.2.2	Selected regions to pilot Care Coordination. This includes hiring, building assessments, a resource to track outcomes, and develop trainings to assist the team in providing a custom-tailored approach to helping clients in their communities	March 2020
	ESS 1-2.2.3	Expand Care Coordination to all regions.	October 2020

CHILD WELFARE/SUBSTANCE ABUSE AND MENTAL HEALTH			
Strategy	CW/ SAMH 1-2.1	Increase use of subject matter experts to assist CPIs and CWCMs with identifying behavioral health disorders, assessing the impact on child safety, and exploring treatment options.	Expected Completion: October 2020
Objective	CW/ SAMH 1-2.1.1	Align Behavioral Health Consultant (BHC) roles to provide consistent resources statewide.	July 2020
	CW/ SAMH 1-2.1.2	Leverage existing resources to expand BHCs to each service center.	October 2020
	CW/ SAMH 1-2.1.3	Implement participation of subject matter experts at multidisciplinary staffings to identify the family's service needs and improve safety decision-making.	October 2020
Strategy	CW/ SAMH 1-2.2	Enhance programs that link child welfare-involved families to treatment programs.	Expected Completion: October 2020

Objective	CW/ SAMH 1-2.2.1	Convene Regional SAMH staff and Managing Entities to review current structures and outcomes for linkage programs in each region.	January 2020
	CW/ SAMH 1-2.2.2	Evaluate the effectiveness of the different formats to identify models with greater success in quickly connecting families to treatment.	June 2020
	CW/ SAMH 1-2.2.3	Identify program changes and contract outcomes to utilize effective and evidence-based approaches.	October 2020

ADULT PROTECTIVE SERVICES/SUBSTANCE ABUSE AND MENTAL HEALTH			
Strategy	APS/SAMH 1-2.1	Increase collaboration between Regional APS and SAMH offices for individuals with mental health needs.	Expected Completion: October 2020
Objective	APS/SAMH 1-2.1.1	Formalize the criteria for the Adult Protection Team process to include Regional SAMH when there are mental health needs.	July 2020
	APS/SAMH 1-2.1.2	Work with Regional SAMH offices to communicate to designated facilities options for inappropriate admissions, including involvement of the Regional SAMH office and Managing Entity.	October 2020

ECONOMIC SELF-SUFFICIENCY/SUBSTANCE ABUSE AND MENTAL HEALTH			
Strategy	ESS/SAMH 1-2.1	Increase collaboration with the Office of Economic Self-Sufficiency by enhancing impact for those receiving Optional State Supplementation (OSS) cash assistance.	Expected Completion: July 2020
Objective	ESS/SAMH 1-2.1.1	Assess the current use of OSS funds to supplement cost of care for individuals residing in licensed assisted living facilities, adult family care homes, and mental health residential treatment facilities.	January 2020
	ESS/SAMH 1-2.1.2	Develop a plan to implement the enhanced impact of OSS case assistance.	May 2020

ESS/SAMH 1-2.1.3	Implement a plan to enhanced impact of OSS cash assistance.
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July 2020

Priority 2: Joint Accountability, Shared Outcomes and Information Sharing

WITH A SHARED VISION AND UNDERSTANDING OF THE SERVICES PROVIDED, JOINT ACCOUNTABILITY MUST BE ESTABLISHED WITH WELL-DEFINED PROCESSES, CLEAR EXPECTATIONS, AND MUTUAL OUTCOMES. ALL STAKEHOLDERS SHOULD BE INCLUDED FOR DECISION-MAKING FROM POLICY TO PRACTICE. INFORMATION SHARING AND DATA EXCHANGE IS ESSENTIAL TO COLLABORATION AND CREATING ACCOUNTABILITY FOR ALL PARTNERS AT THE TABLE.

GOAL	2-1	Strengthen the collaboration within program offices and external stakeholders to effectively implement policies and procedures requiring multidisciplinary support.	
Strategy	2-1.1	Develop implementation strategies for internal operating procedures requiring coordination and collaboration from multiple programs or partners.	Expected Completion: December 2020
Objectives	2-1.1.1	Work with program offices to identify operating procedures or agreements that involve partners from different areas of expertise.	June 2020
	2-1.1.2	Review language for clarity, role assignment and expectations with a cross-program team including input from policy and practice.	October 2020
	2-1.1.3	Develop implementation guidelines with operations to ensure consistent practice throughout the state.	December 2020

Program-Specific Strategies

CHILD WELFARE/SUBSTANCE ABUSE AND MENTAL HEALTH			
Strategy	CW/ SAMH 2-1.1	Establish communication protocols to outline referral processes, information sharing, and timeframes.	Expected Completion: December 2020
Objective	CW/ SAMH 2-1.1.1	Review current Working Agreements between Managing Entities and Community-Based Care Lead Agencies for best practices.	March 2020
	CW/ SAMH 2-1.1.2	Identify behavioral health providers in each region that accept public and private funding sources and pilot single points of entry for child welfare referrals.	July 2020

CW/ SAMH 2-1.1.3	Identify behavioral health providers in each region to pilot joint case planning and treatment planning, routine multidisciplinary staffings, and information sharing.	October 2020
CW/ SAMH 2-1.1.4	Incorporate communication protocols into Working Agreements that define referral processes, address barriers for communication, and sets timelines for assessments, progress updates and staffings, and establishes mutual outcomes and expectations.	December 2020

ADULT PROTECTIVE SERVICES/SUBSTANCE ABUSE AND MENTAL HEALTH			
Strategy	APS/SAMH 2-1.1	Implement notification and information sharing between Regional APS and SAMH for institutional investigations involving designated facilities.	Expected Completion: December 2020
Objective	APS/SAMH 2-1.1.1	Identify a pilot region and establish points of contact within the Regional SAMH office for collaboration on institution investigations.	May 2020
	APS/SAMH 2-1.1.2	Outline qualifying events under designation authority that would warrant Regional SAMH investigation.	June 2020
	APS/SAMH 2-1.1.3	Develop a procedure for sharing information and results of investigations between Regional APS and SAMH and expand process statewide.	December 2020

GOAL	2-2	Increase information sharing and establish cross-program data analysis to measure shared outcomes and support joint accountability.	
Strategy	2-2.1	Utilize a shared data environment that allows the Department to view all services a family is engaged in to drive service delivery and reduce families in crisis.	Expected Completion: June 2021
Objectives	2-2.1.1	Identify individuals and families at-risk for needing assistance across the Department's system through the Office of Innovation's Family Crisis Anomaly Detection to divert from crisis.	July 2020
	2-2.1.2	Create and track shared outcomes to measure success of families engaged in multiple program services to drive necessary changes.	June 2021

Program-Specific Strategies

CHILD WELFARE/SUBSTANCE ABUSE AND MENTAL HEALTH			
Strategy	CW/ SAMH 2-2.1	Implement child welfare-specific assessments and progress reporting to provide more relevant information to child welfare professionals.	Expected Completion: June 2021
Objective	CW/ SAMH 2-2.1.1	Develop an assessment and progress reporting template that speaks to caregiver protective capacities and behavior change.	March 2020
	CW/ SAMH 2-2.1.2	Pilot assessment and progress reporting template with a behavioral health provider in each region.	October 2020
	CW/ SAMH 2-2.1.3	Incorporate language for child welfare-specific assessment and progress reporting into contracts.	June 2021

Priority 3: Budget & Sustainability

A FOCUS ON PROACTIVE RESPONSES TO AN INDIVIDUAL OR FAMILY'S NEEDS, GREATER ACCOUNTABILITY TO THE SERVICES WE PROVIDE AND INCREASED COLLABORATION WITH STAKEHOLDERS ALLOWS FOR A MORE STRATEGIC USE EXISTING RESOURCES. USING DATA-DRIVEN DECISION-MAKING, THE AGENCY CAN FOCUS RESOURCES ON THE SERVICES THAT HAVE THE GREATEST IMPACT IN PREVENTING CRISIS AND REDUCING RE-ENTRY INTO OUR SYSTEM.

GOAL	3-1	Identify effective strategies and services that address the complex needs of individuals or families and reallocate existing resources to support those efforts.	
Strategy	3-1.1	Develop a performance-driven business model to services that strengthen and ensure financial accountability.	Expected Completion: June 2022
Objectives	3-1.1.1	Utilize shared outcomes and data to conduct needs assessments and cost estimates.	June 2021
	3-1.1.2	Develop internal mechanisms to support performance and performance-based payment models for contracted services.	June 2022

Program-Specific Strategies

CHILD WELFARE/SUBSTANCE ABUSE AND MENTAL HEALTH			
Strategy	CW/ SAMH 3-1.1	Assess and evaluate the current service array and utilization for child welfare families in each circuit/county and address gaps in service.	Expected Completion: June 2022
Objective	CW/ SAMH 3-1.1.1	Identify the child welfare population receiving DCF-funded and Medicaid-funded behavioral health services and determine an estimate of need based on child welfare data.	October 2020
	CW/ SAMH 3-1.1.2	Assess the current capacity and utilization of services such as Outreach, Recovery and Peer Support, and Case Management and availability of services afterhours, in-home, and through telehealth.	December 2020
	CW/ SAMH 3-1.1.3	Identify behavioral health providers and pilot enhanced services to the child welfare population for expansion to the provider network to meet the need.	June 2021
	CW/ SAMH 3-1.1.4	Evaluate true cost of service, eligibility, and availability of resources to leverage relevant funding sources.	June 2022

Strategy	CW/ SAMH 3-1.2	Evaluate treatment efficacy based on shared outcomes.	Expected Completion: June 2022
Objective	CW/ SAMH 3-1.2.1	Utilize shared data environment to create and assess shared outcomes for mutually-served individuals and families.	June 2021
	CW/ SAMH 3-1.2.2	Develop contract outcomes and value-based payments.	June 2022

Interagency Collaborations

The Department of Children and Families works with many state agencies through various Data Sharing Agreements and Memorandums of Understandings. The Department also serves on advisory councils and steering committees to promote partnership and a collaborative approach to the needs of the State of Florida. 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.

Department of Education, Office of Early Learning State Advisory Council (SAC) for the Preschool Development Grant (PDG): The State Advisory Council is charged with leading the development of a statewide strategic plan that will promote a high quality, comprehensive system of early childhood care and education and that will identify opportunities for, and barriers to, statewide coordination and collaboration among the wide array of programs and services that support children ages birth through five and their families. The Florida Early Childhood Strategic Plan outlines the following needs to strengthen Florida’s early childhood system in the next three years: Need for Increased Family Supports, Need for Improved Access to Quality Early Care and Education, and Need for Increased Coordination of Services.

Department of Health’s State Health Improvement Plan (SHIP) Steering Committee: The 2017-2021 SHIP outlines goals for Florida’s public health system across nine priority areas – Health Equity; Maternal & Child Health; Immunizations & Influenza; Injury, Safety & Violence; Healthy Weight, Nutrition & Physical Activity; Behavioral Health – Includes Mental Illness & Substance Abuse; Sexually Transmitted Disease – Includes Other Infectious Diseases; Chronic Diseases & Conditions – Includes Tobacco-Related Illnesses & Cancer; and Alzheimer’s Disease & Related Dementias. The Department of Children and Families oversees the Behavioral Health Priority.

Agency for Health Care Administration (AHCA) Medical Care Advisory Committee (MCAC): This advisory committee provides input to the AHCA on improving Medicaid beneficiaries’ access to specialists, enhancing communication and recommendations on policies, rules and procedures. The Department also serves on the MCAC Behavioral Health and Children’s Subcommittees, as well as works with AHCA on facilitating access to through eligibility determination. AHCA’s goal regarding Potentially Preventable Hospital Events focuses on hospital and emergency department admissions and readmissions, which aligns with the Department’s emphasis on care coordination.

Senate Bill 7026: Known as the Marjory Stoneman Douglas High School Public Safety Act, SB7026 provided an opportunity to increase engagement between the Department of Children and Families with law enforcement and the education system. The bill also expanded the Community Action Treatment (CAT) teams across the state to provide intensive mental health services in the community and access to Mobile Response Teams (MRT) in each county to respond to mental health crises.

Interagency Agreement between AHCA, APD, DCF, DJJ, DOE, DOH, GAL, and OEL

This agreement, referred to as the Interagency Agreement, is a collaboration between the Agency for Health Care Administration (AHCA), Agency for Persons with Disabilities (APD), Department of Children and Families (DCF), Department of Juvenile Justice (DJJ), Department of Education (DOE), Department of Health (DOH), Guardian ad Litem Program (GAL), and Florida’s Office of Early Learning (OEL). It intends to coordinate services and support for children served by more than one agency. The Interagency Agreement addresses the statutory responsibilities of the Children and Youth Cabinet per Section 402.56, Florida Statutes. At the local, regional and state levels, personnel from each agency are appointed on behalf of their agency and meet on a monthly basis. Representatives from contractors and providers of member agencies are also included.

Local Review Team areas follow judicial circuits and convene monthly to resolve case specific issues that cannot be addressed in an individual’s treatment team. In addition to scheduled monthly staffings, additional meetings may be called in the event of crisis or emergency involving a child. Assistance from a Regional Review Team is requested when the Local Review Team cannot resolve child specific issues. Elevation to the State Review Team is requested if issues cannot be resolved at the Regional Review Team level.

The Department of Children and Families takes lead in the convening of review teams; however the implementation, frequency, and participants may vary from circuit to circuit. Additional needs for assistance can include guidance on when to elevate cases and how to address information sharing.

Interagency Agreement between Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Children and Families, Department of Juvenile Justice, Department of Education, Department of Health, Guardian ad Litem Program, and Florida’s Office of Early Learning

Strategy	IAA 1.1	Improve the collaboration outlined in the Interagency Agreement to better address the needs of children served by multiple agencies.	Expected Completion: December 2020
Objective	IAA 1.1.1	Review the current Interagency Agreement and assess current implementation across the state.	June 2020
	IAA 1.1.2	Develop a consistent implementation plan for convening staffings and the elevation of cases.	October 2020
	IAA 1.1.3	Training with all parties on provisions to information sharing outlined in the Interagency Agreement.	December 2020

Alignment of SAMH and AHCA

The Department and Agency for Health Care Administration are committed to working together to improve access to services and leverage resources to meet the needs of the individuals we serve. This partnership was illustrated in the policy change made by AHCA to allow parents in the child welfare system to keep their Medicaid while working towards reunification with their child(ren).

In August 2019, the Department of Children and Families and the Agency for Health Care Administration (AHCA) entered an Interagency Data Sharing Agreement. The Department provided AHCA data on the behavioral health services funded by SAMH in order to maximize revenues, improve the efficiency of service delivery and improve outcomes for individuals served. Based on the data shared in this agreement, AHCA was able to determine services that were provided to Medicaid-eligible individuals during State Fiscal Year 2017-2018. This data review was an initial step in understanding the shared population funded by AHCA and SAMH, reviewing the services covered by both entities, and making progress towards greater accountability by ensuring individuals eligible for Medicaid are appropriately connected to benefits.

Alignment of SAMH and AHCA

Strategy	AHCA/ SAMH 1.1	Improve the services delivery and outcomes of individuals served between the two agencies and maximize resources.	Expected Completion: June 2021
Objective	AHCA/ SAMH 1.1.1	Review services funded by SAMH provided during active Medicaid enrollment and share with contracted providers for analysis.	April 2020
	AHCA/ SAMH 1.1.2	Identify the circumstances for utilization of SAMH funding when an individual was enrolled in Medicaid and address barriers identified and increase provider accountability to utilize the appropriate funding source.	December 2020
	AHCA/ SAMH 1.1.3	Adjust data reporting elements to provide more alignment between services.	June 2021

Collaboration with Primary Health

The Office Substance Abuse and Mental Health is a partner in Florida Department of Health’s Primary Care Behavioral Health Collaborative Initiative through the Office of Children’s Medical Services Managed Care Plan & Specialty Programs. In both the Regional and Statewide Behavioral Health Models, the Department of Children and Families and SAMH will play an active role in the expansion and integration of behavioral health in primary health care.

Through interprofessional regional collaboratives, the initiative aims to improve referrals and access to treatment to address pediatric mental health needs. Additionally, contracts are in the process of implementation between the Department of Health and research entities to provide primary care providers and behavioral health organizations with technical assistance and training guided by the SAMHSA: Behavioral Health Center for Integrated Health Solutions. The Regional Behavioral Health Model also intends to increase telehealth consultation for primary care providers to access behavioral health professionals, such as psychiatrists, psychologists, and social workers. SAMH can assist in this process through the Regional SAMH offices and Managing Entities to leverage existing meetings and knowledge of local needs.

The Statewide Behavioral Health Model includes monthly meetings of leadership and establishing a Statewide Advisory Council. This council will also work on sustainability for this initiative and addressing any regulatory or fiscal questions.

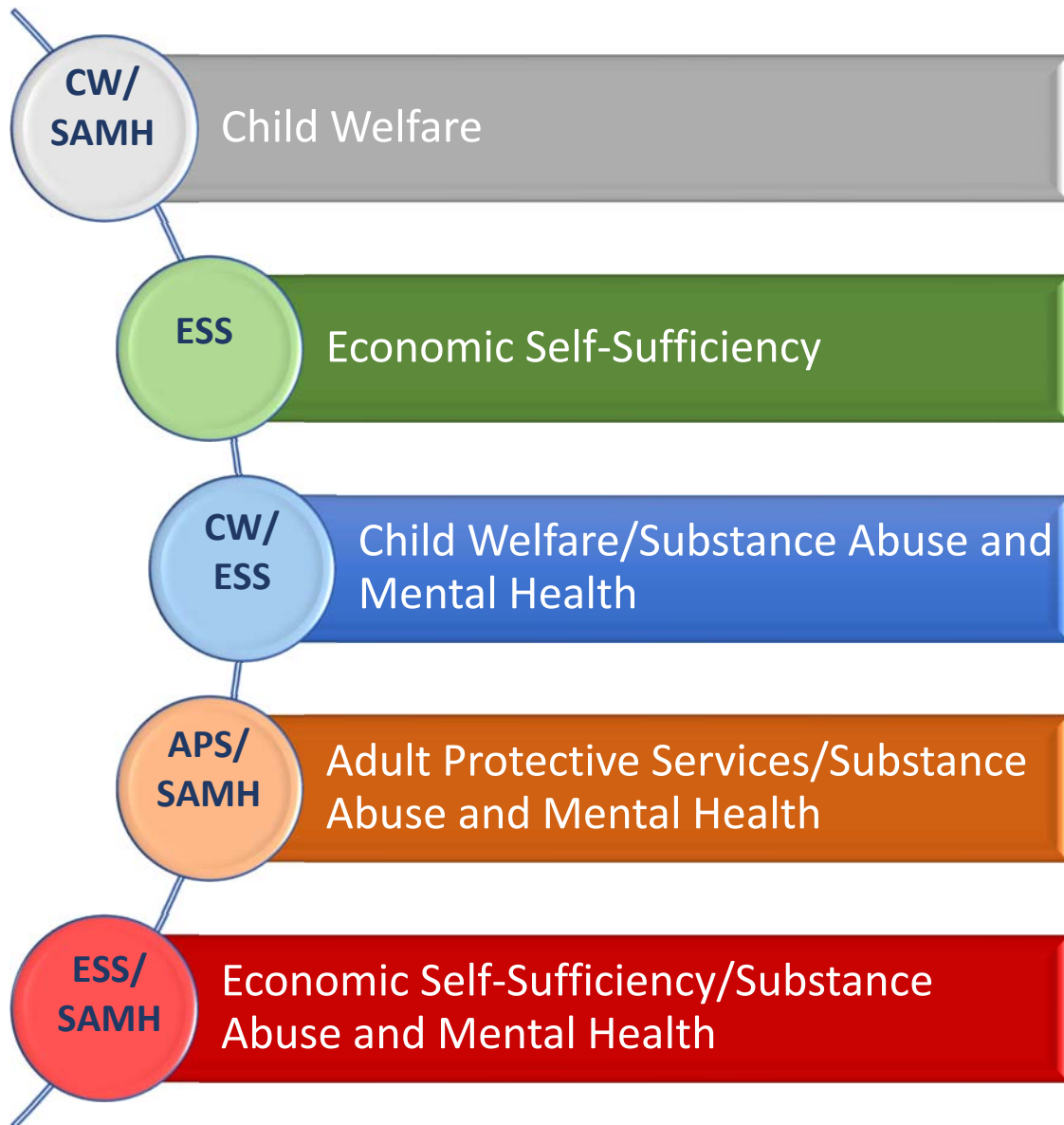
An additional opportunity in integrating with primary health is through the child welfare lens. Currently child welfare professionals utilize Child Protection Teams (CPT) through the Department of Health’s Children’s Medical Services. Many areas also have child welfare professionals that work directly with local hospitals, specifically to address substance exposed newborns. While these partnerships are a strong step towards integration with primary health, there are still many areas for continued improvement.

Collaboration with Primary Health

Strategy	PH 1.1	Improve collaboration with primary health and behavioral health to provide a comprehensive approach to addressing an individual or family’s needs.	Expected Completion: June 2021
Objective	PH 1.1.1	Assist in the integration of DOH’s Primary Care Behavioral Health Collaborative Initiative through the Regional SAMH offices and Managing Entities to establish Regional Collaboratives.	March 2020
	PH 1.1.2	Participate in the Statewide Advisory Council to assist in implementation of the initiative, addressing barriers, and planning for sustainability.	June 2021
Strategy	PH 1.2	Enhance collaboration between child welfare professionals and primary health providers.	Expected Completion: June 2022
Objective	PH 1.2.1	Assess practice and training needs of statewide Child Protection Teams to increase collaboration with child welfare.	June 2020

PH 1.2.2	Increase co-location of child welfare professionals with delivering hospitals to address the needs of substance exposed newborns and development of Plans of Safe Care.	June 2021
PH 1.2.3	Increase participation of medical professionals at multidisciplinary staffings to address primary health needs of families.	June 2022

Appendix A: Program-Specific Strategies



Child Welfare

Given that families entering the child welfare system can present with multiple needs, there is the opportunity to not only maintain child safety but also provide services that may address additional needs for behavioral health and economic independence. This more comprehensive approach can reduce the families from entering our system in the future and prevent further states of crisis.

Children living in low socioeconomic status households are at significantly greater risk of experiencing maltreatment³⁷, making the collaboration between child welfare and economic welfare is vital for families to sustain long-term well-being. While use of incidental and emergency financial assistance are available to families in the child welfare system, linkage to ongoing financial supports are not often made. Additionally, both children and adults entering the child welfare system have behavioral health needs that are addressed more thoroughly in the Child Welfare/Substance Abuse and Mental Health strategies.

From the use of differential response to address concrete needs of families that come to the attention of child welfare to including assessment and connection to benefits as “reasonable efforts” in preserving families, there are significant opportunities for child welfare, economic welfare and behavioral health to work together to support positive outcomes for families. Differential response offers an opportunity for our system to respond to families that present with needs but are not an immediate safety concern. If families are assessed prior to commencement or as an alternative to commencing an investigation, community supports and services can be offered upfront. Utilizing multidisciplinary expertise, a family’s needs can be assessed from a comprehensive lens, allowing for more well-informed safety decision-making and the linkage to prevention and intervention services.

Once child welfare professionals are involved in an investigation, information-gathering would include upfront and ongoing multidisciplinary team staffings to ensure appropriate decision-making. The Office of Child Welfare, the Office of Economic Self-Sufficiency, and the Office of Substance Abuse and Mental Health can strengthen partnership and communication to link families to the appropriate economic resources and behavioral health services up-front and during active investigations. Joint planning for stability would include whether families are receiving or eligible for benefits such as Supplemental Nutrition Assistance Program (SNAP) food assistance, Temporary Assistance for Needy Families (TANF) cash assistance and Medicaid.³⁸ In Florida, eligibility for these services are available through the Department’s Office of Economic Self-Sufficiency and can provide a step toward economic well-being for families at-risk or involved in the child welfare system. The Office of Substance Abuse and Mental Health also provides funding for behavioral health services for the indigent and underinsured and can provide linkage to the behavioral health provider network.

³⁷ Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress.

³⁸ Martin, M. and Citrin, A. (2014). *Prevent, Protect and Provide: How child welfare can better support low-income families*. [online] Center for the Study of Social Policy. Retrieved from <https://cssp.org/wp-content/uploads/2018/11/Prevent-Protect-Provide-Brief.pdf>.

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Culture and Staff Development



October 2020

GOAL	1-1	Increase cross-program knowledge within the agency and community partners to enhance responsiveness to an individual or family's needs.	
Strategy	CW 1-1.1	Increase the number of child care programs with a Trauma-Informed Care Endorsement through training to provide trauma-informed care to families and recognize signs of trauma impacting children.	Expected Completion: October 2020
Objective	CW 1-1.1.1	Provide an instructor led course to assist child care programs for implementation of trauma informed care for the families they serve through the Office of Child Care Regulation.	February 2020
	CW 1-1.1.2	Assess the number of child care programs with Trauma-Informed Care Endorsement and develop a plan to continue expansion of training.	October 2020
GOAL	1-2	Increase screening and navigation to facilitate appropriate referrals and improve engagement and reduce the number of families in crisis.	
Strategy	CW 1-2.1	Increase collaboration pre-commencement by linking families to appropriate resources and services through differential response.	Expected Completion: October 2020
Objective	CW 1-2.1.1	Assess the activities of the Assessment Response Team (ART) in the Northwest Region and Brain in Central and Southern Regions to expand activities and include linkage to behavioral health services and economic resources.	February 2020
	CW 1-2.1.2	Evaluate the number of referrals made to appropriate services and other pre-crisis contacts.	June 2020
	CW 1-1.2.3	Identify resources for pre-commencement coordination of care and linkage to appropriate services and resources.	October 2020
Strategy	CW 1-2.2	Utilize the CPI Facesheet developed by the Office of Innovation to enhance assessment of family needs and services during an investigation.	Expected Completion: October 2020
Objective	CW 1-2.2.1	Assess the use of a unified data source in information-gathering and decision-making taken during an investigation.	May 2020
	CW 1-2.2.2	Identify any needs for support across program offices to assist in navigation based on behavioral health service and benefit determination information provided through the Facesheet.	July 2020
	CW 1-2.2.3	Implement supports for system navigation based on the improved understanding of the family's behavioral health and economic stability.	October 2020

Economic Self-Sufficiency

The Office of Economic Self-Sufficiency utilizes a Community Partner Network to increase access to services needed to assist families in achieving economic independence. Community Partners provide resources and information to help families with assistance toward economic self-sufficiency. Existing partners include resource centers, child advocacy centers, community centers, county public health units, domestic abuse centers, faith-based organizations, food banks, homelessness organizations, hospitals, libraries, public schools, social services, and workforce one-stop centers.

Depending on the Community Partner, available services include internet and computer access to an on-line application; internet and computer access to check case status, report a change, or complete a renewal of benefits; phone access to the automated information line of the Customer Call Center; and access to paper application forms. Currently, there are two partner levels that provide varying levels of support to individuals and families.

As the Office of Economic Self-Sufficiency moves towards a pre-crisis and coordinated care approach, it will be critical for the program to redefine what makes a strategic community partner. This overhaul to the current infrastructure will include screening current partners to ensure they align with new definition and goals, recruitment of new strategic partners, entering into agreements and monitoring for quality service implementation.

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Culture and Staff
Development



October 2020

GOAL	1-2	Increase screening and navigation to facilitate appropriate referrals and improve engagement and reduce the number of families in crisis.	
Strategy	ESS 1-2.1	Overhaul the current community partner network to deploy a community-based approach to economic independent service delivery.	Expected Completion: October 2020
Objective	ESS 1-2.1.1	Redefine the role of community partners.	January 2020
	ESS 1-2.1.2	Formalize agreements with the Community Partner Network.	July 2020
	ESS 1-2.1.3	Ensure community partners are informed of and have the necessary resources to navigate individuals and families to appropriate services.	October 2020
	ESS 1-2.1.4	Monitoring for quality service delivery.	Ongoing
Strategy	ESS 1-2.2	Utilize Care Coordination to assist ESS clients in identifying and removing barriers to employment.	Expected Completion: October 2020

Objective	ESS 1-2.2.1	Receive proposals from all regions on how to implement Care Coordination.	February 2020
	ESS 1-2.2.2	Selected regions to pilot Care Coordination. This includes hiring, building assessments, a resource to track outcomes, and develop trainings to assist the team in providing a custom-tailored approach to helping clients in their communities	March 2020
	ESS 1-2.2.3	Expand Care Coordination to all regions.	October 2020

Child Welfare/Substance Abuse and Mental Health

The Department of Children and Families identified integration of the child welfare and behavioral health systems as a priority to enhance the services and communication regarding parents involved in the child welfare system.

In 2017, parental alcohol or drug use was documented as a circumstance associated with the child's removal for over 40 percent of all children placed in foster care nationally.³⁹ Ongoing coordination between child welfare professionals and behavioral health providers allows for more effective

collaboration between the systems and results in better outcomes for the family. Joint case planning allows for a family-focused case plan monitored by both systems to reduce conflicts between case plan and treatment plan goals.⁴⁰

Beginning in 2016, the Regional Offices conducted self-studies with key stakeholders from the child welfare and behavioral health systems, followed by peer reviews from statewide partners. Regional goals were developed and plans of action were implemented through December 2018 based on four Practice Expectations and four System Components identified as key components of an integrated system.

As a continued priority of the Department, an Integration Advisory focus group was formed with statewide representatives from the Department and contracted stakeholders that held expertise in best practices and were actively involved in their local integration efforts. This committee met in July 2019 to share the current status of integration efforts and shape statewide strategies moving forward.



³⁹ U.S. Department of Health and Human Services, Children's Bureau. (2018, November 8). *AFCARS Report #25*. Retrieved from <https://www.acf.hhs.gov/cb/resource/afcars-report-25>.

⁴⁰ Osterling, K.L., & Austin, M.J. (2008). Substance Abuse Interventions for Parents Involved in the Child Welfare System: Evidence and Implications. *Journal of Evidence-Based Social Work*, 5(2), pp. 157-189. Retrieved from <https://pdfs.semanticscholar.org/c5c5/5b0d926b77ba381847c79abef89ee044fc77.pdf>.

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Culture and Staff Development



October 2020

2

Joint Accountability, Shared Outcomes and Information Sharing



June 2021

3

Budget & Sustainability



June 2022

GOAL	1-1	Increase cross-program knowledge within the agency and community partners to enhance responsiveness to an individual or family's needs.	
Strategy	CW/ SAMH 1-1.1	Enhance collaboration and understanding between child welfare professionals and behavioral health providers through interdisciplinary training.	Expected Completion: June 2020
Objective	CW/ SAMH 1-1.1.1	Develop a standardized curriculum for behavioral health providers working with the child welfare population on Florida's Child Welfare Practice Model and terminology.	April 2020
	CW/ SAMH 1-1.1.2	Develop a standardized curriculum for child welfare staff on behavioral health issues and the impact on parenting and the family system.	June 2020
	CW/ SAMH 1-1.1.3	Create an implementation plan to ensure all CPIs, CWCMS, Supervisors and behavioral health staff working with child welfare-involved families receive standardized ongoing cross-training.	June 2020
GOAL	1-2	Increase screening and navigation to facilitate appropriate referrals and improve engagement and reduce the number of families in crisis.	
Strategy	CW/ SAMH 1-2.1	Increase use of subject matter experts to assist CPIs and CWCMS with identifying behavioral health disorders, assessing the impact on child safety, and exploring treatment options.	Expected Completion: Oct 2020
Objective	CW/ SAMH 1-2.1.1	Align Behavioral Health Consultant (BHC) roles to provide consistent resources statewide.	February 2020
	CW/ SAMH 1-2.1.2	Sustain and expand grant-funded BHC positions through re-allocation of funds.	October 2020

	CW/ SAMH 1-2.1.3	Implement multidisciplinary staffings to include subject matter experts to identify the family's service needs and improve safety decision-making.	October 2020
Strategy	CW/ SAMH 1-2.2	Enhance programs that link child welfare-involved families to treatment programs.	Expected Completion: Oct 2020
Objective	CW/ SAMH 1-2.2.1	Convene Regional SAMH staff and Managing Entities to review current structures and outcomes for linkage programs in each region.	January 2020
	CW/ SAMH 1-2.2.2	Evaluate the effectiveness of the different formats to identify models with greater success in quickly connecting families to treatment.	June 2020
	CW/ SAMH 1-2.2.3	Implement program changes and contract outcomes to utilize effective and evidence-based approaches.	October 2020

GOAL	2-1	Strengthen the collaboration within program offices and external stakeholders to effectively implement policies and procedures requiring multidisciplinary support.	
Strategy	CW/ SAMH 2-1.1	Establish communication protocols to outline referral processes, information sharing, and timeframes.	Expected Completion: Dec 2020
Objective	CW/ SAMH 2-1.1.1	Review current Working Agreements between Managing Entities and Community-Based Care Agencies for best practices.	March 2020
	CW/ SAMH 2-1.1.2	Identify behavioral health providers that accept public and private funding sources and pilot single points of entry for child welfare referrals.	July 2020
	CW/ SAMH 2-1.1.3	Identify behavioral health providers and pilot joint case planning and treatment planning, routine multidisciplinary staffings, and information sharing.	October 2020
	CW/ SAMH 2-1.1.4	Incorporate communication protocols into Working Agreements that define referral processes, address barriers for communication, and sets timelines for assessments, progress updates and staffings, and establishes mutual outcomes and expectations.	Dec 2020

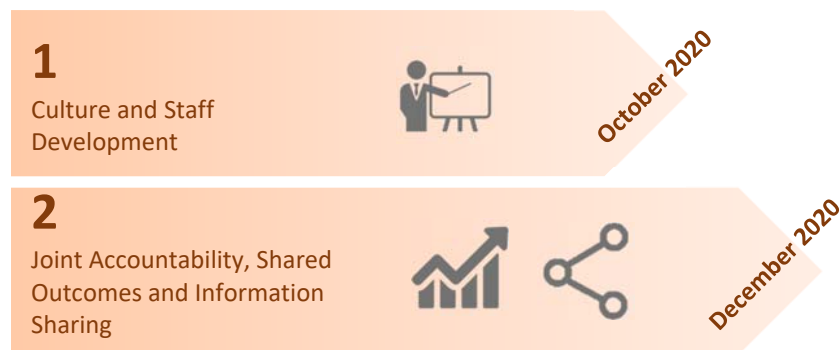
GOAL	2-2	Increase information sharing and establish cross-program data analysis to measure shared outcomes and support joint accountability.	
Strategy	CW/ SAMH 2-2.1	Implement child welfare-specific assessments and progress reporting to provide more relevant information to child welfare professionals.	Expected Completion: June 2021
Objective	CW/ SAMH 2-2.1.1	Develop an assessment and progress reporting template that speaks to caregiver protective capacities and behavior change.	March 2020

	CW/ SAMH 2-2.1.2	Pilot assessment and progress reporting template with a behavioral health provider in each region.	October 2020
	CW/ SAMH 2-2.1.3	Incorporate language for child welfare-specific assessment and progress reporting into contracts.	June 2021
GOAL	3-1	Strengthen the collaboration within program offices and external stakeholders to effectively implement policies and procedures requiring multidisciplinary support.	
Strategy	CW/ SAMH 3-1.1	Assess and evaluate the current service array and utilization for child welfare families in each circuit/county and address gaps in service.	Expected Completion: June 2022
Objective	CW/ SAMH 3-1.1.1	Identify the child welfare population receiving DCF-funded and Medicaid-funded behavioral health services and determine an estimate of need based on child welfare data.	October 2020
	CW/ SAMH 3-1.1.2	Assess the current capacity and utilization of services such as Outreach, Recovery and Peer Support, and Case Management and availability of services afterhours, in-home, and through telehealth.	Dec 2020
	CW/ SAMH 3-1.1.3	Identify behavioral health providers and pilot enhanced services to the child welfare population for expansion to the provider network to meet the need.	June 2021
	CW/ SAMH 3-1.1.4	Evaluate true cost of service, eligibility, and availability of resources to leverage relevant funding sources.	June 2022
Strategy	CW/ SAMH 3-1.2	Evaluate treatment efficacy based on shared outcomes.	Expected Completion: June 2022
Objective	CW/ SAMH 3-1.2.1	Utilize shared data environment to create and assess shared outcomes for mutually-served individuals or families.	June 2021
	CW/ SAMH 3-1.2.2	Develop contract outcomes and value-based payments.	June 2022

Adult Protective Services/Substance Abuse and Mental Health

Adult Protective Services is responsible for the protection of vulnerable adults in Florida. Per Section 415.102(28), Florida Statutes a vulnerable adult is “a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging.” APS can often face barriers when addressing mental health emergencies. A nationwide survey by the National Adult Protective Services Resource Center found that common challenges with cases involving mental illness were “insufficient resources (lack of client housing, placements, in-patient care, and mental health services); clients refusing services; lack of staff training and expertise regarding mental illness; and need for better collaboration with the mental health and related agencies.”⁴¹ The use of subject matter experts can assist in understanding and offering resources for these complex cases. The Regional Substance Abuse and Mental Health offices can provide clinical guidance or connection to resources through participation on multidisciplinary Adult Protection Team staffings defined by Section 415.1102, Florida Statute.

Additionally, the Regional Substance Abuse and Mental Health offices designate receiving facilities under Chapter 394, Florida Statutes. APS often responds to institutional investigations at these facilities on reports of abuse or neglect. It is important for coordinated care and appropriate under the Office of Substance Abuse and Mental Health’s designation authority to be aware of the allegations and results of investigations and provide assistance when needed. It can also be beneficial for the Regional Substance Abuse and Mental Health offices to provide guidance when individuals are inappropriately admitted under a Baker Act or transferred from an assisted living or group home facility. Through better coordination and sharing of knowledge and resources, APS and SAMH can provide a more comprehensive response to adults with complex needs and there may be potential reduction to utilization of acute care settings for individuals with dementia or developmental delays.



GOAL	1-2	Increase screening and navigation to facilitate appropriate referrals and improve engagement and reduce the number of families in crisis.	
Strategy	APS/SAMH 1-2.1	Increase collaboration between Regional APS and SAMH offices for individuals with mental health needs.	Expected Completion: October 2020
Objective	APS/SAMH 1-2.1.1	Formalize the criteria for the Adult Protection Team process to include Regional SAMH when there are mental health needs.	July 2020

⁴¹ Ramsey-Klawnsnik, H. (n.d.). Technical Assistance Brief: Working with Cases Involving Mental Illness. *National Adult Protective Services Association*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2015/08/Mental-Illness-Brief-FINAL.pdf>

APS/SAMH 1-2.1.2	Work with Regional SAMH offices to communicate to designated facilities options for inappropriate admissions, including involvement of the Regional SAMH office and Managing Entity.	October 2020
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Priority 2: Joint Accountability, Shared Outcomes and Information Sharing

GOAL	2-1	Strengthen the collaboration within program offices and external stakeholders to effectively implement policies and procedures requiring multidisciplinary support.	
Strategy	APS/SAMH 2-1.1	Implement notification and information sharing between Regional APS and SAMH for institutional investigations involving designated facilities.	Expected Completion: December 2020
Objective	APS/SAMH 2-1.1.1	Identify a pilot region and establish points of contact within the Regional SAMH office for collaboration on institution investigations.	May 2020
	APS/SAMH 2-1.1.2	Outline qualifying events under designation authority that would warrant Regional SAMH investigation.	June 2020
	APS/SAMH 2-1.1.3	Develop a procedure for sharing information and results of investigations between Regional APS and SAMH and expand process statewide.	December 2020

Economic Self-Sufficiency/Substance Abuse and Mental Health

The Optional State Supplementation (OSS) Program provides monthly cash payments individuals who are aged (65 and over), blind, or disabled adults (18-64) who reside in special non-institutional, residential living facilities, including assisted living facilities, adult family care homes and mental health residential treatment facilities. To qualify for OSS, an individual must need assistance with the activities of daily living due to physical and/or mental conditions. The program provides a monthly check that supplements the individual’s income so they can pay the facility a provider rate established by the Department. This program is administered by the Department of Children and Families and eligibility is determined by the Office of Economic Self Sufficiency.

Many individuals with a serious mental illness live on Supplemental Security Income (SSI) benefits through the Social Security Administration, making it difficult to find affordable housing. Lack of stable housing can result in individuals cycling in and out of homelessness, publicly-funded crisis services, jails, shelters and hospitals.⁴² Due to the challenges of affordable supportive housing, the Office of Substance Abuse and Mental Health provides transitional vouchers to assist individuals with behavioral health issues transition from acute or more restrictive levels of care to lower levels of care. These vouchers are part of the Office of Substance Abuse and Mental Health’s care coordination model.

⁴² National Alliance on Mental Illness (N.D.). *Securing Stable Housing*. Retrieved from <https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Securing-Stable-Housing>.

Assisted living facilities (ALF), mental health residential treatment facilities or adult family care homes are often utilized for individuals with serious mental illness in the community or those discharging from the State Mental Health Treatment Facilities. Transitional vouchers are used with Department approval to fund the gap between SSI and ALF rates; however OSS funds provide another option to supplement other income or SSI.

1

Culture and Staff Development



October 2020

GOAL	1-2	Increase screening and navigation to facilitate appropriate referrals and improve engagement and reduce the number of families in crisis.	
Strategy	ESS/SAMH 1-2.1	Increase collaboration with the Office of Economic Self-Sufficiency by enhancing impact for those receiving Optional State Supplementation (OSS) cash assistance.	Expected Completion: July 2020
Objective	ESS/SAMH 1-2.1.1	Assess the current use of OSS funds to supplement cost of care for individuals residing in licensed assisted living facilities, adult family care homes, and mental health residential treatment facilities.	January 2020
	ESS/SAMH 1-2.1.2	Develop a plan to implement the enhanced impact of OSS case assistance.	May 2020
	ESS/SAMH 1-2.1.3	Implement a plan to enhanced impact of OSS cash assistance.	July 2020

Partnerships



Community Based Care Lead Agencies



Managing Entities



Interagency Collaborations



Appendix B. CAPTA Data Report

The State of Florida 2018-2019 CAPTA ANNUAL DATA REPORT

1. **The number of children who were reported to the State during the year as abused or neglected.**

253,964

2. **Of the number of children described in paragraph (1), the number with respect to whom such reports were—**

- A. **substantiated;** 34,836

- B. **unsubstantiated; or (Note: Florida’s count for Unsubstantiated includes no indication findings and Not Substantiated)** 219,128

- C. **determined to be false.** 594 investigations closed in FFY 2019 I was uncertain if this is for SFY or FFY. In case you need SFY it is 585

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;**

the number that received services during the year under the State program funded under this section or an equivalent State program; and

During the State Fiscal Year (SFY) 2018-2019 there were 46,527 unduplicated victims

- B. **the number that were removed from their families during the year by disposition of the case.**

14,935 (July 1, 2018-June 30, 2019)

4. **The number of families that received preventive services, including use of differential response, from the State during the year.**

32,947 children

5. **The number of deaths in the State during the year resulting from child abuse or neglect.** There was a total of 89 deaths resulting from abuse or neglect.

6. **Of the number of children described in paragraph (5), the number of such children who were in foster care.**

Of the 89 deaths referenced above none of the children were in foster care.

Please note that there are still 26 pending cases for that time period – at least 13 of which WILL be verified as a result of child abuse or neglect. None of the cases involve a child in foster care.

7.

- A. The number of child protective service personnel responsible for the—**
- i. intake of reports filed in the previous year ;**
 - ii. screening of such reports;**
 - iii. assessment of such reports; and**
 - 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 2,632 investigators (which includes Child Protective Investigators and Supervisors; and CPI Sheriffs and Supervisors), as many as 164 Hotline Staff Intake Counselors, and 29 Hotline Staff Intake Supervisors
Source: 2019 NCANDS Agency File

- 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.**

9 hours from time report received to time report commenced *Source: 2019 NCANDS Agency File*

- 9. The response time with respect to the provision of services to families and**

- 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; and**
- 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.**

See attached.

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: 2,739

The number of children receiving family preservation services: 5,283

Source: 2019 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:

38,824 children were appointed to the Guardian ad Litem program (10/01/2018-09/30/2019).

The average number of out of court contacts between such individuals and children.

While we do not have readily accessible data on the average number of out-of-court contacts, the GAL Standards of Operation provide that it is a best practice for children to be visited once every month.

13. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6).

See attached.

14. The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.

The number of children active as a child welfare case who were in a juvenile justice placement as of December 31, 2019 was 1,022. This count includes any child who had an active juvenile justice placement in a residential or detention facility, or community supervision, during the month.

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*

2,747. 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)*:

Appendix C. Educational and Demographics for CPI in Sheriff Offices

Educational Degree and Experience for Child Protective Investigation Personnel in Sheriff Offices

Child Protective Investigations	Supervisors with BSW	Supervisors with MSW	Supervisors Avg Years Child Welfare experience	Investigators with BSW	Investigators with MSW	Investigators Avg Years Child Welfare experience
Sheriff Pasco	0	1	14	3	0	3
Sheriff Hillsborough	1	0	9	3	1	3
Sheriff Manatee	0	0	16	0	1	4
Sheriff Broward	2	0	15	8	2	4
Sheriff Pinellas	2	0	17	1	0	9.42
Sheriff Seminole	1	0	17.36	3	0	4.75
Sheriff Walton	0	0	18	0	1	2

Demographic Information of the Child Protective Investigation Personnel in Sheriff Offices

Child Protective Investigations	Black	White	Other	Hispanic
Sheriff Pasco	7	48	6	8
Sheriff Hillsborough	22	111	20	30
Sheriff Manatee	5	42	0	5
Sheriff Broward	89	10	6	8
Sheriff Pinellas	14	67	3	6
Sheriff Seminole	6	39	0	3
Sheriff Walton	1	6	0	0

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Appendix D. 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: Operations	Position Number: 60002984	FTE: 1.00	Security Role Code: E		
BUREAU/COMPARABLE: Family Safety / Central	Current Broadband Level Code: 21-1099-03	Current Class Title: Child Protective Investigator	Current Class Code: 8371		
SECTION/SUBSECTION: Operations / Child Protection /	Proposed Broadband Level Code:	Proposed Class Title:	Proposed Class Code:		
HEADQUARTERS/COUNTY CODE: 035 / 035		Type of Transaction: Supervisory Change			
INCUMBENT:		APPROVAL AUTHORITY USE ONLY			
POSITION ATTRIBUTES: EEO: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input checked="" 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 checked="" 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"/> ____ Special Risk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Overtime: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CAD: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Broadband Level Code: 21-1099-03	Class Code: 8371	Approved By: MD	Effective Date: 02/21/2020
		APPROVED BROADBAND OCCUPATION: Community/Social Service Spec/All Other			
		APPROVED CLASS TITLE: Child Protective Investigator			
1. This position reports directly to: Position Number <u>60071740</u> Broadband Level Code <u>21-1099-04</u> Broadband Occupation <u>Community/Social Service Spec/All Other</u> Class Code <u>8372</u> Class Title <u>Child Protective Investigator Supv-SES</u>					
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>					
5. Current budget for which this position is accountable (if applicable):					
_____		_____		_____	
Salaries & Benefits		O.P.S.		Expenses	
_____		_____		_____	
F.C.O.		Data Processing		TOTAL ALLOTMENT	
If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation:					

6. Duties and Responsibilities - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.

% of Time	Duties and Responsibilities
	This is professional work protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children.
	Conducts investigations regarding allegations of abuse, neglect, abandonment and/or special conditions for children;
	Collects information through interviews with the children, parents, relatives, neighbors, and other parties associated with the case;
	Engages families, identifies needs and determines the level of intervention needed to include voluntary services or court ordered dependency services; provides services linkages to agency and community resources based on needs assessment. Provides recommendations for development of case plan to Case Manager;
	Conducts initial/ongoing child Present and Impending Danger assessments;
	Develops with the family a signed Present Danger Plan and a signed safety plan for any identified threats and interventions;
	Arranges emergency placement for any child that cannot safely remain in the home;
	Notifies state attorney, law enforcement, child protection team and other required individuals as appropriate;
	Schedules and gathers information for and participates in case staffings;
	Prepares appropriate reports/documentation in coordination with Children's Legal Services and provides testimony in court;
	Maintains thorough documentation in the client records/appropriate information system(s) and maintains organized client files;
	Reports indication of abuse, neglect and/or abandonment to the Florida Abuse Hotline;
	Establishes and maintains cooperative working relationships with organizations and other agencies involved with child protective investigations such as community based providers, Children's Legal Services, law enforcement, medical personnel, schools, and other community/agency resources;
	Ensures effective communication with deaf or hard-of hearing Customers or companions in accordance with the ADA and/or Section 504 and shall manage service records and report this data and any resources and/or training needs to their designated program point of contact.

7. Knowledge, skills and abilities, including utilization of equipment, required for the position: Knowledge of theories and practice in child protection. Knowledge of professional ethics relating to child protection and counseling. Knowledge of family-centered interviewing and counseling techniques. Knowledge of investigative techniques. Knowledge of interviewing and observation techniques. Skill in considering child development in guiding placement of children. Ability to recognize indicators of abuse and neglect. Ability to conduct risk and safety investigations. Ability to plan, organize and coordinate work assignments. Ability to understand and apply relevant laws, rules, regulations, policies and procedures. Ability to actively listen to others. Ability to communicate effectively. Ability to maintain well-executed case files. Ability to establish and maintain effective working relationships with others. Ability to utilize computer systems. Ability to write accurate investigative reports.

8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite): Incumbents in this job class are required to use a personal vehicle to conduct field investigations, field visitations, or transportation of clients, and must maintain a valid driver's license, vehicle registration, and appropriate automobile insurance. Incumbents will receive a Vehicle Insurance Allowance. See CFOP 40-4, Vehicle Insurance Allowance For Selected Child Welfare and Adult Protective Services Staff, for additional information related to this job requirement. Florida Child Protective Investigator certification obtained within 12 months of hire.

9. Other job-related requirements for this position: On-Call

10. Working hours: (A) Daily from _____ to _____ (B) Total hours in workweek 40 (C) Explain any variation in work (split shift, rotation, etc.)

11. Agency Use Only –
Check those that apply: Uniform Allowance CJIP Bond Indicator Drug Screening Re-screening
 Security Check: No security screen required Background investigation required Background & fingerprint required
 Fingerprint investigation required Access to abuse records Caretaker Financial Law enforcement Management
 Sensitive Agency Security Check **Other:**

The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.

Incumbent Signature (optional):		Date:
Discussed with Employee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Title:	Date:
Supervisor's Signature:	Title:	Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer: Miguel Diaz	Title: Human Resources Specialist	Date: 02/27/2020

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: 6031 Proposed:			
DIVISION/COMPARABLE: Office of the Secretary		Position Number: 60002108	FTE: 1.00	Security Role Code: M	
BUREAU/COMPARABLE: Office of Deputy Secretary		Current Broadband Level Code: 21-1099-04	Current Class Title: Child Protective Investigator Supv-SES	Current Class Code: 8372	
SECTION/SUBSECTION: Office of Operations / Northwest Region / Child Protection		Proposed Broadband Level Code:	Proposed Class Title:	Proposed Class Code:	
HEADQUARTERS/COUNTY CODE: 003 / 003		Type of Transaction: Change in Direct Reports			
INCUMBENT:		APPROVAL AUTHORITY USE ONLY			
POSITION ATTRIBUTES: EEO: 01 <input type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> CBU: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input checked="" type="checkbox"/> 89 <input type="checkbox"/> 99 <input type="checkbox"/> Other <input type="checkbox"/> _____ Special Risk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Overtime: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CAD: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Broadband Level Code: 21-1099-04	Class Code: 8372	Approved By: MD	Effective Date: 02/07/2020
		APPROVED BROADBAND OCCUPATION: Community/Social Service Spec/All Other			
		APPROVED CLASS TITLE: Child Protective Investigator Supv-SES			
1. This position reports directly to: Position Number <u>60021445</u> Broadband Level Code <u>11-9151-02</u> Broadband Occupation <u>Community and Social Service Managers</u> Class Code <u>5916</u> Class Title <u>Program Administrator - SES</u>					

2. **Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:**

Broadband : Class Title : Class Code : Position Number(s) : HQ Location

21-1099-03 : Senior Child Protective Investigator : 8373 : 60072041, 60070039 : 003/003

21-1099-03 : Child Protective Investigator : 8371 : 60004371, 60070040, 60073939 : 003/003

43-4199-02 : Records Technician : 0045 : :

21-1093-01 : Family Support Worker : 5703 : :

3. **What statutes establish or define the work performed?** Florida Statute 110.205 (2) (V)

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.

Duties and Responsibilities - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.

% of Time	Duties and Responsibilities
	This is advanced professional work supervising and directing employees. The primary duty of the incumbent in this position is to spend the majority of their time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to effectively recommend actions such as: hire, transfer, suspend, layoff, promote, discharge, assign, and reward or discipline direct reports. Evaluates employees against established standards and takes appropriate actions when necessary (i.e. recognition, reward, corrective action, etc.).
	Supervise, plan and direct workloads, 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.
	Develops performance standards and job duty expectations with investigators, reviews standards and plans for continuous improvement. Communicates investigators' compliance with these expectations on a regular basis and provides coaching by acknowledging outstanding performance and providing suggestions on areas for improvement.
	Evaluates employees against established standards and takes any necessary steps for corrective action.
	Promotes career development of investigators by ensuring each individual receives the proper training and leads cross-training efforts on differential investigative skills.
	Reviews casework, assessments and safety plans with investigators, and provides consultation and direction to assure appropriateness, clarity, quality, thoroughness and proper documentation.
	Use management tools in appropriate information system(s) on an ongoing basis to monitor open cases and manage workflow for steady progress to ensure the timeline for actions to be taken are met and to prevent backlog.
	Ensures that CPI operations are within legislative authority and in compliance with required federal, state rules and regulations.
	Identifies improvements and implements adjustments needed to ensure program effectiveness and efficiency.
	Facilitates and participates in the hiring, promoting, demoting, discipline and/or dismissal of employees.
	Collects, analyzes, and reports data regarding child protective investigations.
	Establishes and maintains cooperative working relationships with organizations and other agencies involved with child protective investigations such as community based providers, Children's Legal Services, law enforcement, medical personnel, schools and other community/agency resources.
	Ensures effective communication with deaf or hard-of hearing Customers or companions in accordance with the ADA and/or Section 504 and shall manage service records and report this data and any resources and/or training needs to their designated program point of contact.

7. **Knowledge, skills and abilities, including utilization of equipment, required for the position:** Knowledge of theories and practice 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

<p>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.</p>		
<p>8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite): Valid driver license; Current Florida Child Protective Investigator certification</p>		
<p>9. Other job-related requirements for this position: Bachelor's Degree, Valid Florida Driver's License. Proficient in the application of the child welfare safety practice model.</p>		
<p>10. Working hours: (A) Daily from <u>8:00AM</u> to <u>5:00PM</u> (B) Total hours in workweek <u>40</u> (C) Explain any variation in work (split shift, rotation, etc.)</p>		
<p>11. Agency Use Only – Check those that apply: Uniform Allowance <input type="checkbox"/> CJIP <input type="checkbox"/> Bond Indicator <input checked="" type="checkbox"/> Drug Screening <input checked="" type="checkbox"/> Re-screening <input checked="" type="checkbox"/> Security Check: No security screen required <input type="checkbox"/> Background investigation required <input type="checkbox"/> Background & fingerprint required <input checked="" type="checkbox"/> Fingerprint investigation required <input type="checkbox"/> Access to abuse records <input checked="" type="checkbox"/> Caretaker <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Law enforcement <input type="checkbox"/> Management <input type="checkbox"/> Sensitive <input type="checkbox"/> Agency Security Check <input type="checkbox"/> Other:</p>		
<p><i>The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.</i></p>		
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: Human Resources Specialist	Date: 02/10/2020

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Appendix E. 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 F. Annual Adoption Survey



ANNUAL ADOPTION SURVEY

July 2018 – June 2019

Department of Children and Families Office of Child Welfare

November 15, 2019

Chad Poppell

Secretary

Ron DeSantis

Governor

Introduction

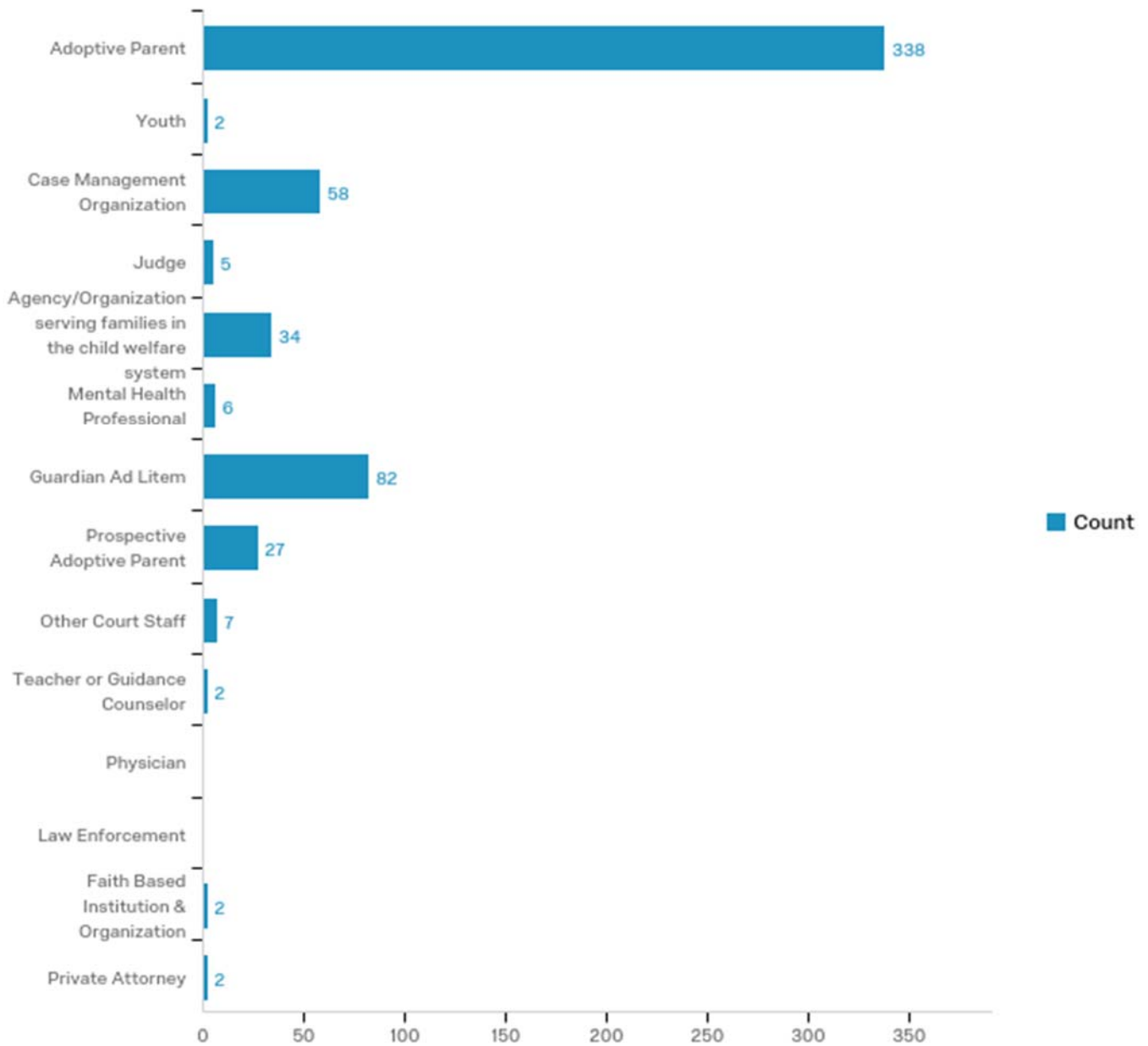
In an effort to improve, the Department of Children and Families is soliciting your feedback through the Annual Adoption Survey. Your perspectives, input and support are critical to the continued growth of our child welfare system.

The Annual Adoption Survey should take approximately **7 minutes** to complete. Responses to this survey are anonymous.

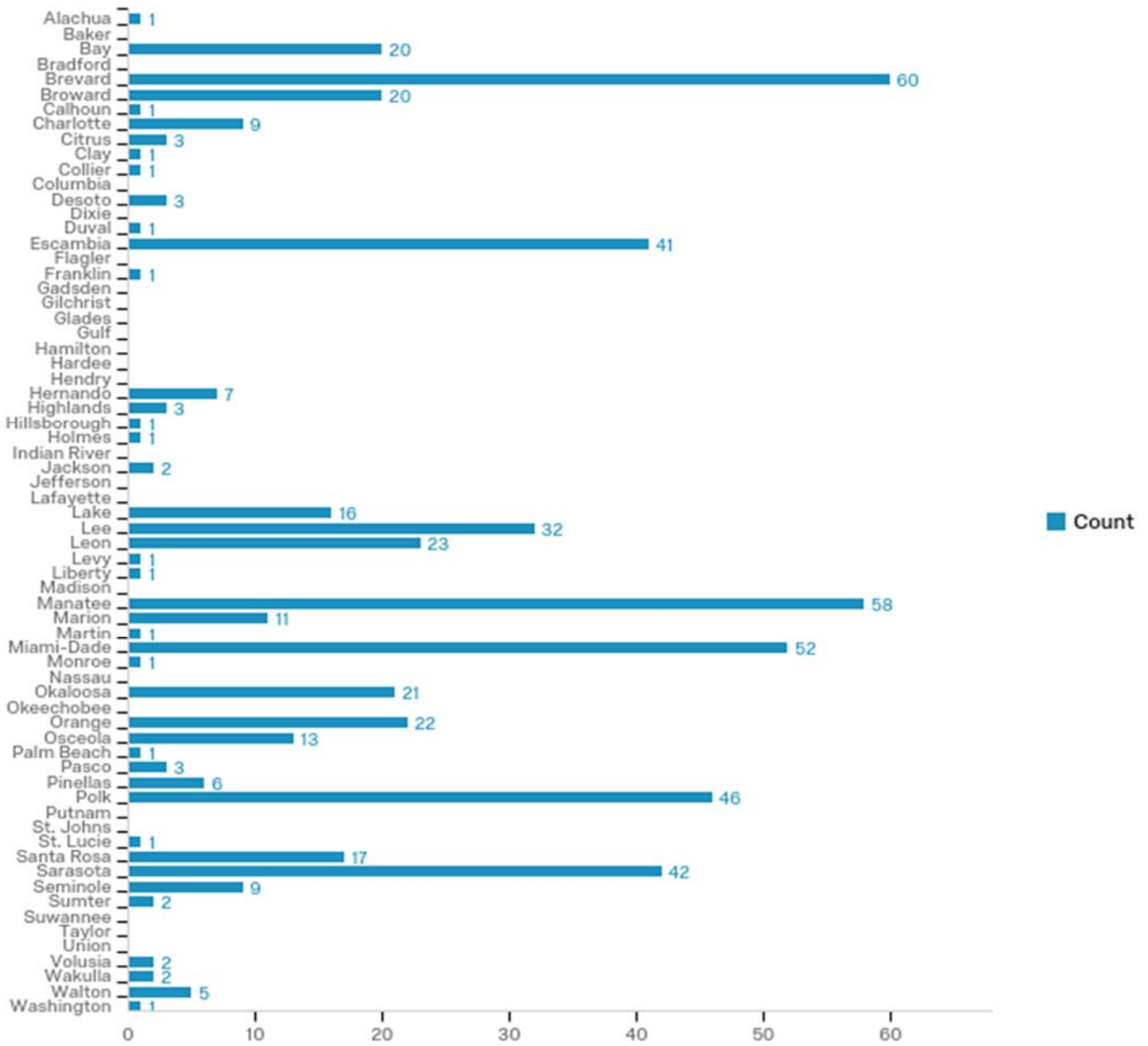
Thank you in advance for your response.

Annual Adoption Survey -2018-2019

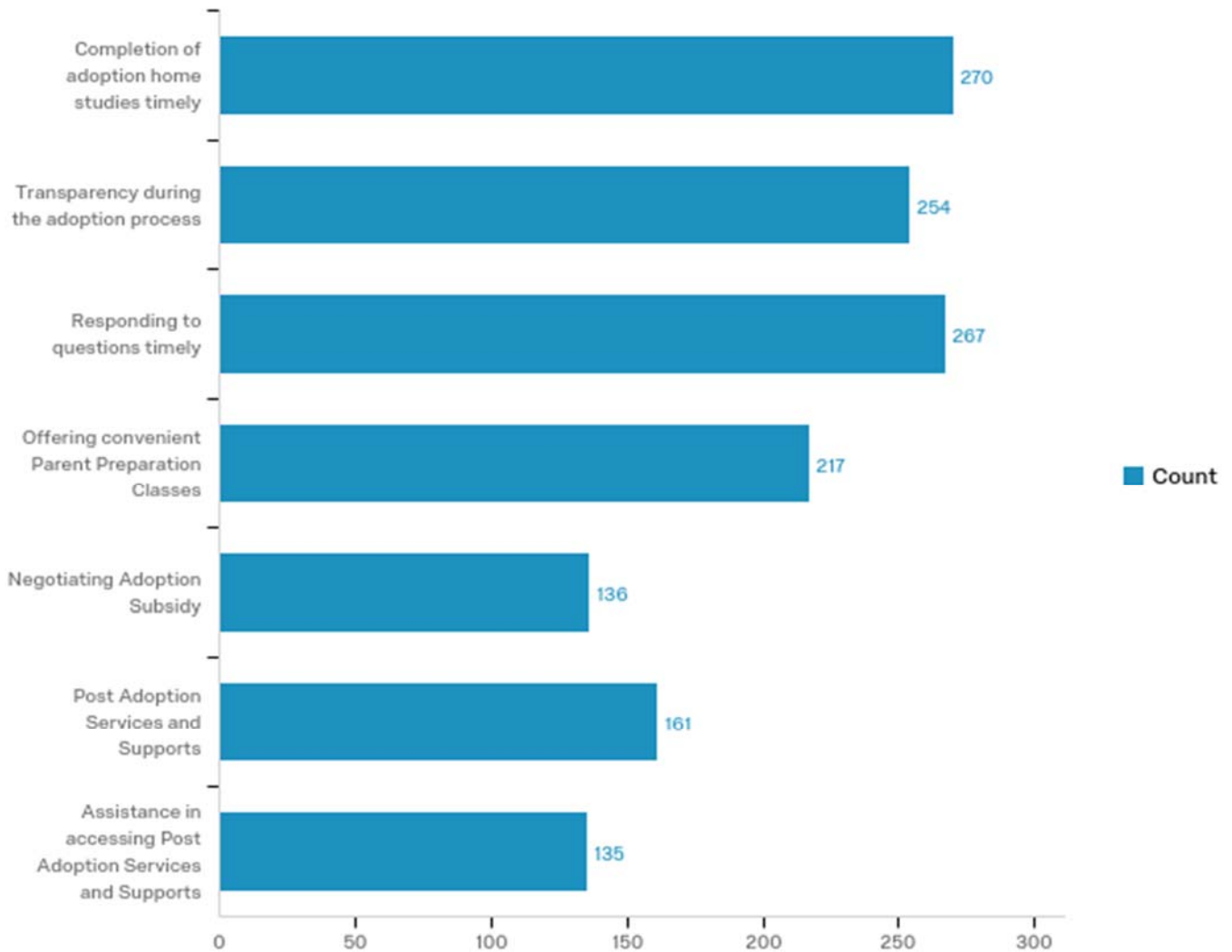
Please select your primary involvement in the adoption process, if any:



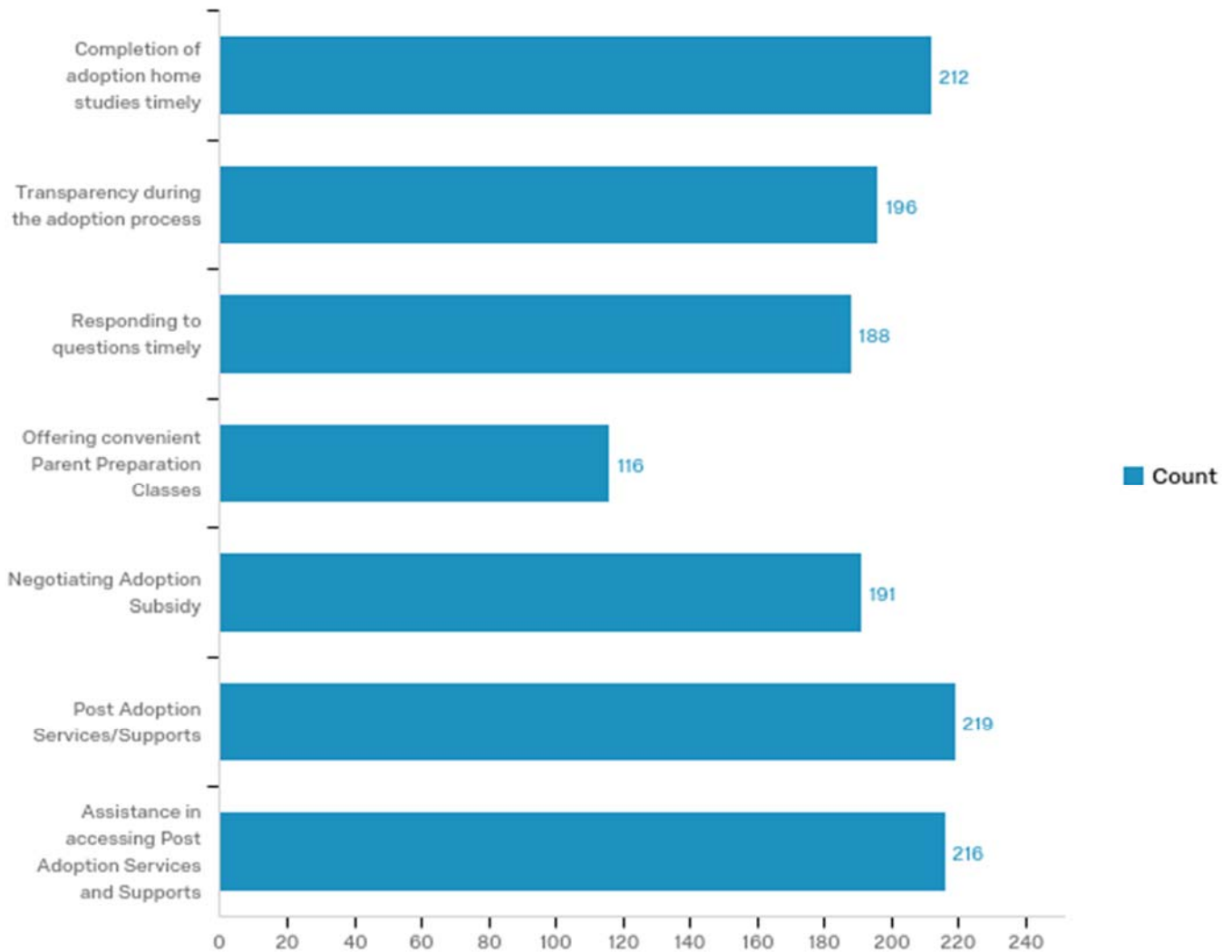
What is the primary county you work in or worked with during your adoption process?



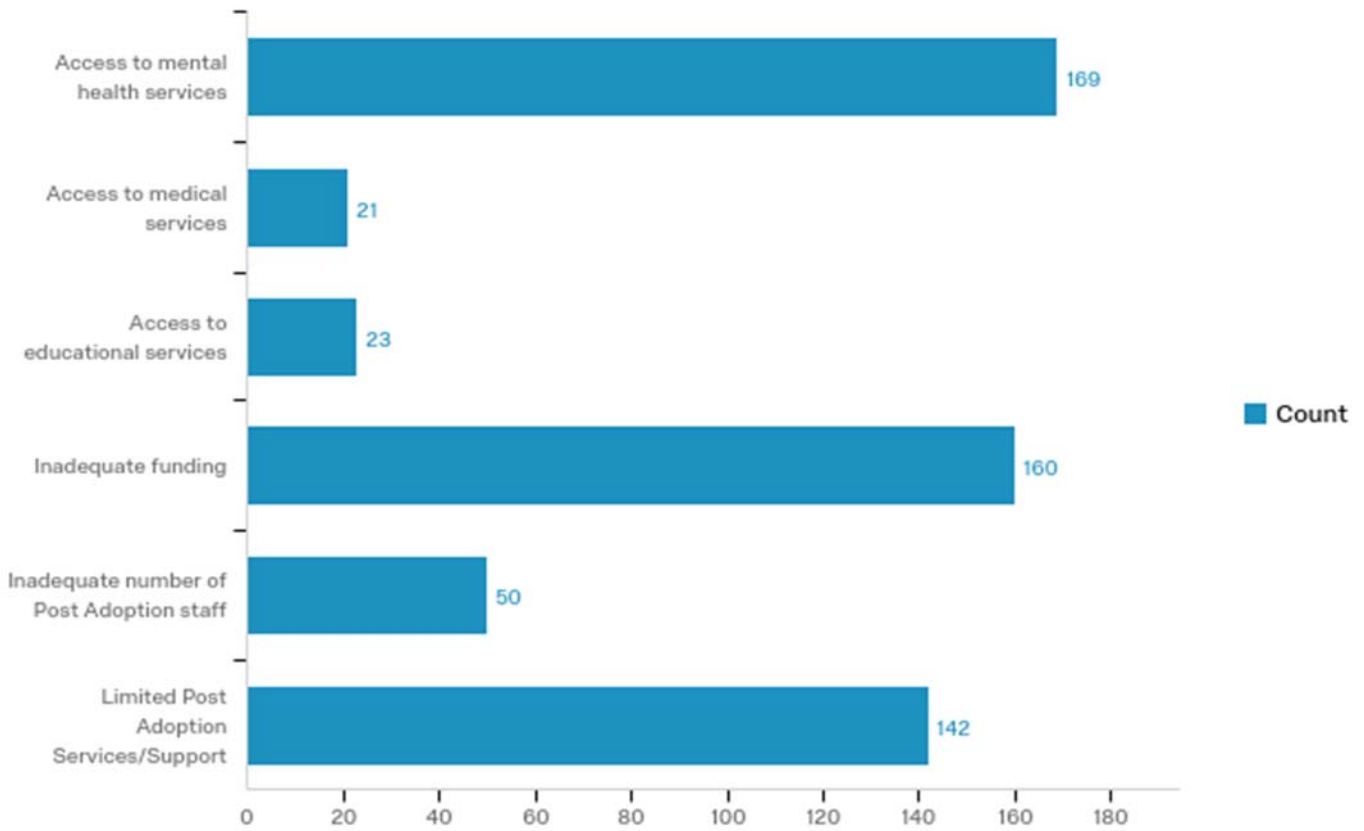
What area(s) does your lead Community Based Care Agency and/or Case Management Organization Agency excel in? Please select all that apply.



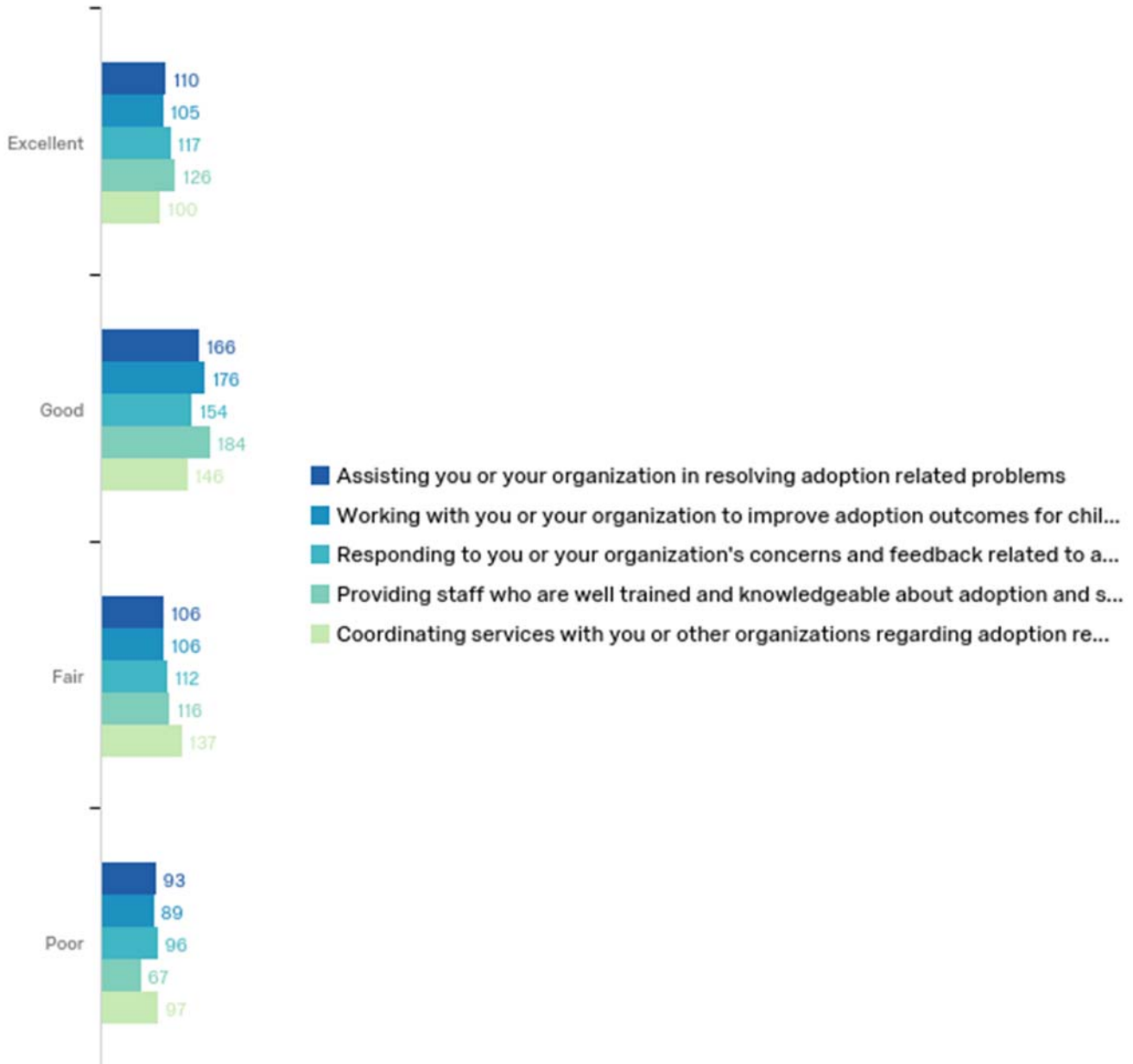
What area(s) does your lead Community Based Care Agency and/or Case Management Organization Agency need to improve in? Please select all that apply.



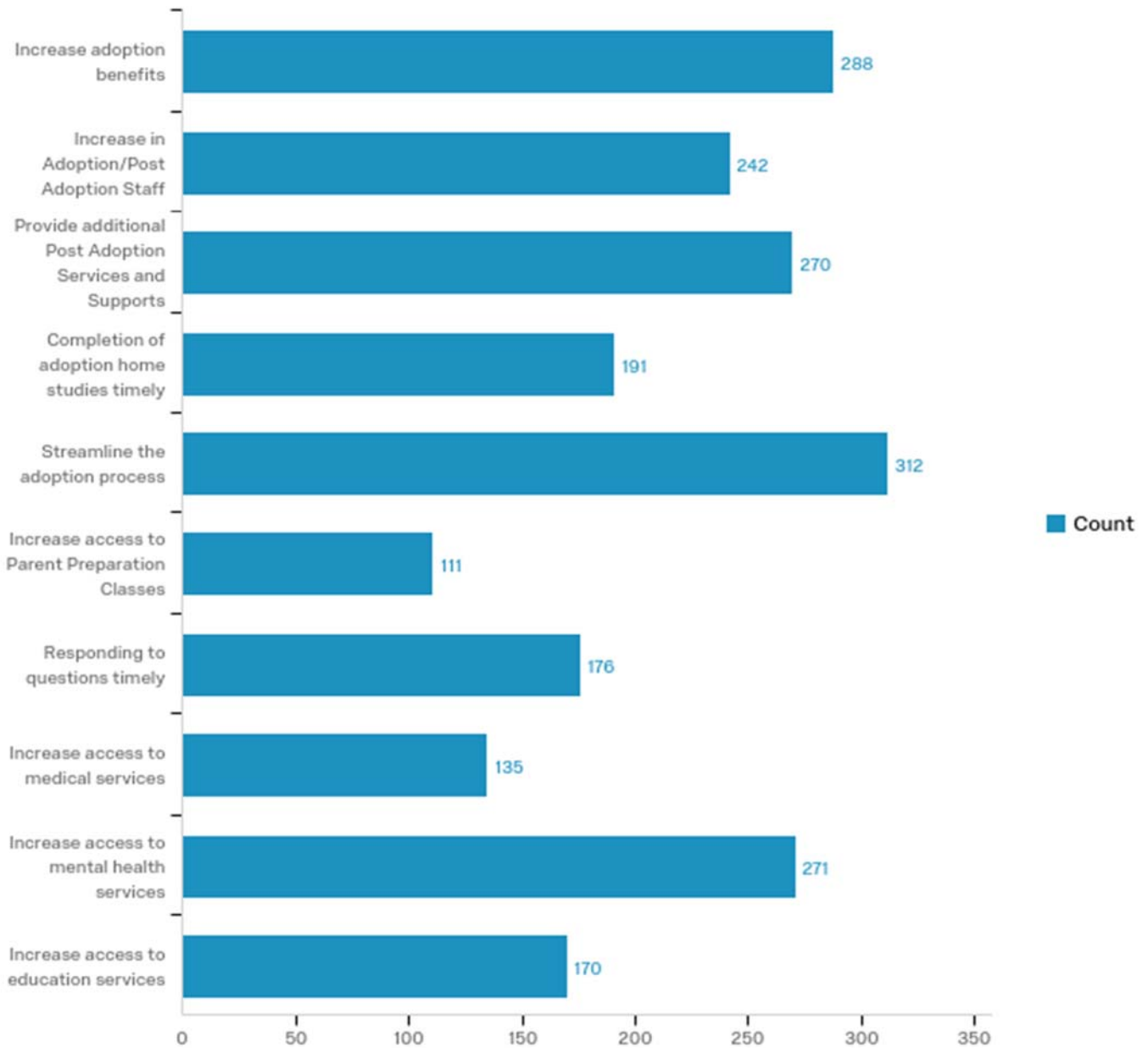
What do you believe is the number one challenge affecting the stability and well-being of Florida's adoptive children?



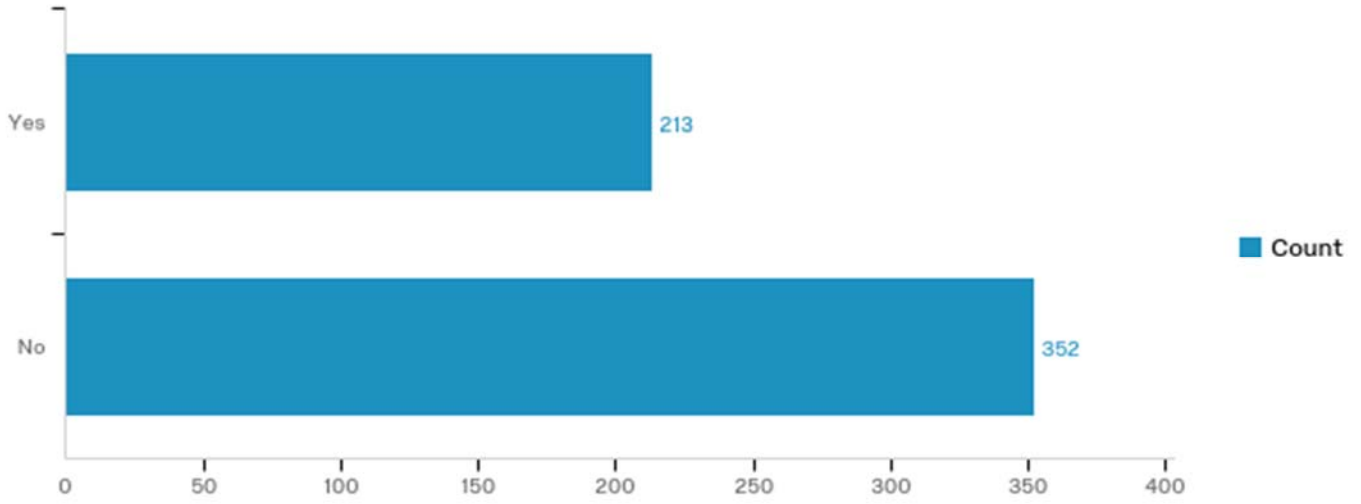
Based on your experience during the last 12 months, please rate the quality and timeliness of the following:



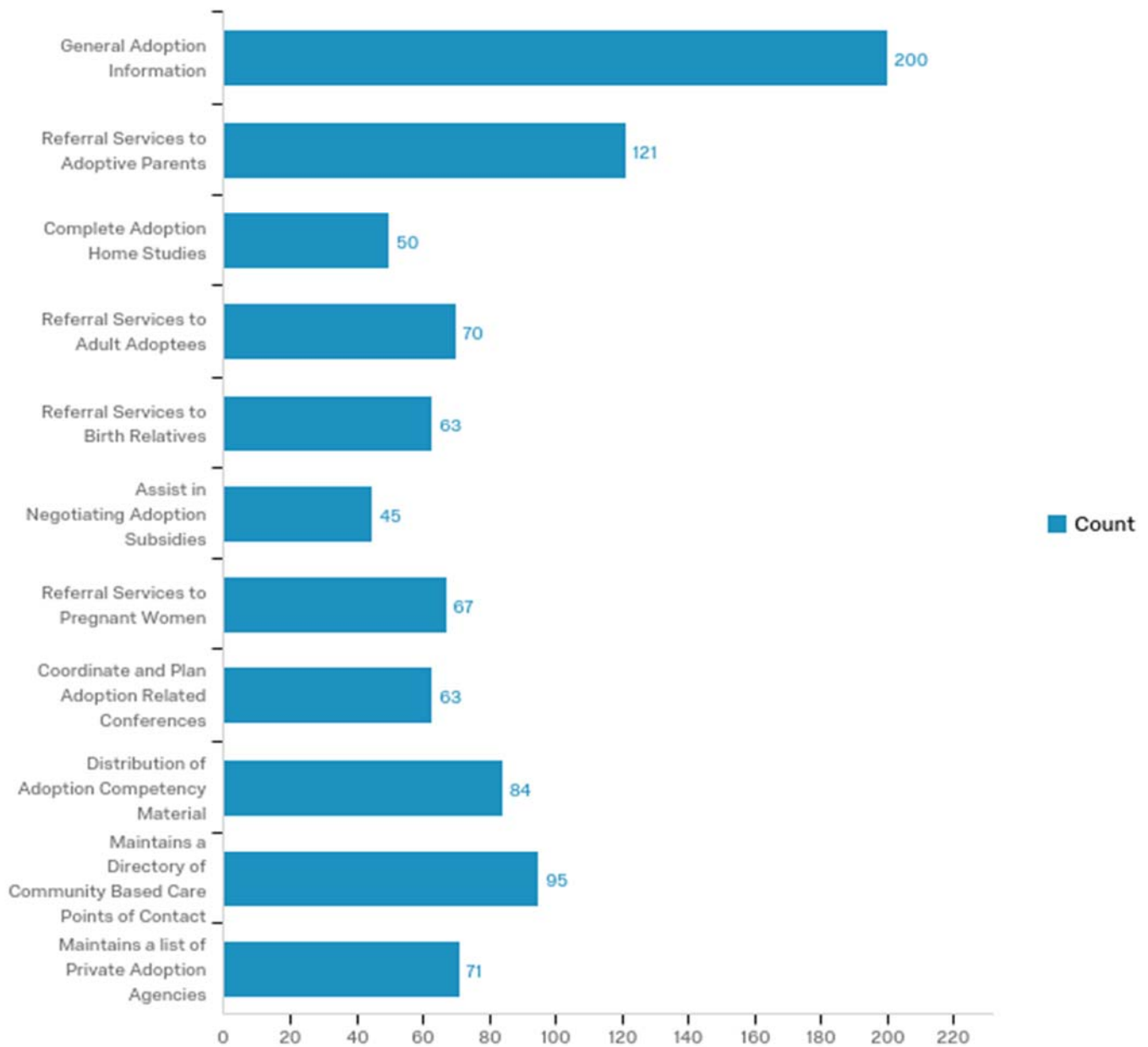
In what way can the state of Florida improve their adoption service delivery? Please select all that apply.



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.



Florida's Adoption Information Center provides adoption information and referral services to adoptive parents, adult adoptees, birth relatives, pregnant women and professionals. Please visit the Adoption Information Center at adoptflorida.com or contact them at 1-800-96-Adopt.

Thank you for participating in this survey.



POST COMMUNICATION SURVEY

Department of Children and Families

Office of Child Welfare

November 15, 2019

Chad Poppell

Secretary

Ron DeSantis

Governor

Introduction

In order to assess the quality and quantity of our post adoption programs, we need to hear from our adoptive parents who are the true customers of post adoption services. Post adoption services include all services and staff available to assist you as an adoptive parent and your adopted child, until the child turns age 18.

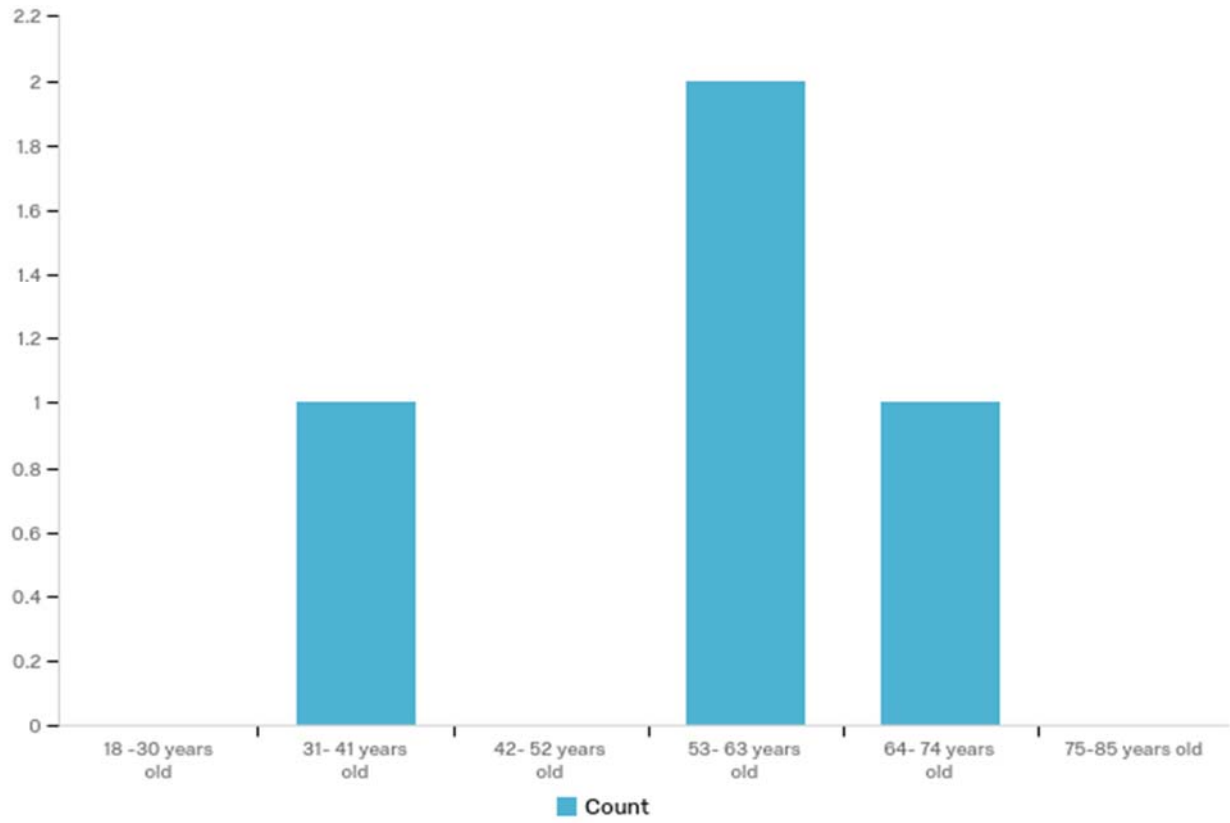
Please help us by taking a little time to answer the questions below. The Post Adoption Communication Survey should take less than **15 minutes** to complete. Responses to this survey are anonymous.

We very much want to hear from you and appreciate your input. Please call 1-800-96- ADOPT if you have questions.

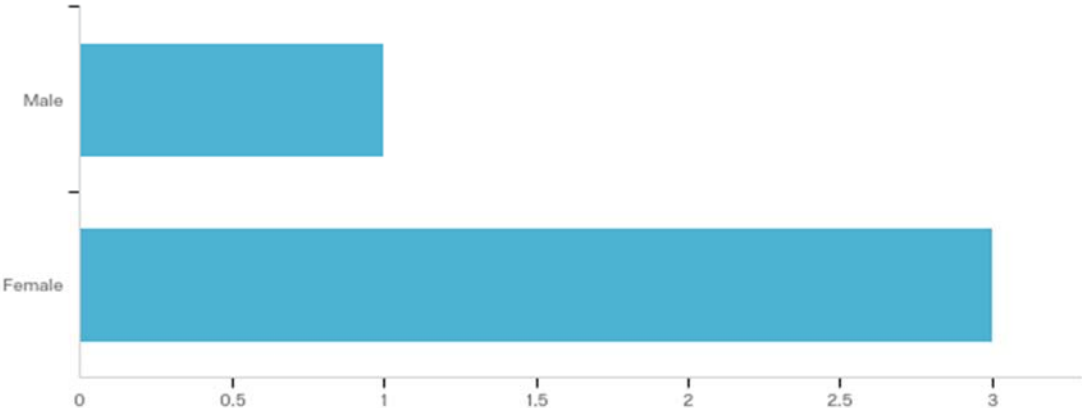
Thank you in advance for your response.

Annual Post Adoption Services Communication Survey 2018-2019

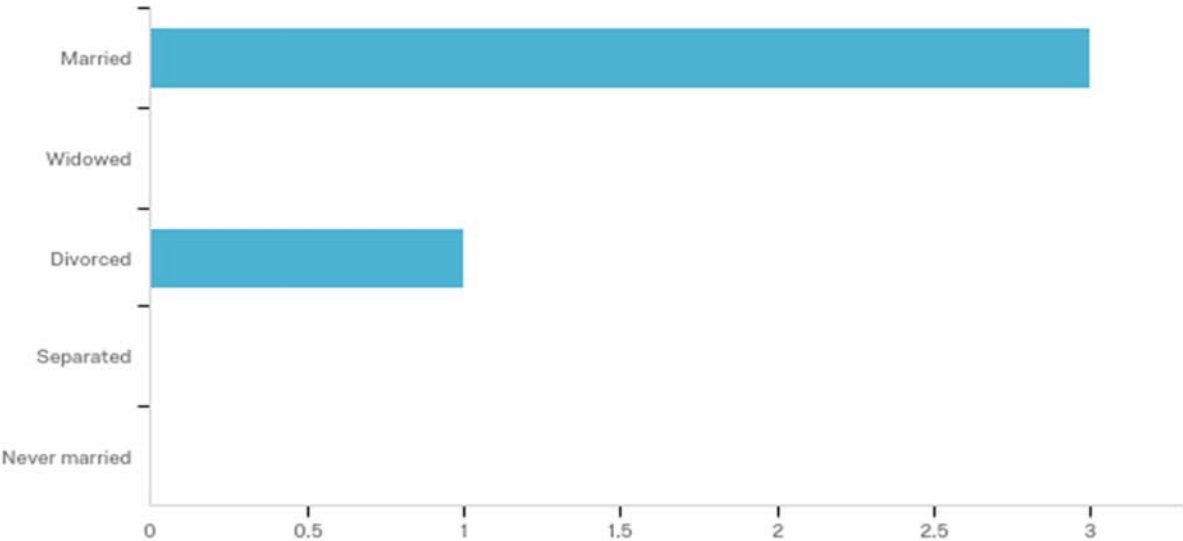
Please indicate your current age range:



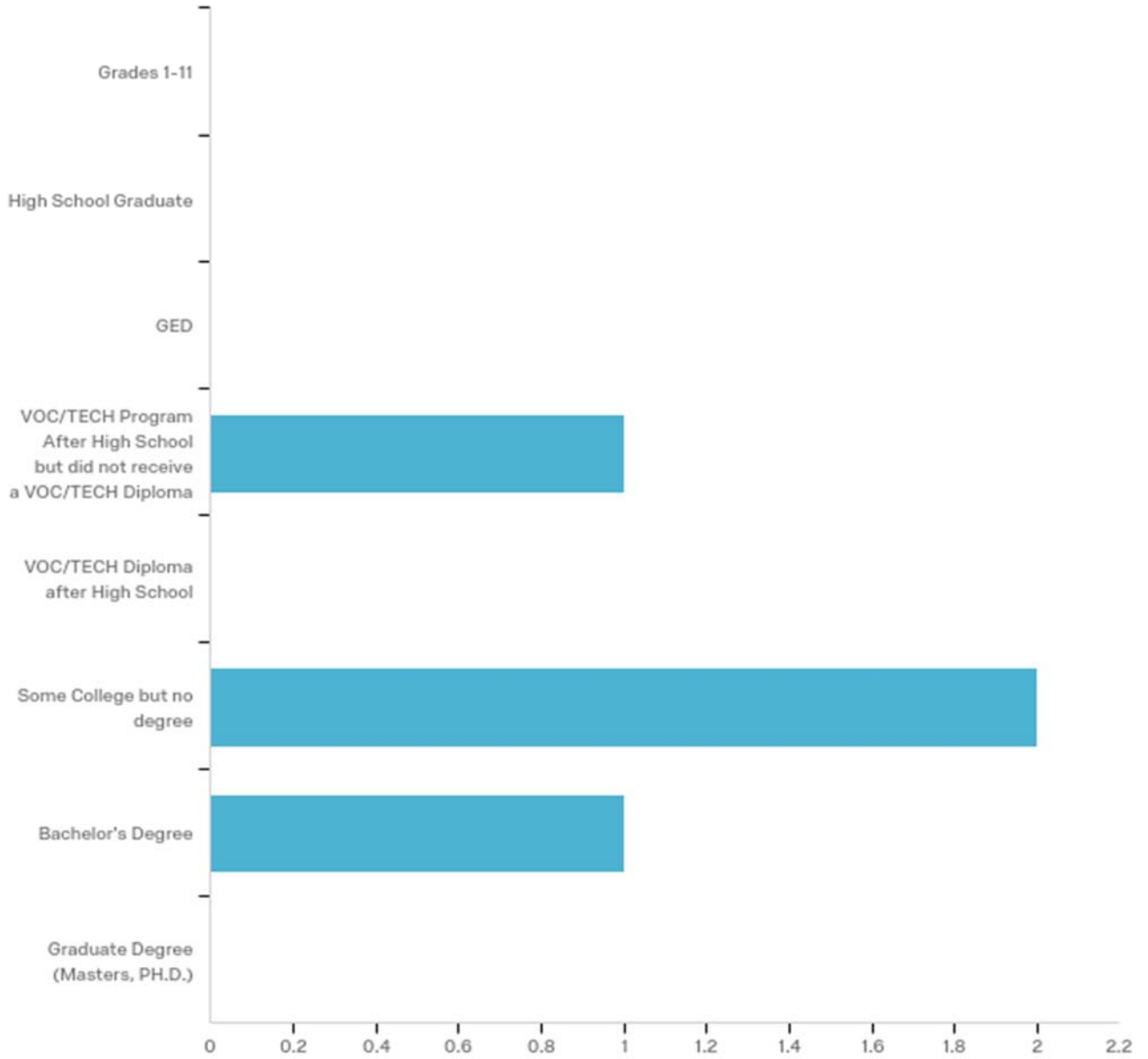
Please indicate your gender.



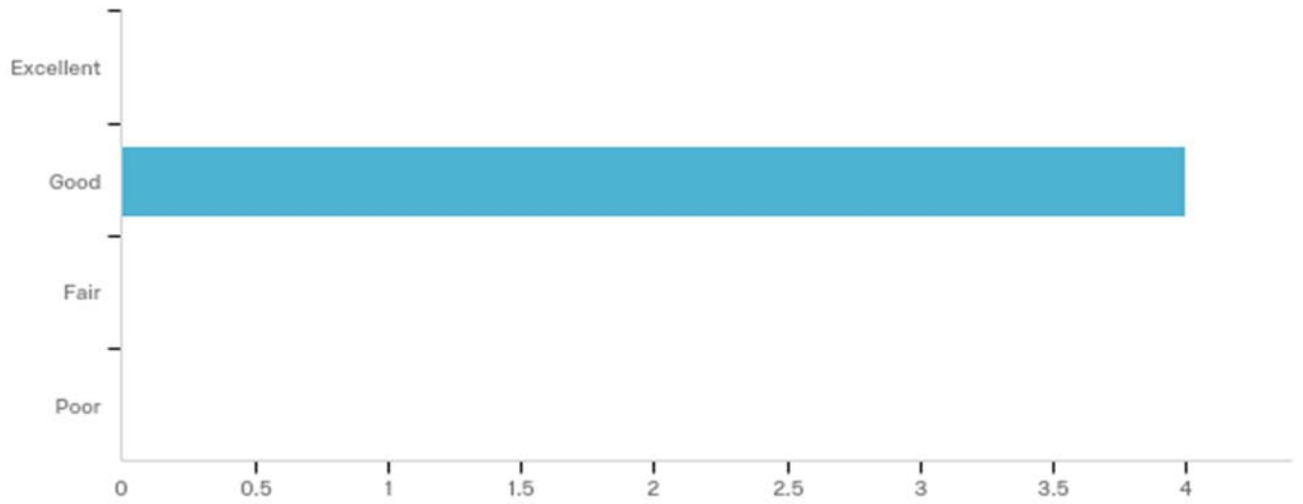
Are you currently ...



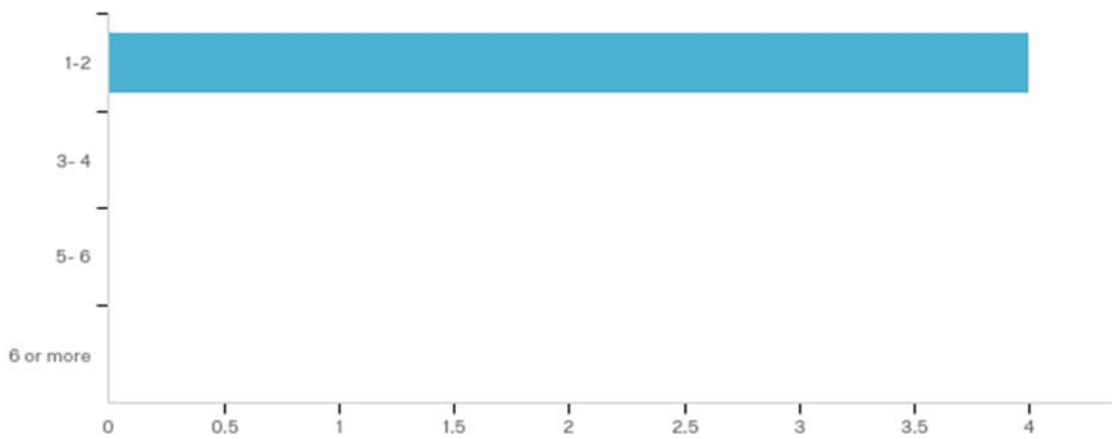
What is the highest level of schooling you have completed?



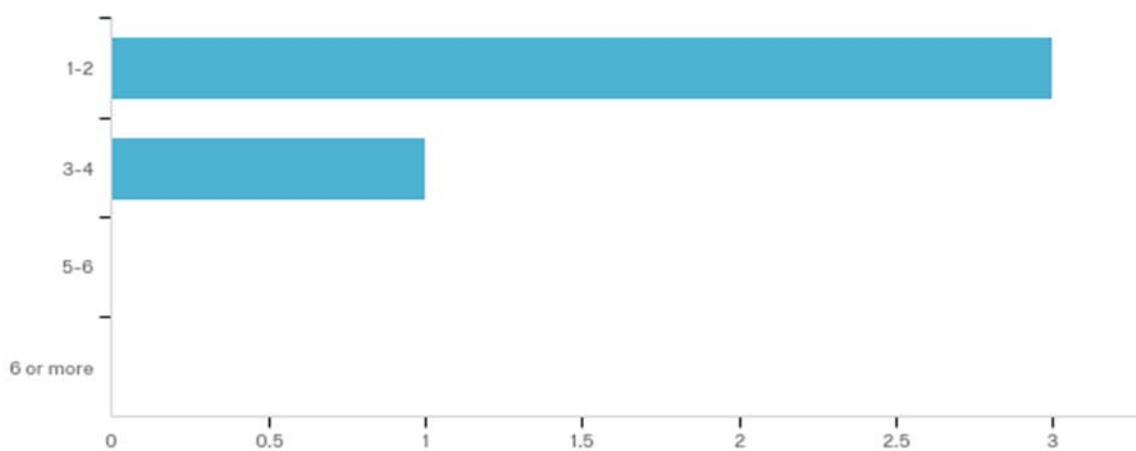
In general, how would you describe your physical health? Would you say it is ...



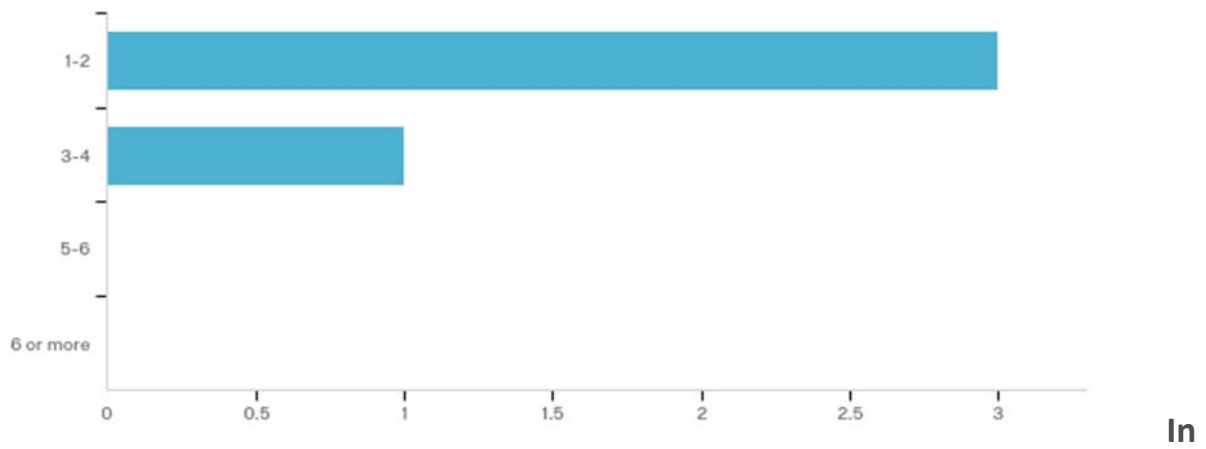
Please indicate how many adults age 18 and older, including yourself, currently reside in your household?



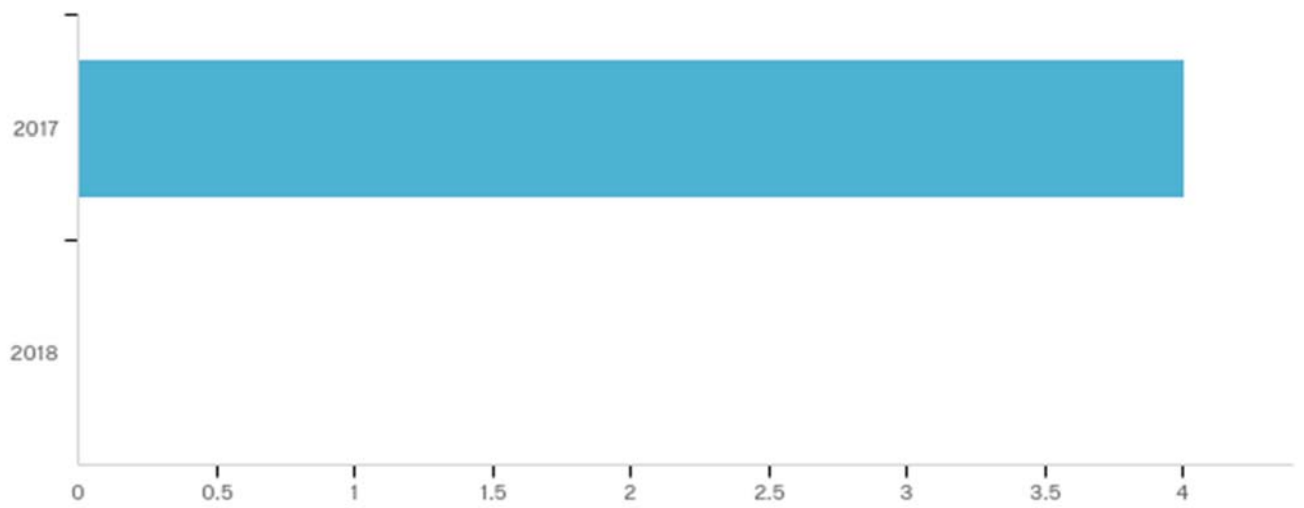
Please indicate how many children (under age 18) currently reside in your home?



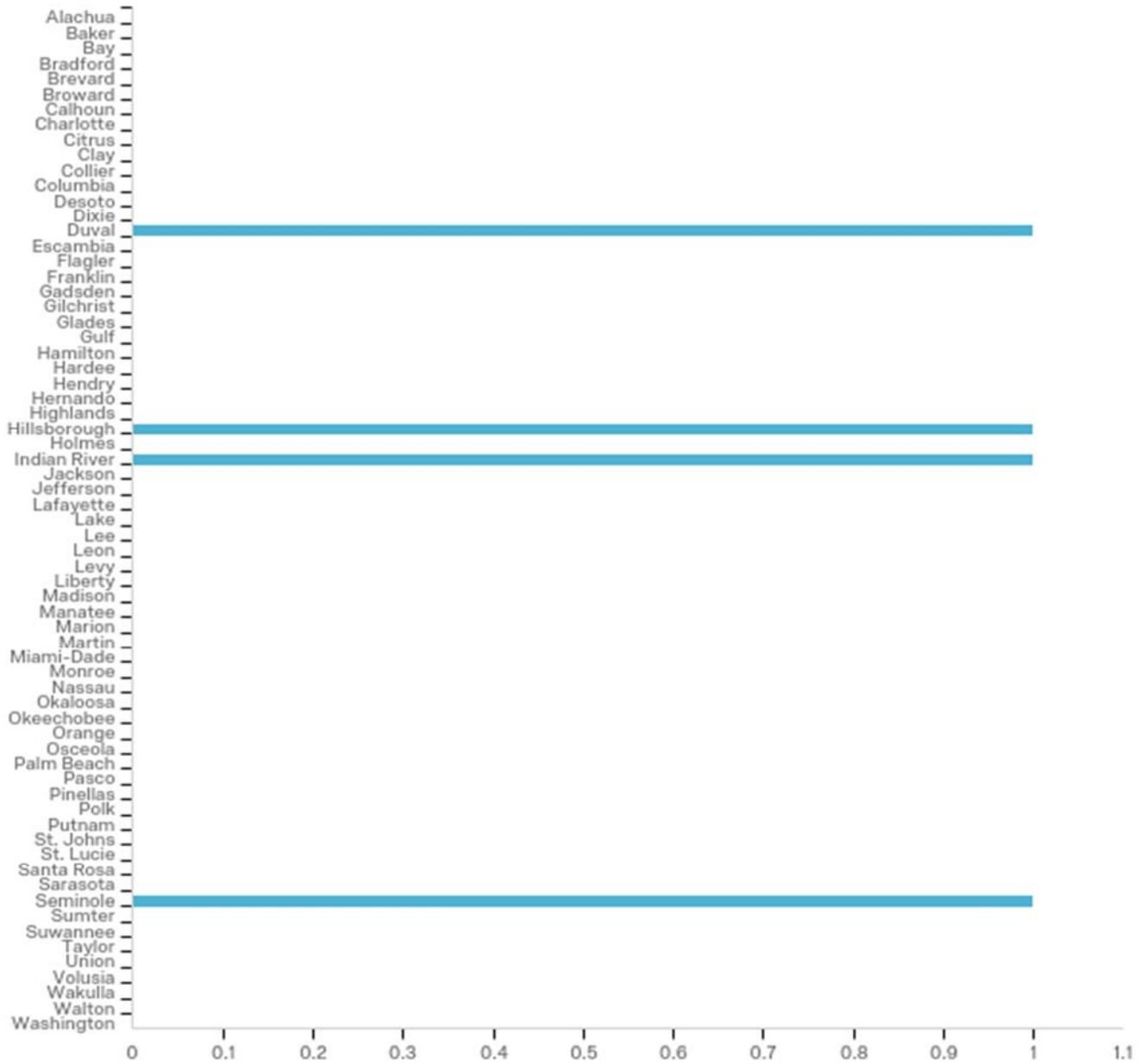
Of the children living in your home, how many were adopted?



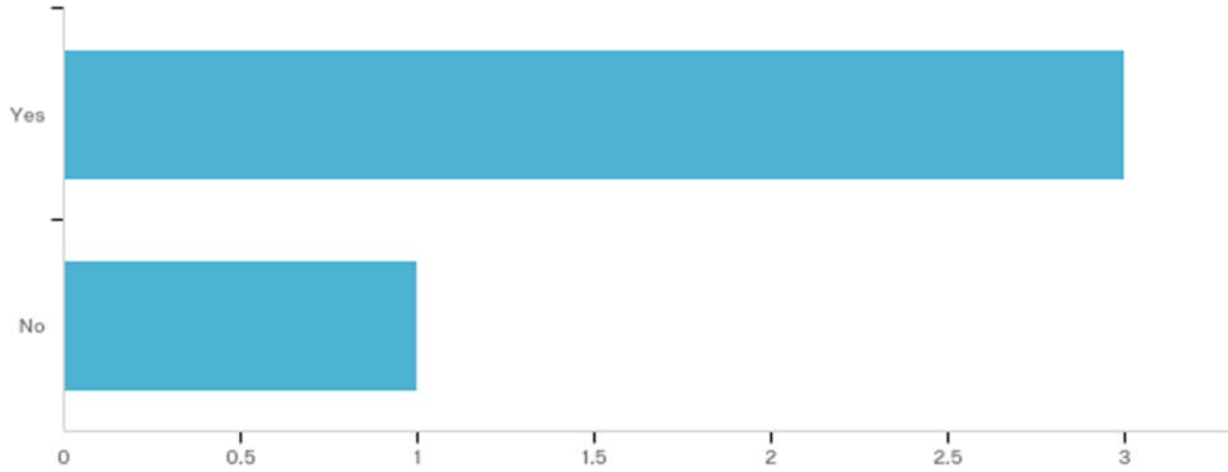
what year did your first adoption finalize?



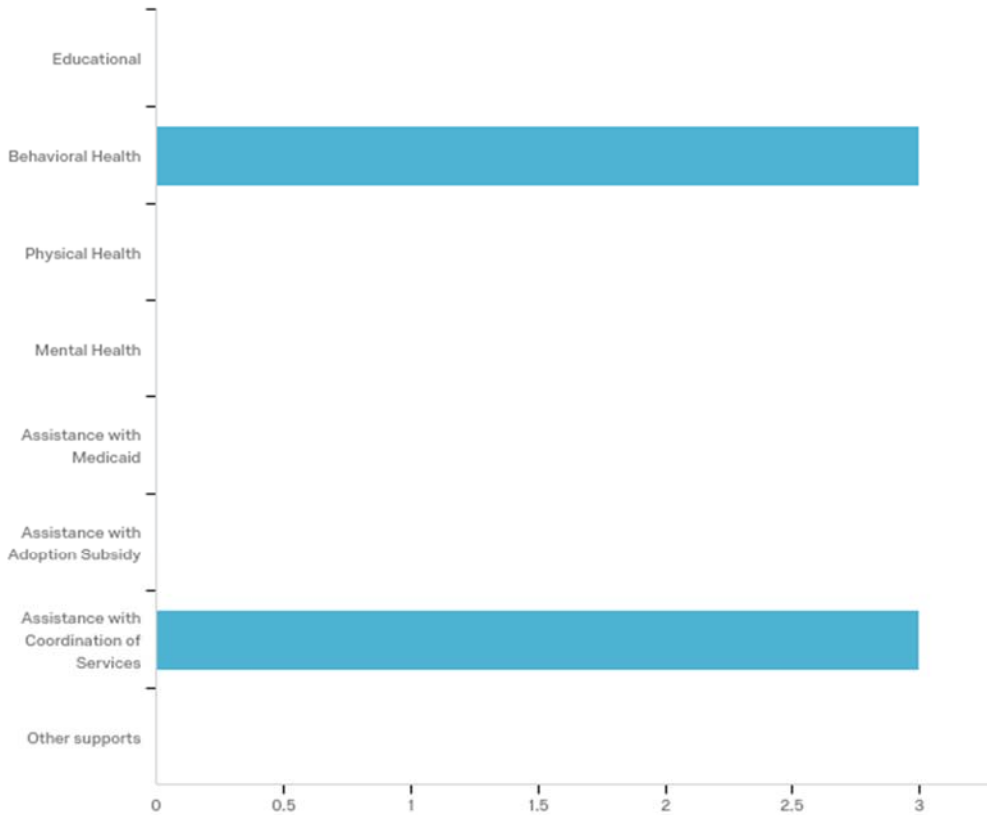
In what county did you finalize your Adoption



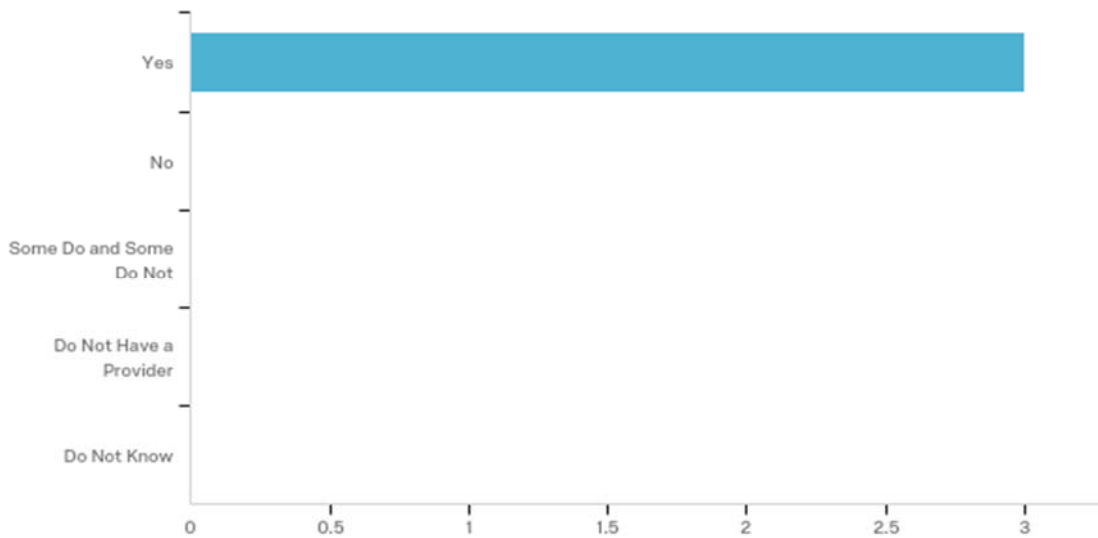
Has your family received Post Adoption Services/Supports since finalization?



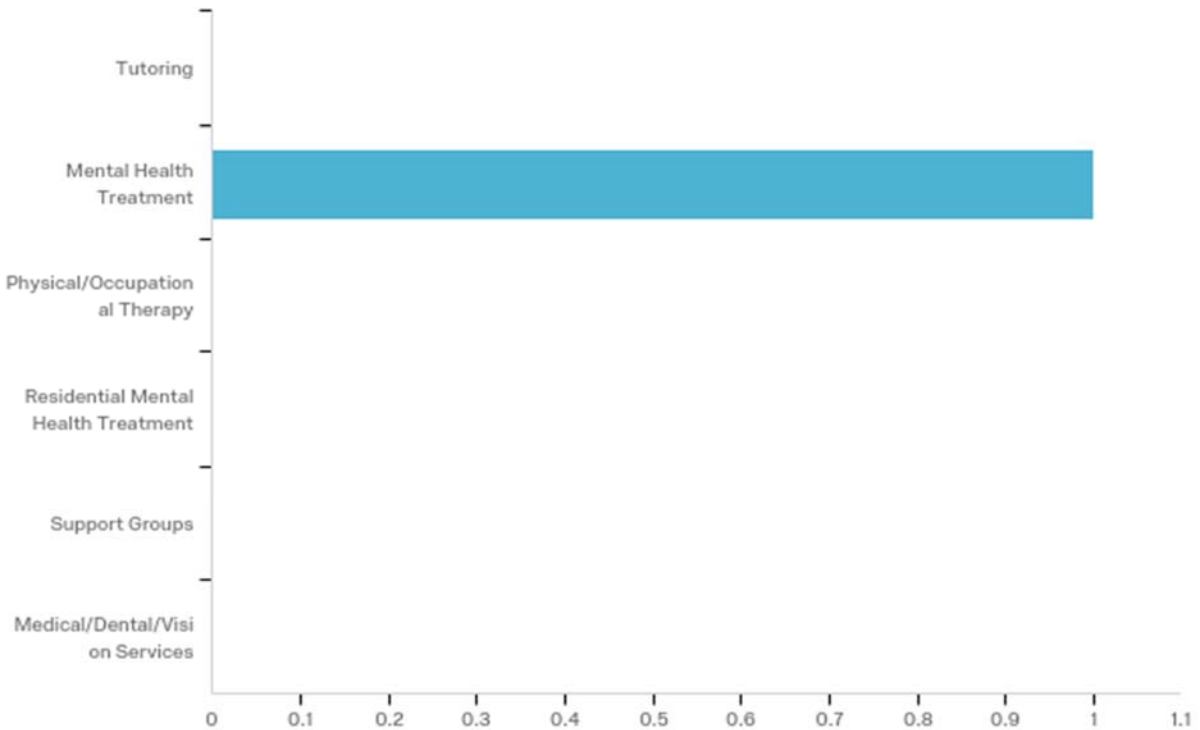
What type of Post Adoption Services has your family received. Please select all that apply.



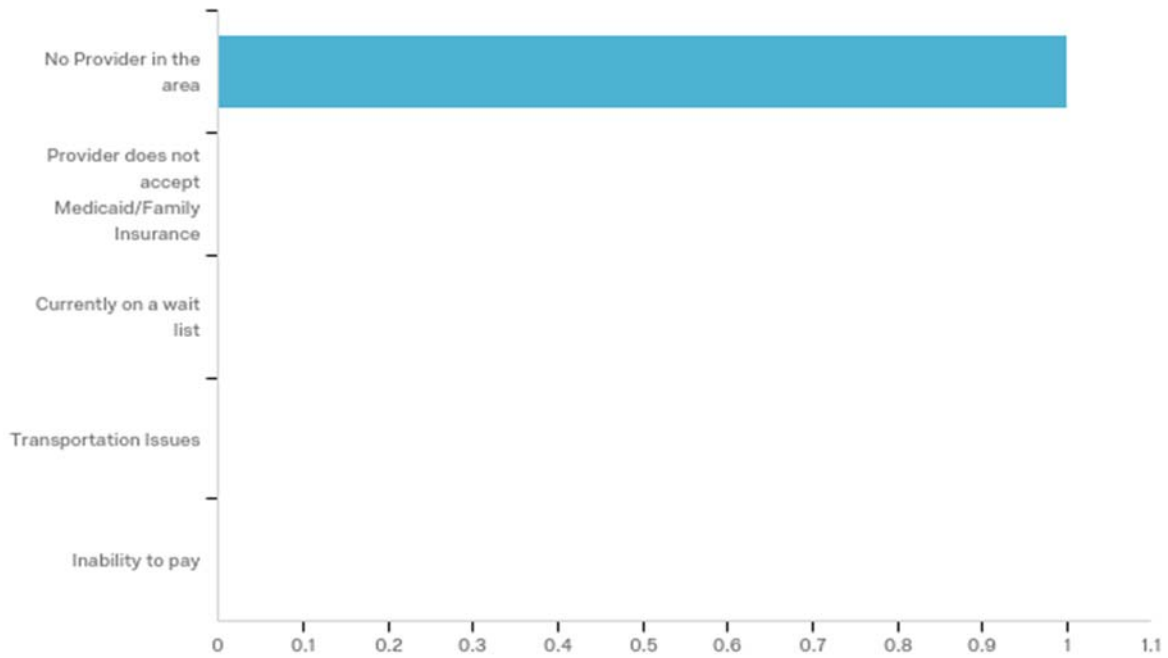
Do you feel the providers of the Post Adoption Services understood the issues that your adopted child and family have related to adoption?



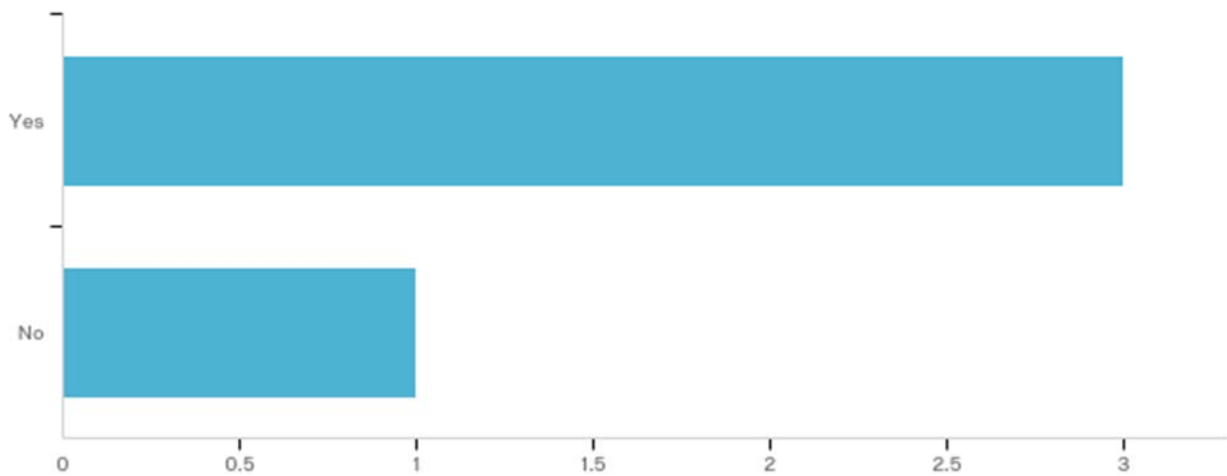
What services have you tried to access but are unable to receive? Please select all that apply.



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?

