I. Overview

This document updates the information in the initial design and implementation report that was submitted as required by section 2.3 of the Waiver Terms and Conditions. This report is the semiannual progress report for the period ending September 30, 2016 and provides an update on the status of each activity or task identified in the Initial Design and Implementation Report (IDIR). This report is submitted in accordance with section 5.2 of the Waiver Terms and Conditions.

Although there is a wide array of services available across the state, improvements are needed in the availability and accessibility of some critical services in the more rural areas and with ensuring that the services available are in alignment with the new practice model. The strengths and challenges identified varied by service area, however, there are a couple of identified challenges related to the service array that are consistent statewide:

- Lack of safety management service array for duration of safety management.

  While most areas had identified safety management service providers for the investigation portion of safety management, very few areas in the state had created safety management services for ongoing case management.

- Services are provided without change in delivery or reporting of behavior change.

  Some of the safety management providers continued to provide the same service previously identified as a diversion, prevention, or treatment service without shifting their service provision to match the need for safety management.

To address this, OCW is conducting a thorough service array assessment that will capture every service provider in the state and evaluate their services. Specifically, whether the service is evidence-based and the target population for each service. This information will be used to develop a standardized array of services that is defined and aligned with the practice model. Of particular note is the expansion of the model courts evidence-based parenting initiative. This evidence-based program is in 13 of the 20 circuits including the 11th circuit (Miami-Dade) and the 20th circuit (Collier County).

The Department has initiated this assessment through a priority of effort focused on gathering a baseline assessment on services in each services domain established in alignment with the child welfare practice model. At this time, OCW has determined a baseline for safety management services and will be assessing prevention based family support services next.

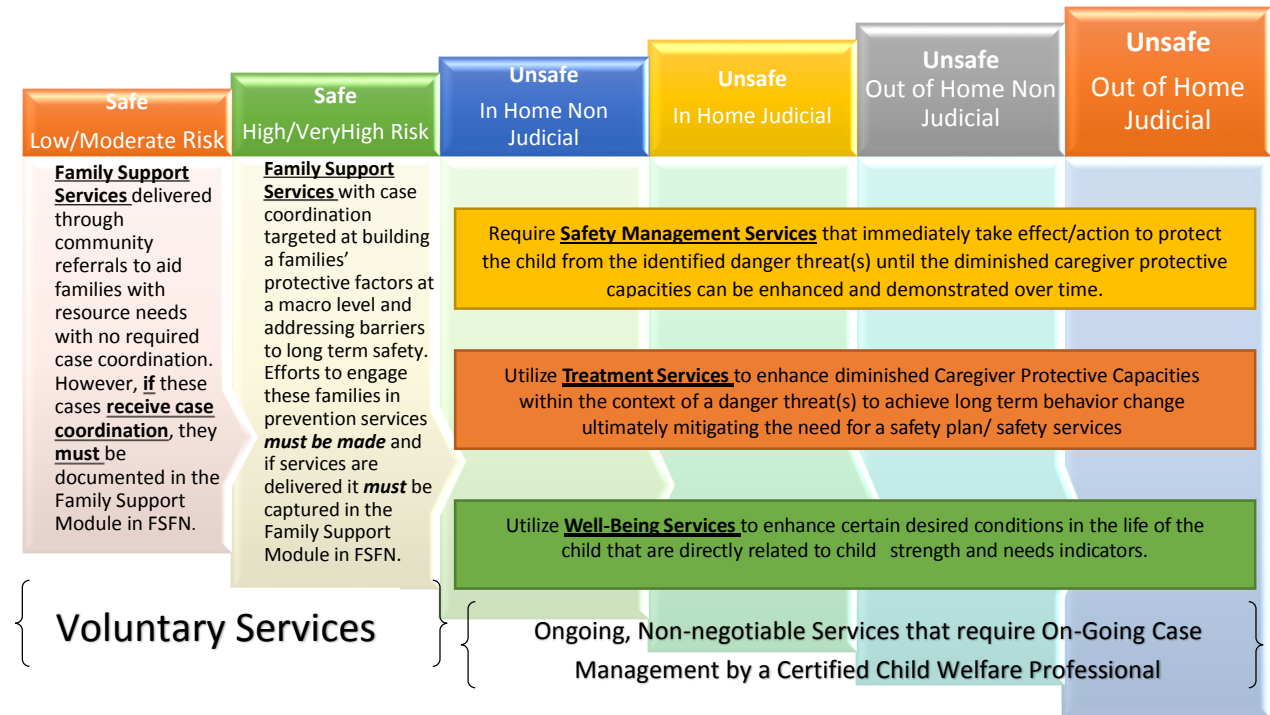## II. Demonstration Status, Activities, and Accomplishments

Provide a detailed overview of the status of the demonstration in the following areas:

A. Numbers and types of services provided to date. Note in particular the implementation status of any innovative or promising practices.

Services for children and families are delivered in all geographic areas of the state with the oversight of either Department regions, sheriffs (child protective investigation), or Community-Based Care lead agencies (CBCs) and their subcontractors. CBC contracts fully delineate the service array, including assessments (family functioning, behavioral health, risk, and others), and individualized services based on the child and family's needs. Our goal is to improve the quality and quantity of available services statewide, especially in in rural areas.
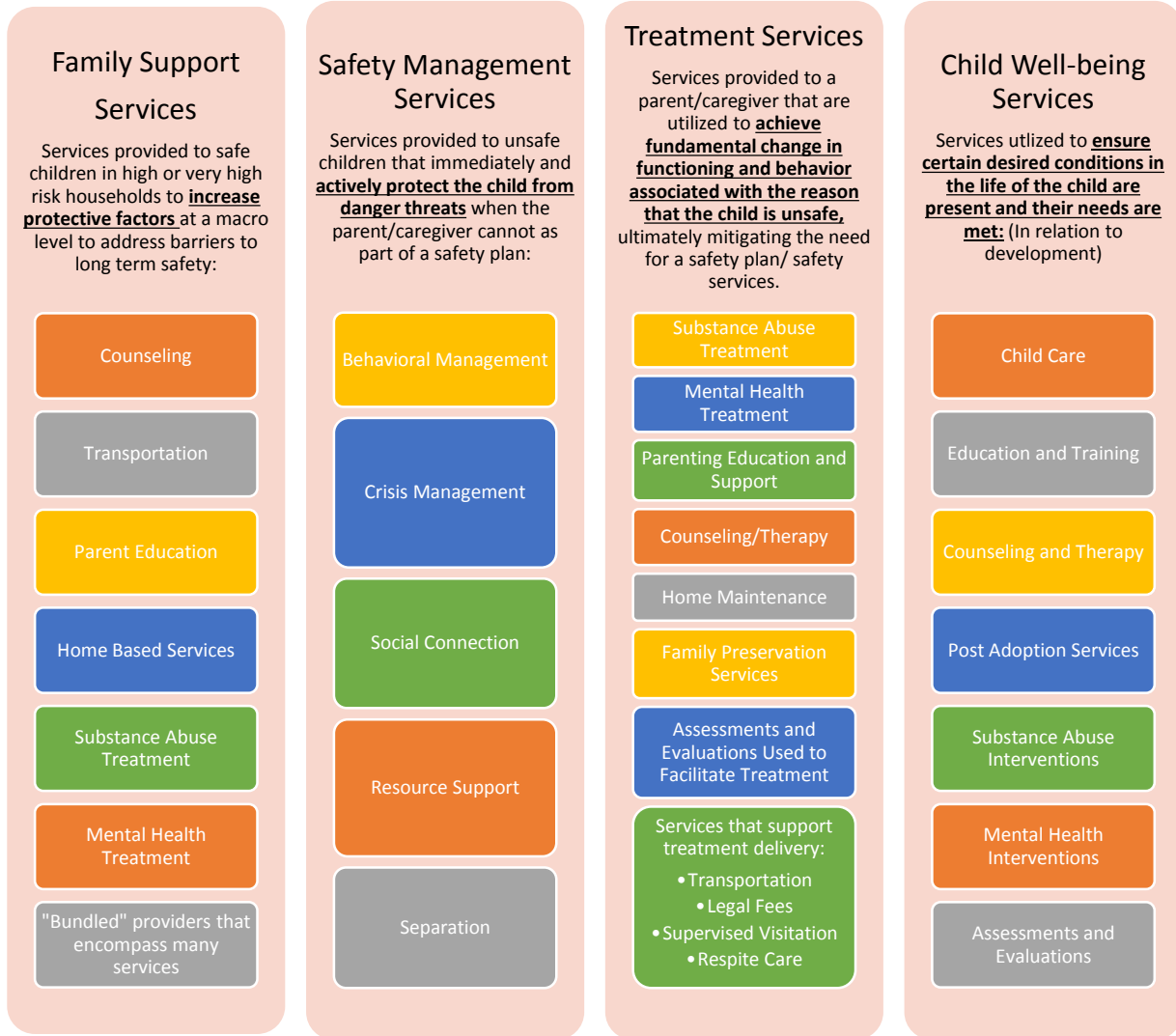
With the implementation of the new practice model, Florida's service array is defined as follows:

Safe Low/Moderate Risk	Safe High/VeryHigh Risk	Unsafe In Home Non Judicial	Unsafe In Home Judicial	Unsafe Out of Home Non Judicial	Unsafe Out of Home Judicial
Family Support Services delivered through community referrals to aid families with resource needs with no required case coordination. However, **if** these cases **receive case coordination**, they **must** be documented in the Family Support Module in FSFN.	**Family Support Services** with case coordination targeted at building a families' protective factors at a macro level and addressing barriers to long term safety. Efforts to engage these families in prevention services **must be made** and if services are delivered it **must** be captured in the Family Support Module in FSFN.	Require **Safety Management Services** that immediately take effect/action to protect the child from the identified danger threat(s) until the diminished caregiver protective capacities can be enhanced and demonstrated over time.			
		Utilize **Treatment Services** to enhance diminished Caregiver Protective Capacities within the context of a danger threat(s) to achieve long term behavior change ultimately mitigating the need for a safety plan/ safety services			
		Utilize **Well-Being Services** to enhance certain desired conditions in the life of the child that are directly related to child strength and needs indicators.			
Voluntary Services		Ongoing, Non-negotiable Services that require On-Going Case Management by a Certified Child Welfare Professional			

We continue to assess and address challenges with the service array in an effort to improve the quality and expand the availability of appropriate services across the state. Through this ongoing assessment process, we are identifying the services available within each of the four categories (or "buckets") below:

Family Support Services	Safety Management Services	Treatment Services	Child Well-being Services
Services provided to safe children in high or very high risk households to **increase protective factors** at a macro level to address barriers to long term safety:	Services provided to unsafe children that immediately and **actively protect the child from danger threats** when the parent/caregiver cannot as part of a safety plan:	Services provided to a parent/caregiver that are utilized to **achieve fundamental change in functioning and behavior associated with the reason that the child is unsafe,** ultimately mitigating the need for a safety plan/ safety services.	Services utlized to **ensure certain desired conditions in the life of the child are present and their needs are met:** (In relation to development)
Counseling	Behavioral Management	Substance Abuse Treatment	Child Care
Transportation	Crisis Management	Mental Health Treatment	Education and Training
Parent Education	Social Connection	Parenting Education and Support	Counseling and Therapy
Home Based Services	Resource Support	Counseling/Therapy	Post Adoption Services
Substance Abuse Treatment	Separation	Home Maintenance	Substance Abuse Interventions
Mental Health Treatment		Family Preservation Services	Mental Health Interventions
"Bundled" providers that encompass many services		Assessments and Evaluations Used to Facilitate Treatment	Assessments and Evaluations
		Services that support treatment delivery: •Transportation •Legal Fees •Supervised Visitation •Respite Care	

Adequate capacity and accessibility does not exist across the state, primarily in rural areas.

Enhanced service capacity was identified as a need in the availability and accessibility of some critical services in the more rural areas and ensuring that the services available are in alignment with Florida's new practice model. To address this need, we are completing a thorough service array assessment that captures every provider in the state and evaluates the services provided. The assessment will determine whether the services are evidence-based and the target population for the service. This assessment must be broad enough to allow for variances between each community's service needs and the community resources to develop service array while allowing for a consistent manner of assessment across the state

Across the state, there are pockets where insufficient treatment services are available, or have extensive wait times to access treatment or child well-being service providers. Capacity building, system integration, and leveraging the involvement of community resources and partners will yield improvements in this area.

Expanded services, supports, and programs may include:

- Enhancement of prevention services that target parental protective factors and preventing future maltreatment.

- Development and implementation of family-centered evidence-based programs and case management practices to assess child safety; support and facilitate parents and caregivers in taking responsibility for their children's safety and well-being; enhance parent and family protective capacities; develop safety plans; and facilitate families' transition to formal and informal community-based support networks at the time of child welfare case closure.

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

- Services that promote expedited permanency through reunification when feasible, or other permanency options as appropriate.

- Improved needs assessment practices that take into account the unique circumstances and characteristics of children and families.

- Long term supports for families to prevent placement recidivism.

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

B. Other demonstration activities begun, completed, or that remain ongoing (e.g., introduction of new policies and procedures, staff training).

Oversight– Since the October 1, 2006 implementation and subsequent renewal of the waiver in 2013, the waiver oversight committee has continued to meet via conference call or in person on as needed basis. In August 2016, the oversight committee co-chairs, Deputy Secretary of the Department, fiscal lead, and the evaluator attended the Annual Waiver Meeting hosted by the Children's Bureau. The annual meeting provided an opportunity to network with other waiver states; Florida's oversight committee then met to review and discuss Florida's progress, and initiate planning to transition from the statewide waiver.

Eligibility – All eligibility related tasks are complete. Enhancements and modifications to Florida Safe Families Network (FSFN), Florida's SACWIS, were implemented to support title IV-E foster care eligibility determinations. The Department amended and published a new statewide operating procedure on eligibility (CFOP 170-15) in August 2016. In addition, ongoing technical assistance is provided as necessary.

Fiscal Accounting and Reporting –Procedures are in place to ensure that demonstration financial information that is reported reflects effective management of the demonstration as well as information needed by the Administration for Children and Families, Region IV Office and Central Office. This also includes assuring cost neutrality is achieved as specified in section 4.0 of the Terms and Conditions.

*Communication and Training –*Technical assistance and training is provided on an ongoing basis as needed. A Waiver Demonstration newsletter has been prepared for statewide distribution. The newsletter provides a briefing on the Interim Evaluation findings as well as an update on the waiver demonstration. Florida plans to increase the awareness of the demonstration waiver over the next few months. See V. below for activities planned for next reporting period.

C. Challenges to implementation and the steps taken to address them.
Florida's demonstration waiver was implemented in October 2006. To date, no significant implementation problems have been identified. Meetings are occurring to discuss succession planning and to identify potential solutions for operating Florida's Child Welfare System outside of the demonstration waiver.

D. All demonstrations with a trauma focus (e.g., implementing trauma screening, assessment, or trauma-focused interventions) should report on each of the data elements listed below. For activities that are not being implemented as part of the demonstration, please indicate this with "N/A." If information is currently unknown, please indicate an approximate date that the data will be available.
- **Target population(s) age range(s)**
- **Type of trauma screens used**
- **Number of children/youth screened for trauma**
- **Type of trauma/well-being assessments used [1]**
- **Include any trauma and well-being assessments for which data is available.**
- **Number of children/youth assessed for well-being/trauma**
- **Type of trauma-focused evidence-based interventions (EBI's) used**
- **Number of children/youth receiving trauma-focused EBIs[2]**
- **Percentage of children and youth receiving trauma-informed EBIs who report positive functioning at follow up[3]**

N/A for Florida.

III. Evaluation –The Phase 2 – Florida Title IV-E Waiver Demonstration Evaluation Semi-Annual Progress Report is attached.

IV. Significant Evaluation Findings to Date

See III. above. No significant evaluation findings identified at this point in Phase 2.

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[1] Include any trauma and well-being assessments for which data is available

[2] Include all children that have received any portion of the EBI(s).

[3] A jurisdiction may define "positive functioning" in any manner that is consistent with the definition used for the local evaluation of the waiver demonstration.

V. Recommendations and Activities Planned for Next Reporting Period

- A successful statewide meeting with eligibility specialists was held in June 2016. Planning for the 2017 Statewide Eligibility Conference has begun. The conference will be held in May of the upcoming year. Workshops will target working in collaboration with other state agencies for the administration of Medicaid services to children, properly determining IV-E eligibility for children and many other topics requested by eligibility staff.

- The Department in collaboration with the CBCs will continue implementation of the practice model for on-going services cases, as well as focus on fidelity to the practice model. See VI. Below for more detail.

- Ongoing meetings will continue to identify strategies for sustaining waiver interventions following the Demonstration waiver period.

VI. Program Improvement Policies.

The Florida Title IV-E Waiver Demonstration Evaluation Interim Evaluation Report (10/01/2013 – 3-31-2016) offered policy and practice recommendations. The Office of Child Welfare leadership considered each of the recommendations and activities are underway to address the following:

1. Work with lead agencies and the Coalition to establish an authorized list of services Title IV-E funding can now be used for, allowing for a list of creative services lead agencies have put into place and out of the box thinking other agencies might learn from and be able to apply IV-E funds to in the future.

   Ongoing. As the Department proceeds, the Office of Child welfare will continue to share information on promising practices.

2. During training and technical assistance activities related to Florida's practice model, facilitate discussion and identification of how the flexible use of IV-E funds can support the development of a more comprehensive service array.

   Ongoing. As new staff are hired, the Office of Child welfare will facilitate and encourage discussion on how the flexible use of IV-E funds supports a more comprehensive service array.

3. As new leaders emerge in Florida's child welfare system at state and community levels, provide educational opportunities regarding the vision and goals of Florida's IV-E Demonstration.

   Ongoing. Identifying educational opportunities for communication with the Regions, CBC leadership, and other partners is key. At the Florida Coalition for Children's Annual Conference in July 2016, the Department conducted a workshop to teach the basics of how child welfare is funded in Florida plus a look ahead at potential Title IV-E/IV-B finance reform.

4. The Department and CBCs should continue to jointly develop and implement strategies to address the high turnover rates among case managers and child protective investigators.

   Ongoing. The Secretary of the Department of Children and Families identified staff turnover as a Priority of Effort (POE) focus area. In an effort to improve workforce capacity, robust activities are occurring at various levels throughout the Department.

5. The Department and CBCs should continue to work toward long term sustainability of child welfare funding mechanisms and additional ways to leverage state and federal fiscal resources.

   Ongoing. The Department began to analyze all state and federal funding sources for child welfare, revising Chart 8s, and identifying activities and ways to leverage state and federal resources for long term sustainability.

6. Review current outreach strategies and educational opportunities for key stakeholders external to DCF including the judicial system, Guardians ad Litem, and providers. Discuss ways to increase engagement around training events.

   Ongoing. The Department continuously reviews and engages in opportunities to increase involvement at various training events. Most recently, the Department presented at the July 2016 Florida Coalition for Children Annual Conference, and hosted the Annual Dependency Summit. The Dependency Summit is a major training event for all involved with Florida's child welfare system. Over 3,000 participants attended the Dependency Summit. Participants included judiciary, foster parents, adoptive parents, foster youth, former foster youth, child welfare professionals, providers, attorneys, Department leadership and others.

7. Continue public relations and media campaigns with legal partners, external partners, and the community that includes examples of success with individual families. Discuss the impact of negative media attention and strategies to maintain a positive organizational environment while still being responsive to individual events.

   Ongoing. The Department's Communications Office is working to tell our story before the media. Additionally, Communications is sharing success stories and information in general with the public. One example is the Department's Child Fatality web site. http://www.dcf.state.fl.us/childfatality/

8. Continue to provide ongoing training, coaching, and mentoring for both CPIs and case managers on the implementation of Florida's practice model, including ongoing assessment and monitoring of fidelity to identify areas of focus for continuous quality improvement efforts.

   Ongoing. Training, coaching, mentoring on Florida's case practice model as well as assessment and monitoring are integral to the practice model and fidelity. The implementation of Florida's new child welfare practice model remains the primary focus for the Department of Children and Families. Using implementation drivers, Florida has continued its journey through initial implementation focusing on skill building and staff development, using data and continuous quality improvement to further model fidelity,

operationalizing the practice through policy and guidance, supporting the practice through leadership and FSFN (SACWIS system) functionality.

Implementation of a new case review process, Rapid Safety Feedback, for Child Protective Investigations and in-home services cases integrates immediate mentoring, coaching, and corrective action as needed. Rapid Safety Feedback case reviews target open investigations because this affords an opportunity to identify activities that need additional attention before final decisions are made and an investigation is closed. The Community-based Care lead agencies also complete Rapid Safety Feedback reviews that are designed to flag key risk factors in in-home services cases that could gravely affect a child's safety. The critical component of the process is the case consultation in which the reviewer engages the child case manager and the supervisor in a discussion about the case.

9. Ensure that standardized processes and expectations for collaborative casework between CPIs and case managers are in place and adhered to, such as joint home visits and family assessments during the transition from investigation to case management.

   Ongoing. Standard processes and expectations are integral to the practice model and ongoing services for children and parents. The Department in collaboration with the CBCs developed and recently published operating procedures that describe the practice model, provide process and procedure, and outline expectations. These are available on the Department's web site and on Florida's Center for Child Welfare.

10. Encourage among CBCs the expansion of approaches such as family team conferencing, family group decision making, or family group conferencing at the front-end of system involvement. These family-centered approaches contribute to greater system collaboration and cohesion since all concerned parties are brought to the table, facilitates greater clarity for families about the system and expectations, and engages families in the identification of their needs and supports. For CBCs that are implementing such practices, this should include the incorporation of fidelity assessment processes.

    Ongoing. The Department in collaboration with the CBCs developed and recently published operating procedures that describe the practice model, provide process and procedure, and outline expectations. The operating procedures include family team conferencing, family group decision making and other family centered approaches. These are available on the Department's web site and on Florida's Center for Child Welfare.

11. CBCs should ensure that service providers comply with contract language relating to the evaluation and demonstration of service effectiveness and requirements for assessing and reporting client outcomes to the child welfare agency/case manager.

    Ongoing. This is a contractual requirement. The Department is revising the process for contract monitoring. The revised process should identify CBCs with service providers who are not meeting expectations.

12. Continue to identify strategies to fill current service gaps at the community-level.

    Ongoing. The Secretary of the Department of Children and Families identified expansion of services as a Priority of Effort (POE) focus area. In an effort to address service gaps at the local level, activities are occurring across the state.

13. Develop funding strategies to fill current service gaps at the community-level and expand the availability of providers who offer in-home services.

    Ongoing. The Secretary of the Department of Children and Families identified funding strategies for service gaps as a Priority of Effort (POE) focus area. In an effort to identify funding strategies to address service gaps at the local level, activities are occurring across the state.

14. To further prevent re-entry into out-of-home care, more intensive services, such as frequent visitations by a case manager, in-home parent education, and various supports (e.g., providing information about specific resources, connecting families with necessary services) should be provided to families immediately after reunification or adoption.

    Ongoing. The Office of Child Welfare Performance and Quality Management division prioritized re-entry as a statewide outcome measure to launch our newly developed Results-Oriented Accountability processes. Level 1 analysis process have begun with statewide analysis project plan development. We expect to be through research review in June 2016 resulting in recommendations for evidence-based interventions, feasibility study and pilot identification and return on investment assessment. Additionally we have created public facing national data indicators dashboard to monitor the outcome quarterly.

15. The Department has recently learned that there was some inconsistency among CBCs in the period under review (PUR) dates used for CFSR case reviews. Specifically, some CBCs were using the previous 9 months as the PUR and others were using the previous 12 months. In order to rectify this, it is recommended that the Department make consistent the PUR for CFSR reviews.

    Complete. Clarification was issued to the quality management teams across the state to use a 12-month period under review, consistent with the CFSR. Revision was made to the Windows Into Practice, Guidelines for Quality Assurance Reviews.