Child and Family Services Reviews

Florida's Statewide Assessment

March 2016

This assessment is as an update to Florida's performance assessment in the 2015/2019 Child and Family Services Plan and 2015 Annual Progress and Services Report (APSR).

Janice Thomas, Assistant Secretary of Child Welfare

Florida Department of Children and Families

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INTRODUCTION

The MISSION of the Department of Children and Families, hereafter referred to as the Department, is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

The Department supervises the administration of programs that are federally funded, state directed, and locally operated. The Department is responsible for the supervision and coordination of programs in Florida funded under federal Titles IV-B, IV-E and XX of the Act (45 CFR 1357.15(e)(1) and (2)).

The Department's Office of Child Welfare plays a vital role in the development of policies and programs that implement and support the Department's mission. Policy development, program implementation, performance management, and continuous quality improvement activities are the responsibility of the Office of Child Welfare. The child welfare system is administered and coordinated through collaborative relationships with other state and local agencies, Tribal representatives, foster/kinship caregivers, foster youth, community-based lead agencies, the judiciary, researchers, child advocates, Guardians ad Litem, the Legislature, and private foundations. These collaborative(s) and stakeholders support our success and ensure the Department is achieving positive outcomes in the areas of child safety, permanency, and well-being.

Service delivery is coordinated through an administrative structure of 6 geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. Within regions, Community-Based Care lead agencies (CBCs) deliver foster care and related services as defined in Florida statute under contract with the Department. Child protective investigation requirements are also defined in statute (Chapter 39, F.S.). In six counties, the duties of child protective investigation are performed under grant agreement with county sheriffs' offices. Children's Legal Services functions as an internal "firm" for child-focused advocacy in all areas; in two areas, this includes coordination with attorneys under contract from the State Attorney's Office and the Office of the Attorney General.

CBC lead agencies 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. Most CBCs contract local case management organizations and direct care services to children and their families. This innovative system allows local agencies to engage community partners in designing their local system of care that maximizes resources to meet local needs. The Department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings.

SECTION I: GENERAL INFORMATION

Name of State Agency: Florida Department of Children and Families

CFSR Review Period

CFSR Sample Period: Rolling period starting April 1, 2015 through September 30, 2015 (November 2015 for in-home cases)

Period of AFCARS Data: Submission as of 08-19-2015

Period of NCANDS Data: Submission as of 09-25-2015

Case Review Period Under Review (PUR):

Review Months	Rolling Monthly Sample Periods*	Periods Under Review
April 2016	4/1/2015 to 09/30/2015	4/1/2015 to Date of Review
May 2016	5/1/2015 to 10/31/2015	5/1/2015 to Date of Review
June 2016	6/1/2015 to 11/30/2015	6/1/2015 to Date of Review
July 2016	7/1/2015 to 12/31/2015	7/1/2015 to Date of Review
August 2016	8/1/2015 to 1/31/2016	8/1/2015 to Date of Review
September 2016	9/1/2015 to 2/29/2016	9/1/2015 to Date of Review

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

Florida formed a Statewide Child and Family Services Review (CFSR) Oversight Committee to maximize stakeholders' involvement and in the assessment process. The Committee is comprised of internal and external partners from across the state.

The statewide Child and Family Services Review (CFSR) Statewide Planning Committee was formed with representatives of the Department (state and region), CBCs, Sheriffs, Courts, Foster Parents, Youth, Guardian ad Litem, and other state agencies. The committee members reached out to other local partners, and provided input on local needs assessment including performance measurement gaps on outcomes and systemic factors, particular focus areas for services or specific population groups, and strategies and initiatives. The CFSR Statewide Planning Committee were also key partners with the development of the Annual Progress and Services Report for 2015. Additional information was gathered through the web-based statewide self-assessment survey conducted between October 26 and November 6, 2015.

State Response:

The following individuals participated in the Statewide Planning meetings and/or provided information to complete the assessment.

Name	Region	Agency
Eleese Davis	Headquarters	Department of Children and Families
Sallie Bond	Headquarters	Department of Children and Families
Alicia Castillo	Southeast	Department of Children and Families
Alyssa Morreale	Central	Kids Central
Amy Vargo		University of South Florida
Andrea Mertyris	SunCoast	Sarasota YMCA
Angie Stackpole	Northeast	Foster Parent
Ariel Alston	Southern	Department of Children and Families
Atarri Hall	Headquarters	Department of Children and Families
Audrey O'Connell	Central	Kids Central
Bill Nunnally	Central	Heartland for Children
Brianna Dufour	Central	Youth
Holly Torres	Northeast	Foster Parent
Calvin Martin	GAL	Guardian ad Litem Program
Carlita Walker	Northwest	Families First Network
Cassandra Thomas	SunCoast	Eckerd
Cebian Alty	Central	Foster Parent
Cheryl Robinson	Southeast	Foster Parent
Chris Dyer	Central	Heartland for Children
Chris Ross	Northeast	Family Support Services
Clarissa Cabreja	Southern	Department of Children and Families
Courtney Stanford	Northwest Region	Department of Children and Families
Daron Jackson	Children's Bureau Consultant	ICF International
Deborah Stout	SunCoast	Department of Children and Families
Debra Bass	SunCoast	Department of Children and Families/Children's Legal Services
Diane Schofield	Central	Foster Parent
Elizabeth Wynn	Children's Bureau	Administration for Children and Families
Emily Gustafson	Central	CBC of Central Florida
Erica Lee	Southern	Department of Children and Families
Frank Perry	Southeast	Department of Children and Families
George Beckwith	Northeast	Department of Children and Families
Ginger Griffeth	Headquarters	Department of Children and Families
Hilary Farnum	Central	Brevard Family Partnership
Jack Sheppard	Northeast	Department of Children and Families

Name	Region	Agency
Jacqueline Melton	Capacity Building Centers	ICF International
Janice Thomas	Headquarters	Department of Children and Families
Jay Saucer	Central	Seminole County Sheriff Office
Jennifer Kuhn	SunCoast	Department of Children and Families
John Couch	Office of Dependency Court Improvement	State Court Administration
John Showers	SunCoast	Department of Children and Families
Jose "Ivan" Vargas	Northeast	Youth
Joye Clayton	Northwest	Department of Children and Families
Julie Beasley	Northwest	Department of Children and Families
Karen Sanchez	Southern	Our Kids
Kari Beasley	Northwest	Department of Children and Families
Karlene Cole-Palmer	Central	Department of Children and Families/Children's Legal Services
Keith Hawk	Northeast	Foster Parent
Keith Perlman	Headquarters	Department of Children and Families
Kelly Faircloth	Northwest	Department of Children and Families
Kelly Milner	Central	Kids Central
Kelly Oberto Wilkerson	Northeast	Family Integrity Program
Kelsey Burnett	Central	Department of Children and Families/Children's Legal Services
Kim Grabert	Headquarters	Department of Children and Families
Kim Loughe	Northeast	Partnership for Strong Families
Kimberly Williams	SunCoast	Department of Children and Families
Kraig Keller	Southeast	ChildNet
Kyle Teague	SunCoast	Department of Children and Families
Lesley Campbell	Southeast	Broward Sheriff Office
Lin Pelter	Northeast	Department of Children and Families
Lorie Baxley	SunCoast	Foster Parent
Lovern Alleyne-Babb	Southern	Department of Children and Families
Margaret Petronio	Northwest	Big Bend
Mary Elwood	Northeast	Kids First of Florida
Melinda Musick	Central	Children's Home Society
Michelle Farquharsen	SunCoast	Children's Network of Southwest Florida
Michelle Gearty	Southeast	Department of Children and Families
Pamela Pielock	Northeast	Community Partnership for Children
Patricia Medlock	Northeast	Department of Children and Families
Qhuantae Nunn	Central	Department of Children and Families
Rachel Dougherty	Northeast	Department of Children and Families
Rachel Robinson	Southeast	Youth
Rebecca Krinsky	Northwest	Department of Children and Families
Renee Morgan	Central	Department of Children and Families
Rosa Baez	Southern	Department of Children and Families
Rusty Kline	Southeast	Devereux
Shawn Wilson	SunCoast	Pasco Sheriff
Stephanie Weis	Central	Department of Children and Families
Ted Stackpole	Northeast	Foster Parent
Tina Goodson	Northwest	Foster Parent
Todd Darling	Headquarters	Department of Children and Families
Tory Wilson	Headquarters	Department of Children and Families
Traci Klinkbeil	Central	Department of Children and Families
Vita Julme	Southeast	Department of Children and Families
Warriner, Nereida	Central	Department of Children and Families
William Presswood	Southern	Foster Parent
Wilmine Merilan-Louis	Southeast	Broward Sheriff Office
Sarai Ellis	Northwest	Foster Parent
John Ransy	Southern	Youth
Julie Yeadon	Northwest	Department of Children and Families

SECTION II: SAFETY AND PERMANENCY DATA

State Data Profile

(CB-generated state data profile will be inserted here)

Insert state data profile—CB-generated data profile of safety and permanency data

CFSR 3 Data Profile   Submissions as of 08-19-15 (AFCARS and 09-25-15 (NCANDS)

CFSR Statewide Data Indicator Performance & PIP Status	12 month period	Data Used	Observed Performance			Risk-Standardized Performance (RSP) & National Standard (NS)					Performance Improvement Plan (PIP)			
											Primary Indicator		Companion Indicator (if applicable)	
			Denominator	Numerator	Percentage or Rate	Lower RSP	RSP	Upper RSP	NS	Performance related to NS	Baseline	Goal	Baseline	Threshold
Permanency in 12 months (entries)	12B13A	12B-15A	14,013	7,111	50.7%	48.9%	49.7%	50.5%	40.5%	Met				
Permanency in 12 months (12-23 mos)	14B15A	14B-15A	4,157	2,230	53.6%	49.1%	50.5%	51.9%	43.6%	Met				
Permanency in 12 months (24+ mos)	14B15A	14B-15A	3,019	1,279	42.4%	34.7%	36.1%	37.4%	30.3%	Met				
Re-entry to care in 12 months	12B13A	12B-15A	6,658	550	8.3%	9.1%	9.9%	10.7%	8.3%	Not met	8.3%	7.4%	50.7%	49.1%
Placement stability	14B15A	14B-15A	2,598,999	13,130	5.05	5.09	5.18	5.27	4.12	Not met	5.05	4.57		
Maltreatment in foster care	14A14B	14A, 14B,FY14	6,783,905	626	9.23	11.92	12.89	13.94	8.50	Not met	9.23	8.26		
Recurrence of maltreatment	FY13	FY13, FY14	48,289	3,321	6.9%	8.5%	8.8%	9.1%	9.1%	No dif				

Table Notes

<u>12 month period:</u> The 12-month period described in the denominator for this indicator (see Data Dictionary). "FY" (e.g., FY13) refers to NCANDS data which span Oct 1st - Sept 30th. All others refer to AFCARS data: 'A' refers to Oct 1st - Mar 31st; 'B' refers to Apr 1st - Sep 30th. The two digit year refers to the calendar year in which the period ends (e.g., 13A = 10/1/12 - 3/31/13; FY13 = 10/1/12 - 9/30/13). Data Used: Refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome.

<u>Data Used:</u> Refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome.

Observed Performance
Denominator: For Placement stability and Maltreatment in foster care - Number of days in care. For all other indicators - Number of children. Numerator: For Placement stability – Number of moves. For Maltreatment in foster care - Number of victimizations. For all other indicators - Number of children. Percentage or rate: For Placement stability - Moves per 1,000 days in care. For Maltreatment in foster care - Victimizations per 100,000 days in care. For all other indicators - Percentage of children experiencing the outcome.

Risk-Standardized Performance (RSP) & National Standard (NS) RSP: Risk-standardized performance. The RSP is derived from a multi-level model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate. Lower RSP and Upper RSP: 95% interval estimate around the RSP. Reflects the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval. NS: National standard. The observed performance for the nation as described in the Federal Register notice. Performance related to NS: Indicates whether the state's 95% interval showed that the state met, did not meet, or was no different than the NS. "No Dif" means the interval includes the NS. For the permanency in 12 months indicators, "Met" is used when the entire interval is above the NS; "Not Met" is used when the entire interval is below the NS. For the remaining indicators, "Met" is used when the entire interval is below the NS; "Not Met" is used when the entire interval is above the NS. "No Dif" and "Met" do not require PIP inclusion of the indicator.

Performance Improvement Plan (PIP) Baseline: A preliminary PIP baseline derived from the state's observed performance for the indicator using the most recent 12-month period of available data. At the time the state's PIP is due, the baseline is specified and will remain the same with the exception of certain situations when the state resubmits data for the baseline period. Threshold: If the state must include permanency in 12 months (entries) in its PIP, the state must also not go above the threshold shown for re-entry to foster care. If the state must include re-entry to foster care in its PIP, the state must not go below the threshold shown for permanency in 12 months (entries).

Data Quality: These checks are used when estimating state performance against the national standards and calculating PIP baselines, targets, and companion measure thresholds. Values in bold indicate that the percentage of problem cases exceeded the data quality limit. Blank cells indicate the check is not applicable. To determine if a data quality problem prevented estimating state performance against national standards, calculating PIP values, or both, see the table on page 1. Percentages below have been rounded for purposes of presentation. Data quality limits are applied to unrounded values.

SECTION III: ASSESSMENT OF CHILD AND FAMILY OUTCOMES AND PERFORMANCES ON NATIONAL STANDARDS

The following performance assessment is based on multiple sources. The most important ongoing initiative is implementing a new child welfare practice model, which is rooted in a sound knowledge base and a practice approach that is safety-focused, family-centered, and trauma-informed. Florida's Title IV-E Waiver demonstration allows the Department and its partner lead agencies to create a more responsive array of community-based services and supports for children and families. Flexible use of IV-E funding supports child welfare practice, program and system improvements that will continue to promote child safety, permanency and improve child and family well-being. This strategic use of the funds allows community-based lead agencies to implement individualized approaches that emphasize both family engagement and child-centered interventions.

Data Sources most often referred to throughout the Statewide Assessment include:

- Florida's Child and Family Services Review (CFSR) Data Profile: November 2015. The data is derived from Florida's submissions of National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis Reporting System (AFCARS).

- Florida Safe Families Network (FSFN). FSFN is the Department's automated child welfare case management system.

- Florida's child welfare trend reports and performance dashboard. These data are available on Florida's Center for Child Welfare, under Results Oriented Accountability. The link is http://centerforchildwelfare.fmhi.usf.edu/Index.shtml#

- Quality Assurance (QA) case reviews. Data from the Florida CFSR reviews and Case Management Rapid Feedback Reviews.

- Structured Assessment Survey. In October 2015, a web-based statewide self-assessment survey was launched to gain stakeholder input on Florida's child welfare system. The total number of responders was 1,280 and included responses from adoptive parents, pre-adoptive parents, birth parents, case management staff, child advocates, Child Protective Investigators, region administration, community alliance members, county sheriffs, court personnel, education staff, youth in foster care, Guardians ad Litem, judges, legal services, foster parents, child welfare management and administrative staff, program specialists, quality assurance, regional administration, relative caregivers, senior leadership, substance abuse staff, tribe members, and Community-Based Care leadership. There were respondents from every Region and 58 counties. Individual responses were categorized by subject and the information has been incorporated throughout the assessment.

- Florida's Child and Family Services Review (CFSR). Florida adopted the CFSR review monitoring system in state fiscal year 2015/16. Data from these reviews is included as part of this assessment.

A. Safety

**Safety Outcomes 1 and 2 Instructions**

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

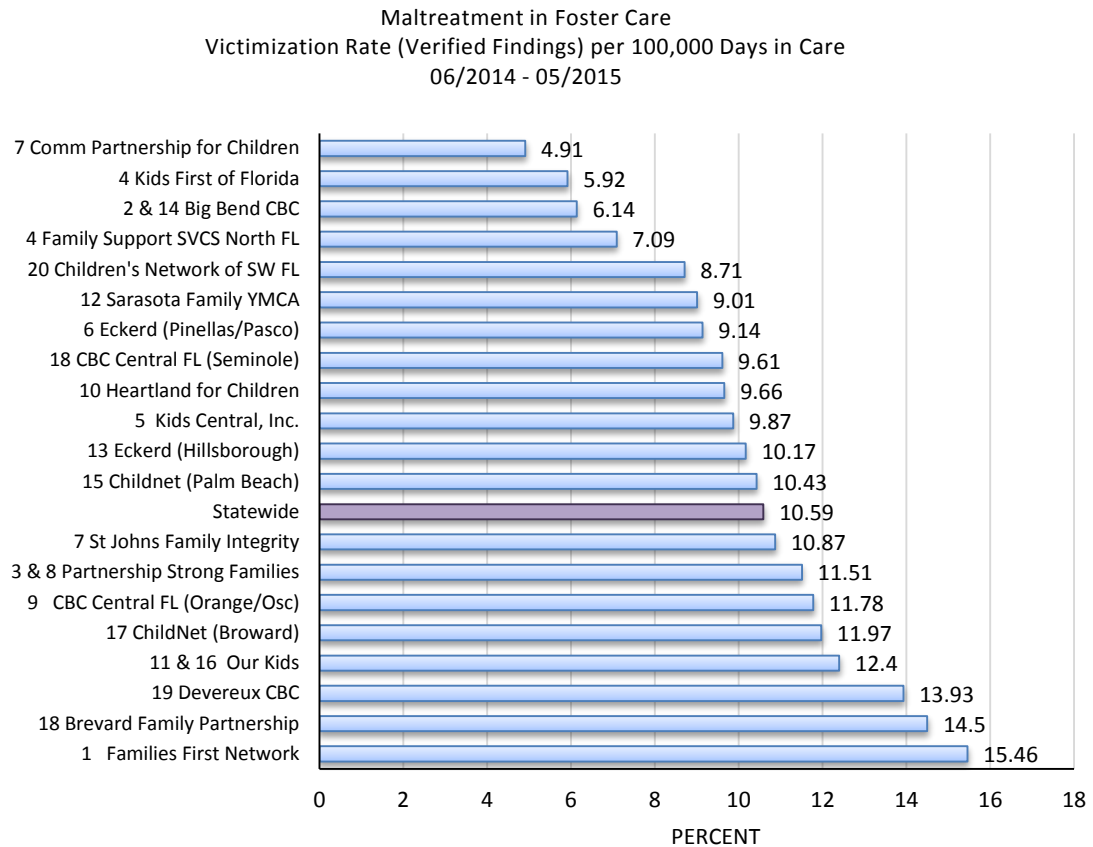| MEASURES	FY 2013	Lower Risk Standardized Performance	Risk Standardized Performance	Upper Risk Standardized Performance
Recurrence of Maltreatment (National Standard – 9.1%)	6.9%	8.5%	8.8%	9.1%
Maltreatment in Foster Care (National Standard – 8.5%)	9.23%	11.92%	12.89%	13.94%

Source: Florida's CFSR Data Profile dated November 2015

Florida has evaluated its performance in the area of safety and finds that the state's performance in the area of recurrence of maltreatment is in substantial conformity. The state's performance of 8.8% meets the national standard of 9.1%.
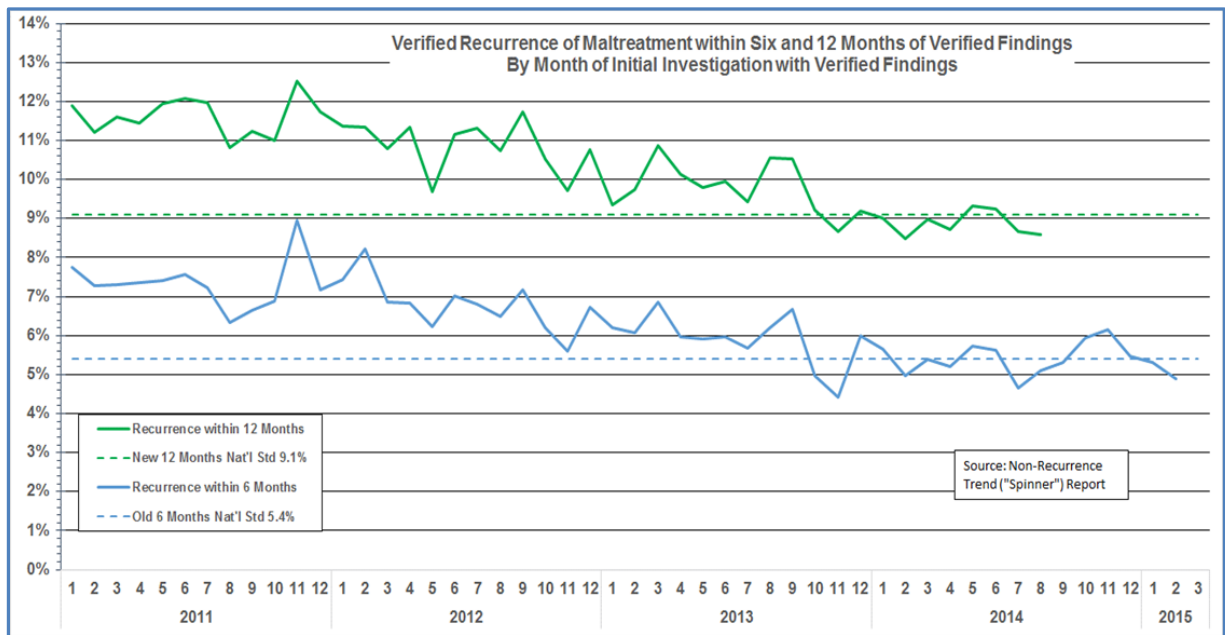
Source: Child Welfare Key Indicators Monthly Report November 2015

Maltreatment in foster care is a very rare event. The following chart, for the 12-month period, June 2014 – May 2015 shows statewide performance is above the national standard of 8.5%, indicating a need for improvement. Note that the wide variability from area to area and year to year is because of the low numbers. The Office of Child Welfare has established a workgroup who are using the Six Sigma techniques to analyze the root cause of performance. Although the final analysis and report will not be completed until the summer of 2016, early information shows repeat maltreatment is occurring mostly in relative and non-relative placements, not licensed foster care. Additionally, a large number of the reports center on inadequate supervision.

Maltreatment in Foster Care
Victimization Rate (Verified Findings) per 100,000 Days in Care
06/2014 - 05/2015

Area	Percent
7 Comm Partnership for Children	4.91
4 Kids First of Florida	5.92
2 & 14 Big Bend CBC	6.14
4 Family Support SVCS North FL	7.09
20 Children's Network of SW FL	8.71
12 Sarasota Family YMCA	9.01
6 Eckerd (Pinellas/Pasco)	9.14
18 CBC Central FL (Seminole)	9.61
10 Heartland for Children	9.66
5 Kids Central, Inc.	9.87
13 Eckerd (Hillsborough)	10.17
15 Childnet (Palm Beach)	10.43
Statewide	10.59
7 St Johns Family Integrity	10.87
3 & 8 Partnership Strong Families	11.51
9 CBC Central FL (Orange/Osc)	11.78
17 ChildNet (Broward)	11.97
11 & 16 Our Kids	12.4
19 Devereux CBC	13.93
18 Brevard Family Partnership	14.5
1 Families First Network	15.46

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Source: See Footnote 1

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

Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment

Purpose: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

The state is in substantial conformity with item 1, timeliness of initiating investigations of reports of child maltreatment.

Of 272,493 intakes (calls, web reports and faxes) concerning suspected maltreatment received by the Florida Abuse Hotline in FY 2014-15. Of those, 186,504 investigations were generated with some intakes grouped together into a single investigation.

Child Protective Investigations

The 186,504 investigations included approximately 260,000 children who were suspected victims of maltreatment, and about 45,000 of those children had verified findings. However, only a small proportion were considered unsafe and 15,780 required removal from their families. Others required in-home safety management services pending full assessment. Of the investigations with initial reports received in April - June 2015, 77.5% had one or more prior investigations:[1]

- 41.4% had 1-4 prior investigations.
- 21.8% had 5-9 prior investigations.
- 12.1% had 10-19 prior investigations.
- 2.2% had 20 or more prior investigations

The state's performance on the timeliness of commencing investigations within 24 hours is 97% for the period 7/1/2014 through 6/30/15. (Source: FSFN/Florida Performance Dashboard)

Performance on two key timeliness indicators, seeing alleged victims and investigation completion, has declined since 2013 (See Figure 1). In May and June 2015, the percent of victims seen within 24 hours dropped below the 90% level for the first time in several years. Compliance with the statutory requirement to complete investigations within 60 days has dropped from 99.5% to 90.7%. The high rate for staff turnover is a contributing factor to the decline in performance. The turnover rate for child protective investigations is at 44% and for Community-based Care case managers is 30%.

Although statewide performance has not dropped below 90%, there are a number of circuits with performance at or above 95%. Circuits 5, 10, 18 and 19 and Pinellas Sheriff's Office performed above the 95% level, and DCF Circuits 2, 3, 4, 7, 8, 11, 12, 14, and 20 and the Broward Sheriff's Office have fallen below 90%.

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[1] *A Snapshot of Florida's Child Welfare System Some Recent Trends and Community Comparisons of Children Served and Performance Summit 2015*

The Florida CFSR statewide results from the period under review of July 2014 through October 2014 show performance for item 1, timeliness of initiating investigations, as fluctuating. Of the 175 cases reviewed for this item, this was substantially achieved in 91% of the cases.

Figure 1
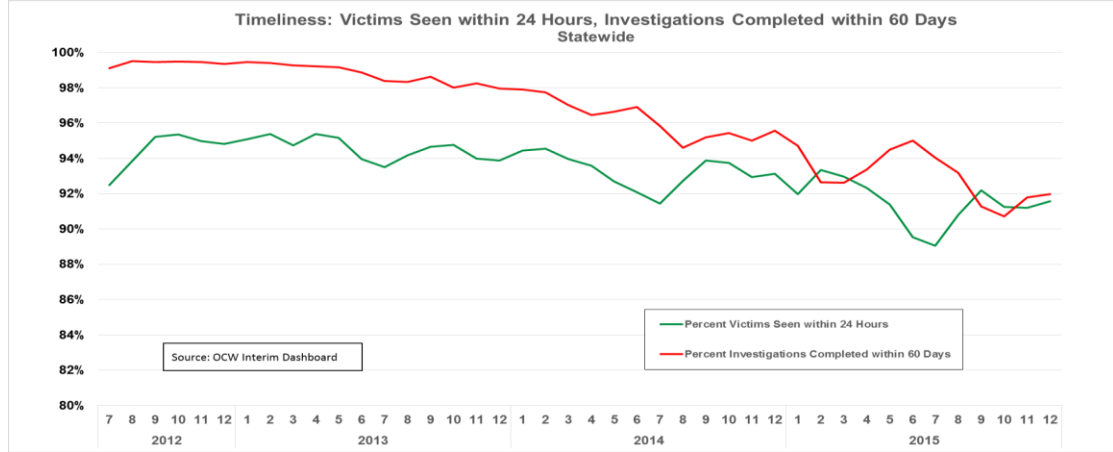
Source: Child Welfare Key Indicators Monthly Report January 2016

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

Florida is continuously evaluating and examining data from Florida Safe Families Network (FSFN), quality assurance reports and the national data indicators. The shift from a practice model that was incident and compliance focused to one that is now focused on family functioning and child safety is expected to improve practice and performance over time.

The Department has implemented a Rapid Safety Feedback process as a formal method to assess Child Protective Investigations (CPI) in "real time" while the investigation is open and for in-home service cases. This provides an opportunity for the quality assurance practice expert to engage the CPI or case manager and supervisor in discussions about patterns, potential danger threats, parental protective capacities, and child vulnerability. Case reviews target children under age 4 whose family has a history of prior reports involving parental substance abuse and domestic violence history.

Case file reviews using the Rapid Safety Feedback standards indicated that CPIs and case managers need continued training and technical assistance with initial and ongoing safety and risk assessments, the development of appropriate safety plans, and the monitoring of safety plans including family engagement in safety-related services. Of the five case management items reviewed, all but one fell below 80%. Data for child protective investigations is not considered valid because the QA/Critical Child Safety Practice Experts will not complete their proficiency testing until June 2016.

The state has recently implemented a supervisory consult model where the supervisor provides consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making. In addition, secondary level reviews are conducted to ensure the overall safety decision is accurate and that sufficient information is used to come to the decision.

As mentioned previously, the high rate of staff turnover for both investigations and case management is having an impact on the quality of the investigative response. The percent of CPIs with less than two years of experience continues to rise, and as of January 4, 2016 was at 78.1%. Currently, 28.2% of the workforce has less than six months of experience and another 47.4% have less than one year of experience. Those having three or more years of experience constitute only 15.6% of the current CPI workforce.

Child protective investigators with high caseloads may attempt to meet timeframes resulting in lower quality service provision or vice versa. Timeframes are often not met due to providing quality service activities, such as reviewing all child abuse and neglect history reports prior to commencing an investigation, conducting interviews with all household members, ensuring children meeting statutory criteria receive medical examinations with the Child Protection Team, collaborating with law enforcement on cases involving a criminal investigation, and making collateral contacts with relatives, neighbors and/or school personnel.

The number of child abuse and neglect reports that were screened-in for alleged child maltreatment increased over the prior three years.
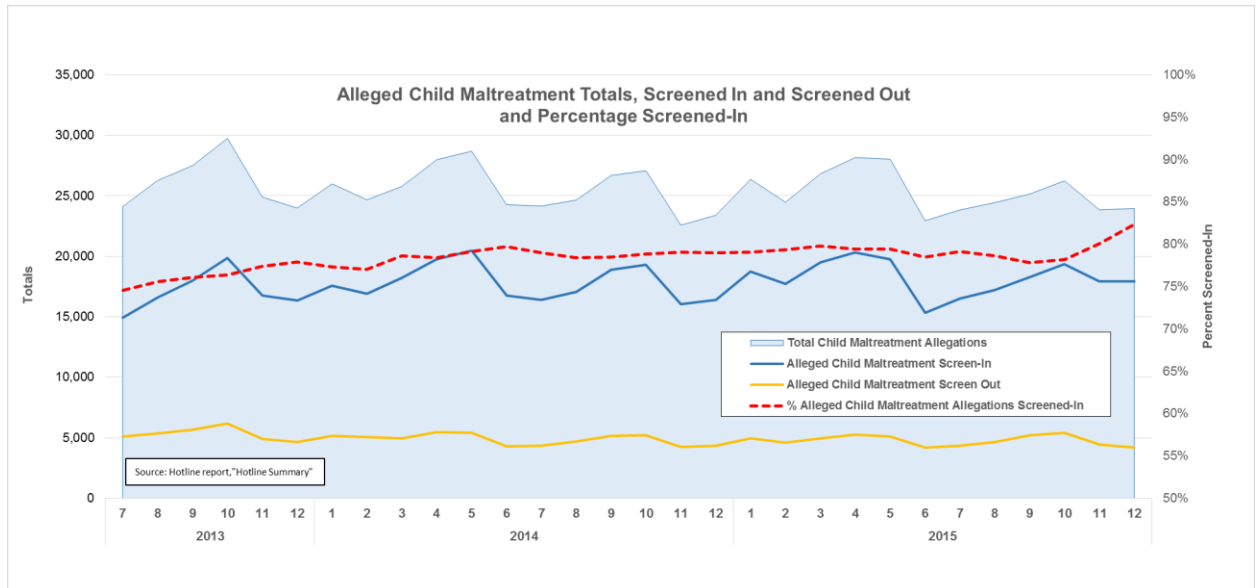
Source: January 2016 Key Indicators Report

Although improvement is seen in the area of re-abuse following termination of services, Safety Outcome 2, children are safely maintained in their homes whenever possible and appropriate, is an area in need of improvement.

Item 2. Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care

Purpose: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

Performance measure data indicated that statewide Florida has made steady improvement in relation to reduction of re- abuse following termination of services. This is an area in need of improvement.

- The state's performance in the area of recurrence of maltreatment is slightly improved. The state's CFSR Data Profile shows that Florida's performance of 8.8% meets the national standard of 9.1%.

- Recent FSFN data for initial investigation with verified findings in October through December 2014, 95.1% of children served did not have a verified maltreatment within 6 months of termination of in home services or out of home care. [2]

The total number of removals for December 2015 (1,294) was up 10.2% when compared with December 2014 (1,174). The rate of removals per 100 children investigated was 6.6 in October 2015 compared to 6.7 in October 2014. The most common verified maltreatment finding is substance misuse followed by family violence, and neglect. One possibility for the increase in removals is the early implementation stage of the new child safety practice model and the skillset of the investigators and supervisors with the new practice.

The trend for total number of children receiving in-home services continues to remain relatively flat for the past three calendar years, while the number of children receiving services in out-of-home care has been steadily trending upward since June 2013. The total number of children in out-of-home care has continued on an upward trend since June 2013, with 22,622 children in out-of-home placements as of December 31, 2015.
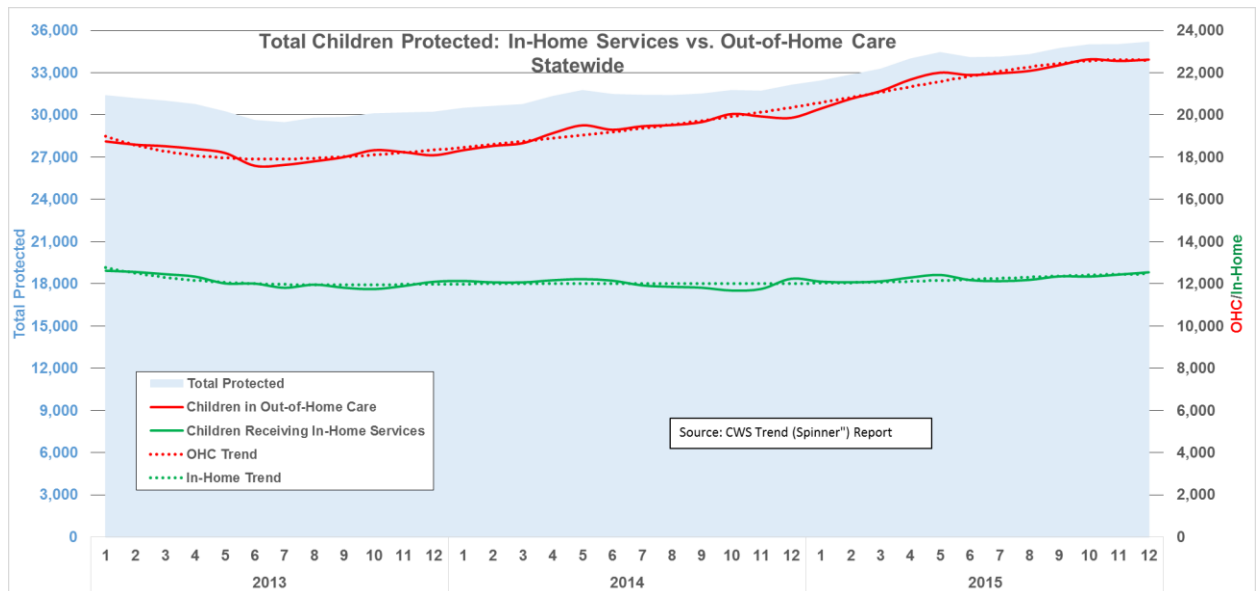
Source: January 2016 Key Indicators Report

The Quality Assurance findings for FY 2014/15 show that concerted efforts were made to provide services to the family to prevent the child's entry into out-of-home care or re-entry after reunification as a strength in 86.9% of the 1,153 cases reviewed for this item.

Rapid Safety Feedback Item 1	% Strength
Were concerted efforts made to provide services to the family to prevent children's entry into out-of-home care or re-entry after a reunification?	86.9%

Table 1: Rapid Feedback Case Management Reviews for FY 2014-15[3]
Source: 2015 Annual Performance Report

The Florida CFSR statewide result from the period under review of July 2014 through October 2014 shows item 2, services to the family to protect children in the home and prevent removal, as a strength in 85% of the cases.

FL CFSR Item 2	% Strength
Services to the family to protect children in the home and prevent removal or re-entry into foster care	85%

Table 2: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

Item 3. Risk and Safety Assessment and Management

Purpose: Did the agency make 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?

The Quality Assurance findings for FY 2014/15 show that initial and ongoing assessments were conducted to assess and address the risk and safety concerns as a strength in 69.7% of 1,146 cases reviewed during FY 2014/15.

Rapid Safety Feedback Item 2	% Strength
Were initial and on-going assessments conducted to assess risk and safety concerns relating to the child(ren) in their home?	69.7%
Rapid Safety Feedback Item 3	**% Strength**
If safety concerns were present, did the agency develop an appropriate safety plan with the family?	65.4%
Rapid Safety Feedback Item 4	**% Strength**
If safety concerns were present, did the agency continually monitor the safety plan as needed including monitoring family engagement in any safety related services?	64.1%
Rapid Safety Feedback Item 5	**% Strength**
Are background checks and home study or assessment sufficient and responded to appropriately?	69.3%

Table 3: Rapid Safety Feedback Case Management Reviews for FY2014-15

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[3] *2015 Annual Performance Report*

Of the 175 cases reviewed for this item as part of the Florida CFSR reviews for the period under review, July 2014 through October 2014, item 3 was a strength in 58%.

FL CFSR Item 3	% Strength
Risk and safety assessment and management	58%

Table 4: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

Statewide, Item 3 is an area in need of improvement. Review findings indicated that staff critical thinking skills necessary to complete adequate risk and safety assessments were weak and that past involvement with the Department was not considered or analyzed when identifying needs and necessary services to address identified issues. Improvement is needed in risk and safety assessment, safety planning, and follow-up on service referrals to ensure that services were initiated and being provided. The findings indicate that child protective investigators and case managers need continued training and technical assistance with initial and ongoing safety and risk assessments, the development of safety plans, and the monitoring of safety plans including family engagement in safety related services.

B. Permanency

Permanency Outcomes 1 and 2 Instructions

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

MEASURES	Observed Performance	Lower Risk Standardized Performance	Risk Standardized Performance	Upper Risk Standardized Performance
Permanency in 12 months (entries) (National Standard – 40.5%)	50.7%	48.9%	49.7%	50.5%
Permanency in 12 months (12-23 mos) (National Standard – 43.6%)	53.6%	49.1%	49.7%	51.9%
Permanency in 12 months (24+ mos) (National Standard – 30.3%)	42.4%	34.7%	36.1%	37.4%

Placement stability (National Standard - 4.12)	5.05%	5.09%	5.18%	5.27%

Table 5: Insert Source here

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

According to Florida's Child and Family Services Review Data Profile, November 2015, Florida met the national standards for permanency in 12 months for entries, for children in care 12 to 23 months and for children in care 24 months or longer. Florida has not met the placement stability national standard and will be required to complete a program improvement plan for this indicator.

Florida's CFSR reviews for the period under review, July 2014 through October 2014, indicate that permanency outcome 1 is an area in need of improvement. The FL CFSR findings show from the 109 cases reviewed for permanency outcome 1, that 47 or 43% were substantially achieved.

Item 4. Stability of Foster Care Placement

Purpose: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

Placement stability although showing improvement is a weakness for the state. Statewide quality assurance findings for 2014/15 identified the child in a stable placement at the time of the review and that changes in placement (that occurred during the period under review) were made in the child's best interest as a strength in 80.3% of the 776 applicable cases reviewed.

Rapid Safety Feedback Item 6	% Strength
Is the child in a stable placement at the time of the review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goals?	80.3%

Table 6: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

Florida's CFSR reviews for the period under review of July 2014 through October 2014, shows item 4, stability of foster care placement as a strength in 51% of the cases reviewed.

FL CFSR Item 4	% Strength
Stability of foster care placement	51%

Table 7: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

Although, the number of licensed foster homes has increased 11% since 2013, there are an inadequate number of homes for sibling groups and children experiencing significant emotional and behavioral needs. The tailoring of recruitment efforts for homes to meet the individual characteristics of children in care is a focus of the Department and CBC lead agencies. Coupled with this is placement matching. Case managers and placement staff do not consistently make matches based on child characteristics, but rather make matches based on availability of beds and willingness of foster parents. This is often impacted by the local pool of available resources.

The identification of relatives or those the child is most familiar with is seen as a strength. Approximately 44% of the children in out-of-home care are placed with relatives. The Child Welfare dashboard shows that in July 2014, of the 19,464 children in out-of-home care, 8,472 (43.5%) were placed with relatives; in October 2015, this practice continued with 22,635 children in out-of-home care, and 10,124 or 44.7%, placed in the homes of relatives.

The Department is continuing to work toward reducing the number of placements during the first 12 months for children in out-of-home care and in increasing the number of children less than 13 years of age who are placed in a licensed family foster home versus group homes.

Item 5. Permanency Goal for Child

Purpose: Did the agency establish appropriate permanency goals for the child in a timely manner?

The state achieved all three of the national standards related to permanency. Although Florida's performance is well above the national standard of 40.5%, the performance of eight out of the 20 circuits is below the standard. This may be attributed to the sharp increase in out-of-home care population over the past 24 months. This increase is driven by the increase in removal rates and decrease in discharge rates.

Florida considers "time to be of the essence" in achieving permanency for children in out-of-home care. Section 39.701, Florida Statutes, requires the courts to review the status of the child and hold a hearing at least every 6 months until the child reaches permanency status. 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 the Department or awaits adoption.

The continued collaboration between the Department, the courts, Guardian ad Litem Program, and community agencies has led to many innovative court processes to facilitate timely permanency. Unified Family Court programs in many of the circuits have provided for one judge to hear all crossover cases regarding a specific family.

Although the case plan and permanency goal(s) are established within 60 days of the removal, the QA and Florida CFSR findings below reflect the timeliness of the court's ruling on the permanency goal(s). Each case plan must contain a permanency goal that is approved by the court. This generally occurs with case disposition but may be delayed due to objections of parent's attorneys and court continuances.

Statewide QA findings for fiscal year 2014/15 indicated that the timely establishment of a permanency goal as a strength in 85.8% of the applicable 765 cases reviewed.

Rapid Safety Feedback Item 7	% Strength
Was the appropriate permanency goal established for the child in a timely manner?	85.8%

Table 8: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this as a strength in 46% of the 109 cases reviewed for this item. It is important to note that the state's policy was used in evaluating this item.

FL CFSR Item 5	% Strength
Permanency goal for child	46%

Table 9: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

Item 6. Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Purpose: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

The Department emphasizes that "time is of the essence" in achieving permanency. Returning children home through reunification is the first preference for permanency. Other permanency goals allow children to be placed with relatives through permanent guardianship with a fit and willing relative and through permanent guardianship. Florida has a historic pattern of exceeding goals for adoption. This is a strength for Florida.

Counts of children with the goal of other permanent living arrangement (APPLA) are monitored through a separate trend report. The count has remained below 500 since February 2014 (out of more than 22,000 in out of home care). The Department's strong emphasis on permanency for this population, particularly through initiatives such as the Permanency Roundtables has resulted in an overall decrease in the percentage of the out of home population with the primary goal of APPLA. In December 2013, 508 youth had APPLA as their primary goal, and in December 2015 this was down to 419 youth. Ongoing efforts promise to continue this positive trend, as will implementation of the provision under Public Law 113-183 to limit APPLA as a permanency goal for youth age 16 and older. Florida's Annual Progress and Services Report (APSR) provides more detail regarding the local permanency initiatives that are having a positive impact on the number of youth with a goal of APPLA.

Statewide there continue to be difficulties with ongoing efforts towards engaging parents, especially fathers. When we are not consistently working together with the parents, this impacts successful reunification. Another contributing factor is the turnover of case management staff and high caseloads.

During fiscal year 2014/15, Florida's statewide quality assurance reviews assessed 757 cases for this item. The findings show that concerted efforts are being made to achieve reunification, guardianship, adoption, or other permanent planned living arrangement in 79.9% of the cases.

| Rapid Safety Feedback Item 8	% Strength
Are concerted efforts being made to achieve reunification, guardianship, adoption, or other permanent planned living arrangement?	79.9%

Table 10: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this as a strength in only 67% of the 109 cases reviewed for this item.

Item 6	% Strength
Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	67%

Table 11: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

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

Florida has made concerted efforts to improve Permanency Outcome 2. However, we continue to fall short and have identified the continuity of family relationships and connections is preserved for children as an area in need of improvement.

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this as substantially achieved in 55% of the 109 cases reviewed. Staff turnover, high caseloads, and a lack of foster (resource) families for sibling groups are impacting performance.

Item 7. Placement With Siblings

Purpose: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Performance fluctuated throughout the fiscal year. This is impacted by the need for additional foster homes to handle sibling groups and siblings with special needs. The Quality Parenting Initiative (QPI) and the diligent recruitment efforts are focusing on identifying homes with the capacity to provide nurturing homes for sibling groups.

The Sibling Groups Where All Siblings are Placed Together report shows for the past five quarters that approximately 63.8% of siblings are placed together.

Quarter Ending	
Dec-14	64.10%
Mar-15	64.20%
Jun-15	63.80%
Sep-15	63.30%
Dec-15	64%

Rapid Safety Feedback Item 9	% Strength
Were concerted efforts made to ensure that siblings in out of home care are placed together unless a separation was necessary to meet the need of one of the siblings?	86.5%

Table 12: Rapid Safety Feedback Case Management Reviews for FY2014-15

Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this as a strength in 81% of the 58 cases reviewed.

FL CFSR Item 7	% Strength
Placement With Siblings	81%

Table 13: FL CFSR for Period Under Review of July 2014 through October 2014

Source: FL CFSR Portal

Additionally, as depicted below, of the 280 respondents (comprised of child protective investigators (CPI), CPI supervisors, case managers, and case manager supervisors) to the October 2015 statewide survey question related to this item many indicated that they somewhat agree, agree, or strongly agree that siblings are placed in out-of-home care together unless separation is necessary to meet the needs of one of the siblings, while approximately one-third of respondents disagree.

SIBLINGS ARE PLACED TOGETHER
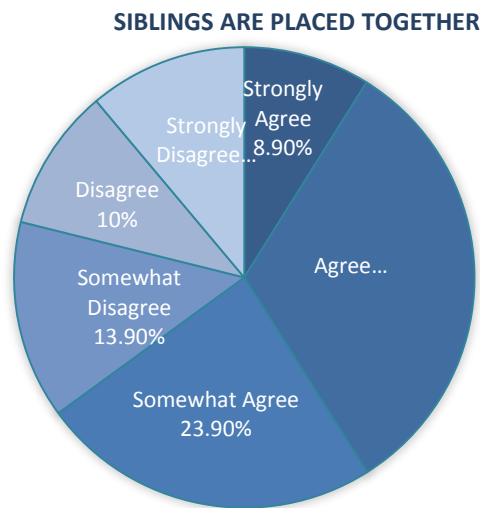
Source: October 2015 Survey

Based on the QA findings and survey results, placing siblings together while in out-of-home care is an area needing improvement. This is impacted by the need for additional foster homes to handle sibling groups and siblings with special needs. The need for foster (resource) homes for sibling groups is discussed in more depth later under the systemic factor, Foster and Adoptive Parent Licensing, Recruitment, and Retention. Further reasons for this fluctuation can be explored during the Round Three on-site reviews.

Item 8. Visiting With Parents and Siblings in Foster Care

Purpose: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

This is an area in need of improvement. Quality assurance reviews regarding visitation between a child in foster care and his or her mother, father, and siblings show performance fluctuated between a high of 81.3% and a low of 64.4%. Overall, performance was at 75.7% for fiscal year 2014/15.

Rapid Safety Feedback Item 10	% Strength
Were concerted efforts made to ensure that visitation between a child in out-of-home care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationship with these close family members?	75.7%

Table 14: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this as a strength in 59% of the 88 cases where this item was applicable. This is a shortfall and impacts our ability to reunify children with their parents in a timely manner. The reviews show that siblings are visiting with each other routinely; however, the challenge is visitation with parents and the siblings together. It is not uncommon for the mother or father or both to miss the scheduled visitation or to show up at the end or following the visitation. Additionally, as of the report period ending December 31, 2015, the percent of children placed outside of their home county is 36.6% statewide. This travel distance and transportation issues in rural areas also contribute to the shortfall.

Item 8	% Strength
Visiting With Parents and Siblings in Foster Care	59%

Table 15: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

The majority of respondents (82.3%) to the October 2015 statewide survey question related to this item somewhat agree, agree, or strongly agree that the frequency of the visits supports the child's relationships with these family members. See Figure 2 below.

Figure 2

VISITATION BETWEEN CHILD IN CARE AND PARENTS
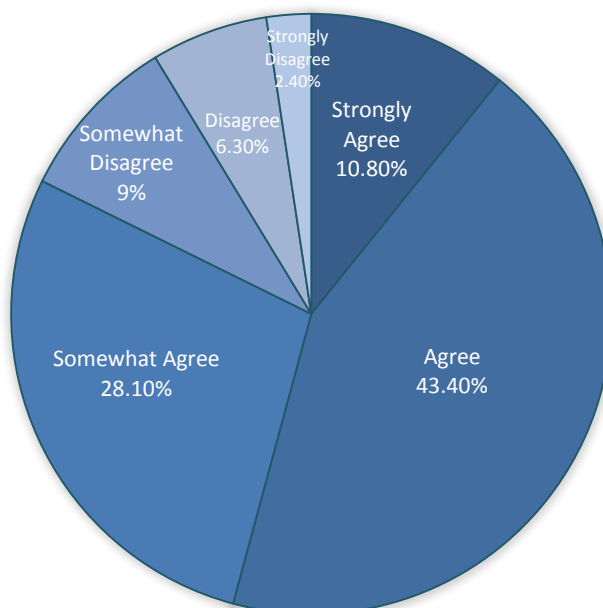
Source: October 2015 Survey

Item 9. Preserving Connections

Purpose: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

Florida quality assurance reports show performance as declining each quarter during fiscal year 2014/15. Overall performance was a strength in 76.8% of the 729 applicable cases. This continues to be an area needing improvement.

Rapid Safety Feedback Item 11	% Strength
Were concerted efforts made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, friends?	76.8%

Table 16: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this as a strength in 78% of the 105 cases where this item was applicable. This continues to be an area in need of improvement.

FL CFSR Item 9	% Strength
Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?	78%

Table 17: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

Factors impacting this item include lack of

- placement resources in the child's community
- follow through with diligent search
- engaging paternal relatives.

Key indicators report allows management to monitor the level of children placed outside of removal area, though no "target" is set. Since September 2014 the percent of children placed in a county other than the removal county is starting to rise slightly to 36.1%. The Foster and Adoptive Home Diligent Recruitment and Retention Plan (See Appendix B) should assist with improving the availability of placements in a proximity close to the child's own home. Additionally, the Diligent Recruitment Grant focus on targeted populations should improve recruitment and retention of foster families and should assist with improving the availability of placements for children in homes that are in close proximity to their parents.

Item 10. Relative Placement

Purpose: Did the agency make concerted efforts to place the child with relatives when appropriate?

The area of relative placements is generally a strength for Florida due to diligent efforts to identify and evaluate relatives as placement options for children. Florida's data profile for point-in-time population shows that child welfare staff engage in ongoing efforts to place and maintain children who are in out-of-home care with relatives as a way to help minimize trauma and maximize preservation of family relationships and connections. Relative placements consistently account for approximately 44% of the out-of-home care population. Factors contributing to the state's performance include the inability to engage fathers, and denial of relatives' homes as appropriate placements.

Rapid Safety Feedback Item 12	% Strength
Were concerted efforts made to place the child with relatives when appropriate?	74.1%

Table 18: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this as a strength in 73% of the 104 cases where this item was applicable.

FL CFSR Item 10	% Strength
Relative Placement	73%

Table 19: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

Figure 3 depicts the responses of the 284 respondents to the October 2015 statewide survey either somewhat agree, agree, or strongly agree that children are placed with relatives when appropriate. The majority of those responding indicate this as a strength.

Figure 3

CHILDREN ARE PLACED WITH RELATIVES

Somewhat Disagree 0.70%
Disagree…
Strongly Disagr…
Somewhat Agree 12.30%
Strongly Agree 33.50%
Agree 52.10%
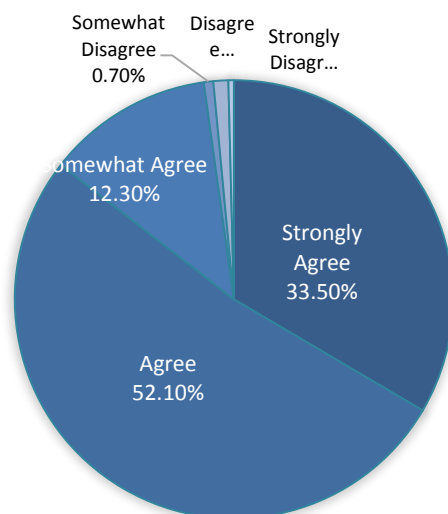
Source: October 2015 Survey

Item 11. Relationship of Child in Care With Parents

Purpose: Did the agency make concerted efforts 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?

Case planning training addresses promoting or maintaining the parent-child relationship. Emphasis is focused on placing children in close proximity to their parents and the importance of ongoing contact and involvement of parents in case planning.

The case plan must include a description of the parent's visitation rights and obligations, g frequency, duration, and results of the parent-child visitation, if any, and the agency recommendations for an expansion or restriction of future visitation. Visitation must occur in accordance with court orders. Minimally, monthly visitation between the child and parents is recommended to the court unless it is deemed not feasible or not in the best interest of the child.

Although case managers work to facilitate parent/child visitations, the case managers do not take enough time to ensure that the parents are incorporating newly-learned parenting methods from their parenting classes into their interactions with the children. This item in an area in need of improvement. There are a number of factors impacting this item:
- case documentation does not indicate that parents are encouraged to attend school staffings and medical appointments;
- case manager turnover and high caseloads;
- poor follow through when a parent's whereabouts are known;
- lack of transportation;
- whereabouts unknown;
- lack of diligent efforts to locate;

- inconsistent efforts to engage parents who are incarcerated.

Rapid Safety Feedback Item 13	% Strength
Concerted efforts were made to promote, support, and/or maintain positive relationships between the child in out of home care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation?	67.4%

Table 20: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show item 11 as a strength in 48% of the 83 cases where this item was applicable. In 63% of the cases reviewed, concerted efforts were made to support the child's relationship with the mother; in 52.7% of the cases where this item was applicable, the case manager made concerted efforts to support the child's relationship with the father.

FL CFSR Item 11	% Strength
Relationship of Child in Care With Parents	48%

Table 21: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

C. Well-Being

Well-Being Outcomes 1, 2, and 3 Instructions

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

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

Case managers are consistently assessing the needs of the children, parents, and foster parents and making service referrals. However, the follow-up on engagement and accessing of services is weak. Case managers do a better job at assessing needs than ensuring that services to meet the specific need are engaged. The staff turnover and case load size are also having a major impact. Over the past two years, more and more foster (resource) families have started coaching and mentoring birth parents. We are seeing cases where birth parents are participating in their child's activities through the school and attending medical appointments with their child.

Insufficient family engagement in some cases, particularly around case planning and achievement of case plan goals, negatively impacted this outcome. The quality of contacts with children was negatively impacted when documentation did not reflect face-to-face, private

contacts every month and the case plan was not discussed in an age appropriate manner. Further, to ensure the needs of young children are being met, case managers were not consistently documenting their observation of the children in their environment and their interactions with caretakers.

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

Purpose: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

Case file reviews and stakeholder input relating to needs and services of child, parents, and foster parents show:

 • Assessment and documentation of child and family needs as not timely;

 • Lack of documentation regarding service provision for some children who are placed out of county;

 • Ongoing assessment of family needs, even when needs were identified, and often services did not match the family's needs;

 • Delays in service provisions due to service availability or waiting lists.

 • Need for ongoing assessment of relatives and licensed caregivers.

Once service needs are identified, case manager efforts should be concentrated on timely referrals and appropriate follow-up after implementation of services. Documentation in case files is not sufficient to support the efforts toward service implementation, referrals for supportive services for caregivers, or follow up information once such services are provided. As stated previously, case manager turnover and high caseloads are also contributing factors.   This is an area in need of improvement.

Florida quality assurance reports show performance as declining each quarter during fiscal year 2014/15. Overall performance was a strength in 76.5% of the 822 applicable cases.

Rapid Safety Feedback Item 14	% Strength
Were concerted efforts made to assess the needs of children, parents, and foster parents (both at the child's entry into out-of-home care [if the child entered during the period under review] or an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provided the appropriate services??	76.5%

Table 22: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this item as a strength in 58% of the 175 cases reviewed. Case managers are better at assessing needs and providing services to children; this is a strength in 80% of the cases. Assessing needs and providing services to parents is a strength in 63% of the cases; and a strength in 79% when assessing needs and providing services for foster parents. Of the cases reviewed where this item was applicable, 73.5% of the mothers and 70.5% of the fathers were provided appropriate services to meet her identified needs. Foster or pre-adoptive parents were provided with appropriate services in 83% of the cases reviewed.

FL CFSR Item 12	% Strength
Needs and Services of Child, Parents, and Foster Parents	58%

Table 23: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

Item 13. Child and Family Involvement in Case Planning

Purpose: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Case plan development meetings begin as soon as possible in order to afford the parents adequate time to complete the required tasks regarding their child's permanency. The case plan is to be developed jointly with the child's parents, the case manager and supervisor, and the Guardian ad litem (GAL). Principles of Family Team Conferencing or other family-inclusive planning models are to be used in the case planning process.

Florida's performance has declined over the past two years. The main factor contributing to the decline is the failure to involve birth parents, specifically fathers, and children (if age appropriate) in the case planning process and in setting case plan goals. Although regular monthly or more frequent contact with children is occurring, failure to discuss the case plan and progress is having a negative impact on this item. Poor documentation to reflect the work actually done is also be a factor. Furthermore, higher caseloads due to staff turnover is another factor impacting the involvement of children and parents in case planning and making sure the case plan is individualized for the family's needs and related to the known dangers. This is an area in need of improvement.

Florida quality assurance reports show performance as declining during fiscal year 2014/15. Overall performance was a strength in 68.2% of the 733 applicable cases.

Rapid Safety Feedback Item 15	% Strength
Were concerted efforts made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	68.2%

Table 24: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this item as a strength in 58% of the 107 applicable cases that were reviewed. The case reviews show that children are involved in case planning 59% of the time; concerted efforts to involve mothers and fathers in case planning process occurs in 68.9% and 65.7% of the cases, respectively.

FL CFSR Item 13	% Strength
Child and Family Involvement in Case Planning	58%

Table 25: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

The statewide survey results indicate that the majority of the 619 respondents concur with the statement "Each child has a written case plan that is developed jointly with the child's parent(s) and includes the reason(s) for the Department's involvement with the family, permanency goal, responsibilities and tasks for the parent, foster parent, legal custodian, case manager, signatures, and other requirements"

CASE PLAN JOINTLY DEVELOPED WITH CHILD'S PARENTS
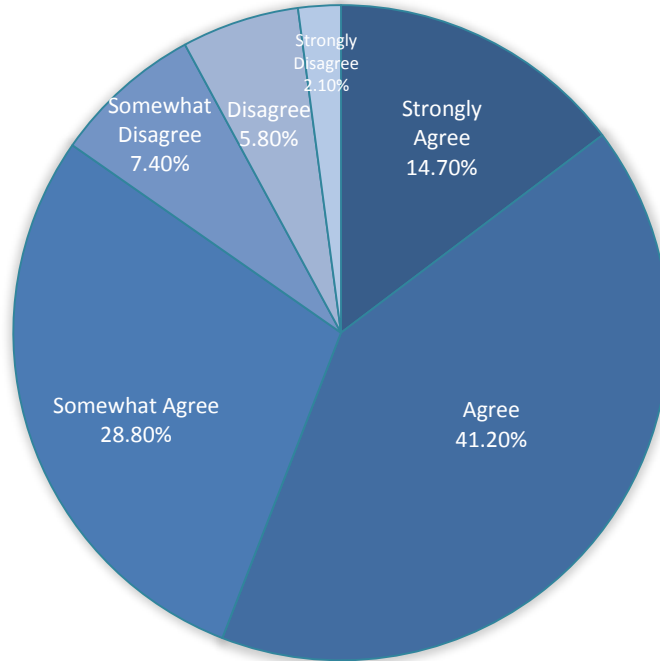
Source: October 2015 Survey

Item 14. Caseworker Visits With Child

Purpose: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Statewide, children over 99% of children under supervision are being seen at least once every 30 days. The frequency of the contacts with children is sufficient; quality of the contacts is impacting the state's performance. Poor documentation reflecting what occurred during the contact is a contributing factor, as well as a lack of discussion or documentation with age appropriate children about achieving the case plan goal(s). Case managers are to meet privately with the child during the face-to-face visit and to discuss the reasons for the Department's involvement while assessing the child's safety, permanency and overall well-being. Often case notes do not reflect these conversations with the children. Caseload size and staff turnover contribute to the poor documentation. This is an area in need of improvement. Overall performance was a strength in 61% of the 2,551 applicable cases reviewed during FY 2014/15.

Rapid Safety Feedback Item 16	% Strength
Is the frequency and quality of visits between caseworkers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?	61%

Table 26: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this item as a strength in 56% of the 175 cases that were reviewed.

Table 26: FL CFSR for Period Under Review of July 2014 through October 2014

FL CFSR Item 14	% Strength
Caseworker Visits With Child	56%

Table 27: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

Item 15.   Caseworker Visits With Parents

Purpose: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

The frequency of case manager visits with mothers is greater than with fathers. Efforts to contact and engage the fathers were often insufficient. Meeting with the mother and/or father when children are in out-of-home care is not given the same sense of priority as seeing the child. Fathers who are incarcerated are frequently not visited by case managers. The transient nature of parents is often a barrier to ensuring ongoing regular contact. Many parents have unstable housing and few resources, and do not contact the case manager when they move. High caseloads and staff turnover are also factors. The caseworker does not consistently document progress towards completion of case plan goals, effectiveness of current services, and identification of additional services needed following visits with the mother and/or father.

Overall performance was a strength in 57% of the 2,066 applicable cases reviewed during FY 2014/15.

Rapid Safety Feedback Item 17	% Strength
Is the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?	57%

Table 28: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this item as a strength in 30% of the 153 cases that were reviewed for this item. The findings show that visitation frequency between the case manager and the mother occurs most often at

least once a month; the father less than once a month. The quality of the visits with the mother is sufficient to address the issues and promote achievement of the case goals in 60% of the cases reviewed; for the father, it is a strength in 46.7% of the cases.

Table 28: FL CFSR for Period Under Review of July 2014 through October 2014

FL CFSR Item 15	% Strength
Caseworker visits with parents.	30%

Table 29: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

Florida Safe Families Network (FSFN) shows during the period July 2014 through June 2015 that regular monthly contact with mothers occurred more often than with fathers. Overall, this is an area in need of improvement.
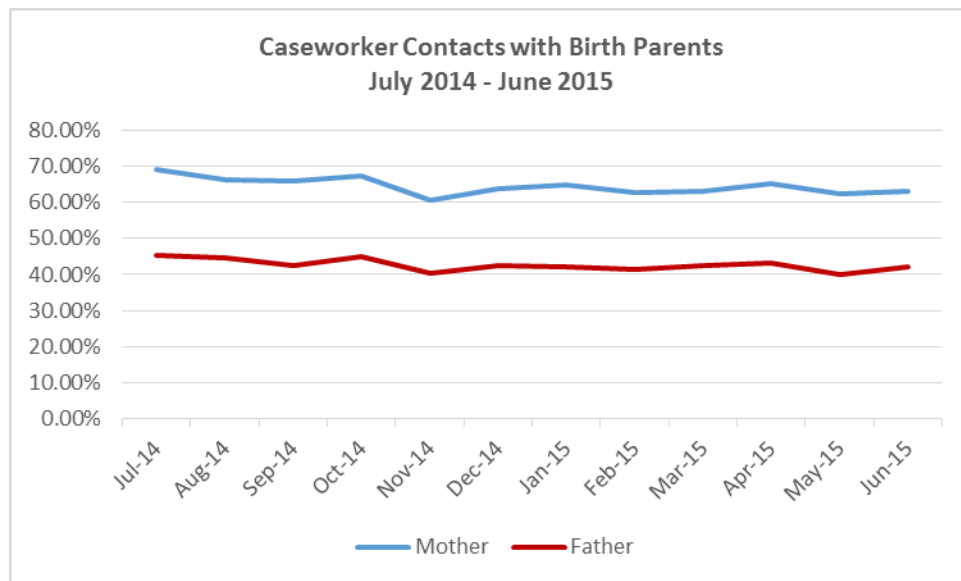
Source: FSFN; Worker Contact with Birth Parents

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

All Regions and CBCs collaborate with regular frequency with educational partners. The relationships with the local school boards, Department of Education and local schools have strengthened at the local and state levels. Additionally, through the efforts for normalcy foster parents are becoming more engaged in the child's education.

Case managers are not consistently making concerted efforts to assess the educational needs of the children in out-of-home care and addressing these needs in case planning. Case managers do a better job at assessing needs than ensuring that services to meet the specific need are engaged. The staff turnover and case load size are also having a major impact.

However, there is continued improvement in the percent of former foster youth with a high school diploma or GED. For the quarters ending September 30, 2015 and December 31, 2015, 89% and 88.5%, respectively, of young adults in foster care at age 18 have completed or are

enrolled in secondary education, vocational training, and/or adult education. (Source: CBC Lead Agency Scorecard)

Item 16. Educational Needs of Child

Purpose: Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

Educational needs of a child is needing improvement. When a specific educational need is identified, the follow-up on accessing the service is weak.

Of the 826 cases reviewed during FY 2014/15, 71% identified children as receiving appropriate services to meet their educational needs.

Rapid Safety Feedback Item 18	% Strength
Did the agency make concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and were identified needs appropriately addressed in case planning and case management activities?	71%

Table 30: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this item as a strength in 71% of the 104 applicable cases that were reviewed for this item.

FL CFSR Item 16	% Strength
Educational Needs of the Child.	71%

Table 31: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

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

Over the past two years, more and more foster and resource families have started coaching and mentoring birth parents. Many birth parents are participating in medical appointments with their child. Over 99% of children have a medical/mental health record in FSFN (management report on Healthcare Service Information for Children in Out-of-Home Care). The concern is with referrals for medical examinations, developmental screening, and evaluations of parents and children. The findings from the FL CFSR Reviews show that physical and mental health needs and services is an area in need of improvement.

Item 17. Physical Health of the Child

Purpose: Did the agency address the physical health needs of children, including dental health needs?

There is strength in health record keeping in FSFN according to the key indicators. Case managers are entering service information for both physical and dental health. Physical and dental health services are being provided, yet there is limited documentation in the files to determine if follow-up is needed. The concern is in provision of medical services, immunizations, and dental care. For a number of years, the state's performance in provision of

dental services for children in care has been extremely weak. There were a limited number of dentists who would take Medicaid, especially in the rural areas of the state. The state is experiencing improvement in dental care for children. This is partially due to the response to local outreach for dental providers for our children. The focus on well-being outcomes for children in out-of-home care and the incorporation of trauma-informed principles into practice is anticipated to also improve this factor. Local initiatives to secure physical health services for children has impacted the ability to ensure children in out-of-home care receive medical services. The challenge for some areas is to maintain continuity for provision of health care as children change placements.

<div align="center">Physical Well-Being</div>

Key Indicator Report Measure	State Standard	3/31/2014	6/30/2014	9/30/2014	12/31/2015
Percent of Children with Medical Service in the Last 12 Months	98.0%	97.2%	96.1%	95.2%	97.9%
Percent of Children with Dental Service in the Last 7 Months	94.0%	92.2%	91.5%	89.2%	93.3%

<div align="right">Table 32   Source: CBC Lead Agency Scorecard FY 2014-15 and 2015-16</div>

Florida quality assurance reports show performance fluctuated during fiscal year 2014/15. Overall performance was a strength in 70.6% of the 826 applicable cases.

Rapid Safety Feedback Item 19	% Strength
Has the agency addressed the physical health needs of the child, including dental health needs?	70.6%

<div align="right">Table 33: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report</div>

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this item as a strength in 71% of the 129 applicable cases reviewed for this item.

FL CFSR Item 17	% Strength
Physical Health of the Child.	71%

<div align="right">Table 34: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal</div>

Item 18. Mental/Behavioral Health of the Child

Purpose: Did the agency address the mental/behavioral health needs of children?

Children, birth through age 17, who are in out-of-home care, receive a Comprehensive Behavioral Health Assessment (CBHA) within 30 days of removal from their home. The purpose of this assessment is to provide a detailed assessment of the behavioral health issues that resulted in the child being placed into the care and custody of the Department and to make behavioral health service recommendations that will aid in resolving these issues. The

recommendations made in the CBHA must to be considered in the development of the case plan.

Psychotropic medications are to be provided to the child only with the express and informed consent of the child's parent or legal guardian. Court authorization, after consultation with the prescribing physician, must be sought if parental rights are terminated, the whereabouts of the child's parents are not known, or a parent declines to give express and informed consent.

Addressing the mental and behavioral health of children requires engaging families, working toward educational success, and ensuring physical and behavioral health are activities are a priority and case managers must constantly identify needs and performance gaps, providing services to meet those needs, assessing whether goals are achieved or conditions improved, and revising approaches to meet changing needs. The Weekly Healthcare Report, provides a snapshot of the medical, dental and immunization information entered in FSFN for children in out of home care as of the date listed on the report. The data in this report comes from the Medical Profile and Medical History tabs in the Medical/Mental Health module of FSFN. In addition, the Weekly Psychotropic Medication Report includes all children active in an out-of-home care placement on the date of the report. The medications data in this report is based on children documented in FSFN as having an active prescription for one or more of the psychotropic medications listed in the report.

Florida quality assurance reports show performance fluctuated during fiscal year 2014/15. Overall performance was a strength in 71.6% of the 795 applicable cases. The case notes in FSFN indicate that mental and behavioral health services are being provided; missing are provider reports and therapeutic documentation for children and families receiving these services.

Rapid Safety Feedback Item 20	% Strength
Has the agency addressed the mental/behavioral health needs of the child?	71.6%

Table 35: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this item as a strength in 73% of the 89 applicable cases reviewed for this item.

FL CFSR Item 18	% Strength
Mental/behavioral health of the child.	73%

Table 36: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

SECTION IV: ASSESSMENT OF SYSTEMIC FACTORS

A. Statewide Information System

Item 19: Statewide Information System Instruction

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the 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?

> Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

FSFN Project History and System Adoption Initiative Overview:

In 2005, Florida completed its transition to community-based care (CBC), which placed child welfare case management services with private providers in local communities. Implementing a Statewide Automated Child Welfare Information System (SACWIS) became critical to consistent delivery of child welfare services across the state. In 2007, the Department began design, development, and implementation of its SACWIS, the Florida Safe Families Network (FSFN).

Florida Safe Families Network (FSFN) supports child welfare practices and the collection of data. Child welfare staff can readily identify the status, demographic characteristics and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care by accessing the Legal Record page. FSFN fully supports the identification of the status of every child in foster care. This systemic factor is a strength. The demographics, disability and medical information are first gathered on the front end via intake, when a child is removed from a home, if known. The permanency goal for every child is on the Legal Record page. FSFN pre-fills the fields in the General Information group box with the following information:

- Participant Name
- Person ID
- Participant DOB
- Case Name
- FSFN Case ID

The Legal Record portion of the Legal Record page provides the following information:
- Date/Time
- Legal Action
- Result
- Legal Case Status
- Legal Custody Status
- Court Approved Primary Permanency Goal

The following is a screen shot of the Legal Record page:

The accuracy of quantitative reports is critical to on-going assessment of Florida's child welfare system. There are Topic Papers, User Guides, and Desktop Guides to ensure the accuracy of data entered into in FSFN. The Department strives to ensure data is accurate through on-going review of all items and discussions on conference calls and in quarterly meetings.

A variety of reports are completed for discussion with regional leadership. Reports are scheduled to run daily and are used by state and local staff to ensure data integrity. The data available in these reports include:

Children Active Receiving In-Home or Out-of-Home Services (CARS Daily)

Children not seen in 25 days or more
Children whose photograph is overdue or due in less than 10 days
Children who have had an attempted visit where the "reason not seen" is not documented
Children who have a "reason not seen" documented but the attempted visit date is blank

Child Investigation and Special Conditions Status Reports (CSA Daily)

Intakes not linked
Investigations not commenced
Investigations Open Between 25 and 30 Days
Investigations Open Between 31 and 50 Days
Investigations Commenced But Not Submitted
Investigations Commenced After 24 Hours

Investigations With Victims Not Seen

Investigations With Victims Not Seen in 24 Hours

Investigations Awaiting Supervisory Review

Investigations Awaiting 2nd Party Review

Investigations Open 40+ Days Without a Disposition Having Been Submitted

Investigations Open Greater Than 50 Days

Investigations Awaiting Supervisory Approval for Closure

Investigations Closed With Case Status Open

FSFN was successfully rolled out in phases through September 2010, when financial management was completed. In February 2011, the state received the initial SACWIS Assessment Review Report (SARR), outlining findings of the June 2010 compliance review by the Administration for Children and Families (ACF). In September 2011, the Children's Bureau completed the SACWIS Assessment Review and subsequently submitted the completed results of their review in December 2011. The state submitted its initial response to the SARR findings in April 2012. Upon ACF's request, an updated response was submitted in February 2013. Further updates to specific responses were provided between February 2013 and January 2014.

The Office of Child Welfare, FSFN Team, Sheriff's Offices, the Judiciary and the Community-Based Care partners worked diligently these years towards designing functionality to support their business needs, provide efficiencies and ensure case management and financial transparency statewide. The introduction of the Safety Methodology as the new Child Welfare Practice Model enabled Florida to address many of the non-conforming requirements identified during the SACWIS assessment and is included in many of our active Action Plans. As the enhancements align with a major practice transformation, the movement of Florida's workforce from current state to the future state is a multi-year initiative. The Safety Methodology implementation efforts and the System Adoption Initiative provide the support to each agency to implement the statutory and contractual requirements to utilize FSFN as the statewide system of record.

The state can readily identify the location of any child in foster care by accessing the Out-of-Home Placement Page in FSFN.

In February 2014, the SACWIS Assessment Review Report (SARR) for Florida was closed with approved action plans on 25 requirements and over the past year, significant enhancements were made to the FSFN system to respond to the identified action plans. At the conclusion of the 2014/2015 state fiscal year, the system functionality enhancements were completed for 24 of the 25 (96%) approved action plans. The delivery of system functionality is the first of two steps required to recognize the goal of SACWIS compliance. A common theme identified during the SACWIS Assessment Review Report (SARR) indicated that the FSFN system is not utilized in a manner that is consistent with SACWIS requirements. Significant system enhancements were implemented between 2012 and 2015, to address identified system deficiencies and implement a statewide new Child Welfare Practice Model. To evaluate the implementation and support full system adoption by the diverse user community, the state established a FSFN System Adoption Initiative.

The state's unique community-based care system has historically enabled innovation at a local level, including advances in technological supports. As FSFN has gained functionality through enhancements over the years, the Department has provided supports and trainings to gain full use of the availability functionality in our SACWIS system (FSFN). This effort prompted the System Adoption Initiative that is ongoing now.

The purpose of this FSFN System Adoption Initiative is to identify and coordinate the activities required to ensure the FSFN system is fully adopted in a SACWIS compliant manner by all Community-Based Care lead agencies. The Child Welfare Practice Model and its supporting technology are the foundation for child welfare professionals to achieve the goals of safe, permanent, and healthy children and families.

FSFN enables this vision by providing the platform for knowledge sharing and critical decision making. In addition, several other DCF strategic initiatives rely on the assumption that complete, accurate, and consistent data resides in FSFN.

The FSFN System Adoption team will collaborate with each CBC to identify their information and technology requirements and develops an individualized System Adoption Plan that achieves full adoption of FSFN while supporting CBC business processes. The scope of this project includes:

> • Establishing a common understanding of FSFN system adoption

> • Exploring each CBC System of Care and support tools

> • Identifying gaps in FSFN utilization

> • Exploring FSFN Capabilities

> • Establishing a CBC-owned plan to eliminate FSFN utilization gaps

The System Adoption Initiative will identify gaps in the availability of quality data, establish plans to resolve them, and support CBCs in executing those plans. All of the CBC agencies use FSFN. As of December 2015, the FSFN System Adoption team has kicked off two of seventeen initial visits to Community Based Care (CBC) agencies. The System Adoption team is preparing the gap analysis and scheduling visits to the remaining CBCs.

FSFN System Overview

The 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. Additionally, it is the official record for all expenditures related to service provision for children, youth, and/or families receiving in-home, out of home, adoption services, adoption subsidies, and post-foster care supports such as Road to Independence payments. This financial information supports the determination of cost of care for each individual child, as well as claiming of expenditures to the appropriate funding sources. All pertinent information about every investigative and case management function must be entered into FSFN, including the Child's Resource Record. Staff may have duplicate paper copies of the case file, along with supporting paper documentation, but the FSFN electronic case file is the primary record for each investigation, case and placement provider, including all related financial expenditures and activities.

The Florida Safe Families Network (FSFN) facilitates child welfare best practice and service provision under federal and statutory requirements. This fully automated system eliminates communication gaps that can jeopardize child safety, permanency and well-being. If staff statewide follow FSFN reporting and documentation requirements, they and key stakeholders are provided the information necessary to make the best possible decisions on behalf of children and their families. Immediate electronic access to any and all information known about a case supports rapid and effective response to the needs of families and children.

FSFN consolidates critical data and increases data reporting capacities. It contains:

> • all intakes/reports, including geographic location and other demographic information

> • all required documentation

> • special conditions referrals

> • child-on-child sexual abuse reports

• child safety assessments and safety actions or plans

• information regarding all investigative activities and case management functions, including the Child Resource Record, geographic location, legal status, and other demographic information.

• records, files and data related to the licensing and maintaining of homes and facilities licensed for placement of children, or approved for relative, non-relative or adoption placement of children.

• service related expenditures.

Person Demographic Management in FSFN

The Person Management processing creates and maintains person records in the Florida Safe Families Network (FSFN.) In FSFN, a person is defined as any individual whose role is defined as:

• Receiving services

• Providing services

• Being of interest to a case, inquiry, referral, or intake

• Being an employee who is a user of the FSFN system

Upon an individual's initial contact with FSFN, the worker types the person's name into a person search page. The system will conduct a search of the database for the person's name and names that sound similar. FSFN will return any possible "hits" or matches that it finds. The user then chooses from these matches or creates an entirely new person in the FSFN database.

Person Management displays as read only when searches are conducted in the Hotline

Command Center during the intake process. In creating the person, the user will document the relationship that the person has with FSFN. Whether the person is a worker, provider, or case participant, the person will be maintained in the same database. Once established, information is stored about how the person became part of the database. If a person is involved with FSFN at multiple times for different reasons, the system is able to track the person's involvement without duplicating person information. This is accomplished by requiring a search through the person records before a new person can be established.

Person information is documented when one of the following roles is set up:
1. Referral Participant
2. Intake Participant
3. Case Participant
4. Professional
5. Other Contacts
6. Worker
7. Provider Participant

Person information may be created by any user with access to FSFN intake pages. Only users assigned to the case or provider with which the person is associated are able to create or update person information. The maintenance of the person record is accessed through case or provider maintenance by selecting the appropriate person's name, which is a hyperlink to the person management record. An authorized user can also access a user's person management record by selecting the user from the Worker's expando on the Desktop, clicking the Actions hyperlink, and selecting the Person Management radio button from the Select Action group box on the Actions pop-up page. A worker's person

management record is only accessible to a worker/supervisor with an assignment to the worker in question. In addition, users can access the Person Management window for updates and changes even after a case is closed.

Screen Shot of Person Management in FSFN

<u>**Placement Information in FSFN**</u>

There are seven main pages that are part of the out of home placement functionality in FSFN. They include the Placement Request page; Out of Home Placement page; Services page; Payment Activity page; Adoption Subsidy Agreement Information page; Foster Care Rate Setting page; and Placement Correction functionality. Fiscal users have the ability to maintain the Placement Request page, and the ability to create and maintain the Out of Home Placement page, Services page, and Foster Care Rate Setting page.

The *Placement Request page* is used to document the request for an Out-Of-Home Placement. The Placement Request page is used to access the Bed Reservation and Out of Home Placement pages, which can be accessed by both Case and Fiscal Workers. Finally, Fiscal Workers have access to the Placement Request page via the Financial Work page, in Maintain mode only. Fiscal Workers cannot create the Placement Request page, but can update and maintain an existing Placement Request page.

The *Out of Home Placement and Services pages*, as well as the *Payment Activity page*, are used to document the information pertaining to the Out of Home Placement and Services of a child, including payments and overpayments. A child (participant) can only have one Out of Home Placement at a time. If an Out-Of-Home Placement is made for a child, and the child is to be placed at a different facility/foster home, the original placement must be ended prior to the second one being initiated. This page is comprised of three tabs; Removal/Placement, Provider, and Financial. There are numerous pop-up pages, which launch from the Out of Home Placement page. They are the Initial Removal Reasons, Placement Exceptions, Removal/Placement Ending, Payment Activity and Approval pages.

The *Services page* is used to document services being provided to the family that do not necessarily require the child to be removed from the home. In addition, if a Service is related to the child's Out of Home Placement, the Payment Activity page can be created from the Out of Home Placement page, from which a Service can be created. This indirectly associates the Service to the Out of Home Placement. This page is comprised of three tabs: Service, Provider, and Financial. There are also pop-up pages that launch from this page, which are Service Ending, Payment Activity and Approval. Fiscal users have access to both the Out-Of-Home Placement and Service pages, through the Financial Work page, in Create and Maintain mode.

The *Payment Activity page* provides a means by which to generate payments directly related to the Out of Home Placement – Ongoing Service from which Payment Activity was launched, as well as one-time Payments needed in relation to the Out of Home Placement for expenses such as Attorney Fees. The Payment Activity page generates the payments online, real-time and immediately generates the associated Invoice(s), if applicable. Finally, if multiple payments and/or services are generated from a single Payment Activity page, upon approving the Payment Activity page as a whole, all associated pages are approved at once.

The Placement Correction functionality consists of three pages – *Placement Correction History page, Placement History page, and Placement Correction Detail page.* This functionality is used to view, add, and modify a child's placement history information. In addition to these items, users can also use the *Placement Correction* functionality to enter the actual provider name for a placement record that has a default/historical provider. This page also allows the user to modify a pending correction record, or view the child's most recent placement history in FSFN. The *Placement History Detail page* displays placements grouped by AFCARS episode. To modify the placement history, the Edit hyperlink, next to the specific placement row that needs to be corrected, is selected. This link launches the Placement Correction Detail page. The *Placement Correction Detail page* is used to insert/modify specific placement information for the specified Out of Home Placement. The user needs to complete a

placement correction record and receive final approval before they are able to assess the correction detail page.

For full details of the Placement functionality in FSFN, please refer to the following topic paper: http://www.centerforchildwelfare.org/kb/FSFN/OutofHomePlacementTopicPaper03082015.pdf

FSFN Placement Data Entry Expectations:

- Out of home placements are required to be entered within 48 hours of the removal and placement of the child.
- The placement request and bed reservation pages are available in FSFN for staff to use. DCF would like for the field to take advantage of these features in FSFN. There is no requirement for using the bed reservation or placement request functionality in FSFN at this time.
- The out of home placement page has three tabs, the removal tab, the placement tab, and the financial tab. All three of these tabs must be completed for each child that is placed in out of home care (this does not apply to children placed with a parent). The removal information must be completed including the removal date and time, manner of removal, caregiver structure, AFCARS removal reasons, the placement begin date and time, the fiscal agency as well as placement types. The provider tab is also completed by linking the child's placement provider and if in a relative placement the manner of relationship will be entered. The financial tab is completed by a financial user that includes the provider payment rates.
- The services page should be used by the field to document services such as respite placements.
- The payment activity page is used to create payments to providers. Payments to placement providers are processed through FSFN.
- Placement Correction/Detail and Placement History/Detail is used as needed.

B. Case Review System

Item 20: Written Case Plan Instruction

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

> Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

The case planning process is a strength. All children under the supervision of Florida's child welfare system (in-home and out-of-home care) are required to have a case plan that specifies services to address the contributing factors and underlying conditions leading to maltreatment in order to ensure the safety, permanency, and well-being of each child. The Case Plan must provide the most efficient path to quick reunification or permanent placement. The Family Functioning Assessment (initial and ongoing) are the basis for the case plan. 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 in care, and the permanency goal.

Section 39.6011, Florida Statute, details the process for case plan development within 60 days. The case plan for each child must be developed in a face-to-face conference with the parent of the child, any court-appointed guardian ad-litem, 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 required by state and federal law are filed with the court and served on all parties.

The case plan can be amended at any time in order to change the goal of the plan, 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.

The FL CFSR reviews show improvement is needed with making concerted efforts to involve birth parents, specifically fathers, and children (if age appropriate) in the case planning process and in setting case plan goals. (See Item 13)

Percent of effort to involve family member in the case planning process

- CHILD: 59.1% n=71
- MOTHER: 68.9% n=145
- FATHER: 65.7% n=108
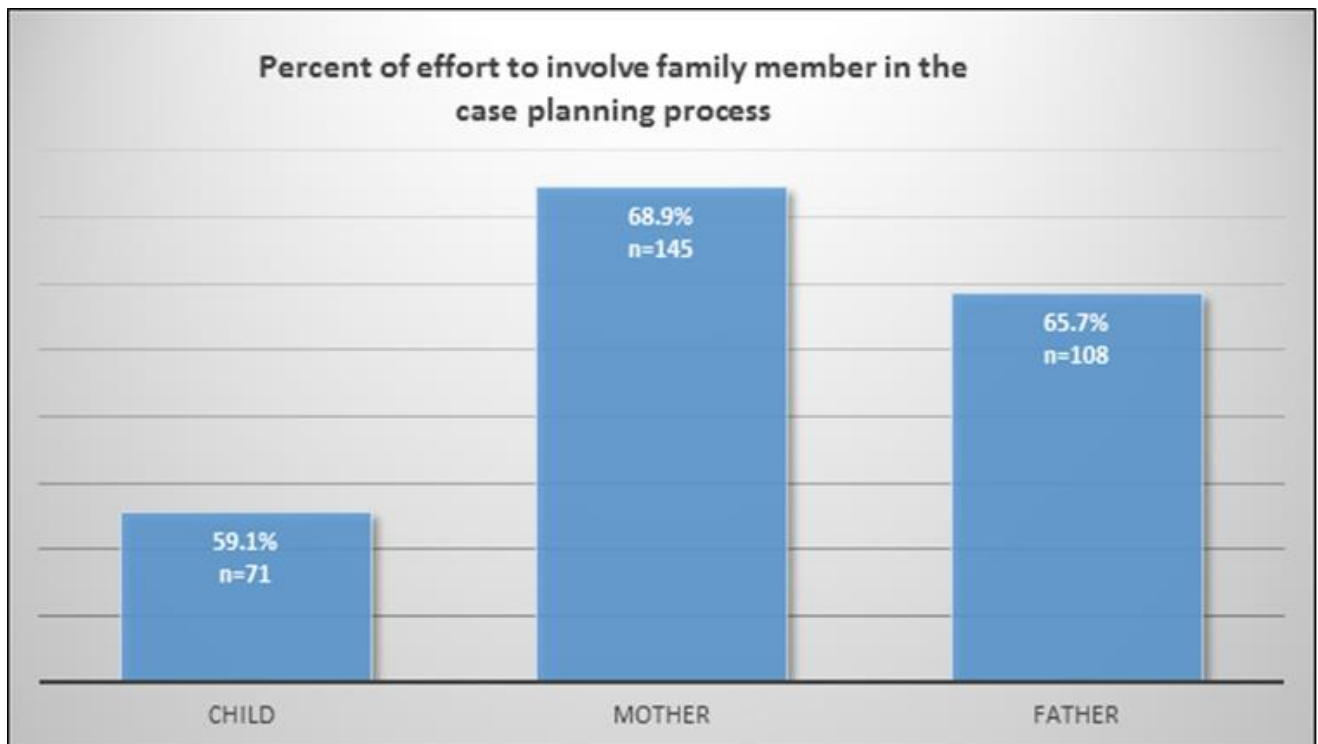
The statewide survey results from October 2015 indicate that the majority of the 619 respondents concur with the statement "Each child has a written case plan that is developed jointly with the child's parent(s) and includes the reason(s) for the Department's involvement with the family, permanency goal, responsibilities and tasks for the parent, foster parent, legal custodian, case manager, signatures, and other requirements." Respondents include front line staff, CBC leadership, parents (parents, foster and pre-adoptive parents, and relative caregivers) and youth, CQI staff, and judicial system.

CASE PLAN JOINTLY DEVELOPED WITH CHILD'S PARENTS
SURVEY RESULTS OCTOBER 2015
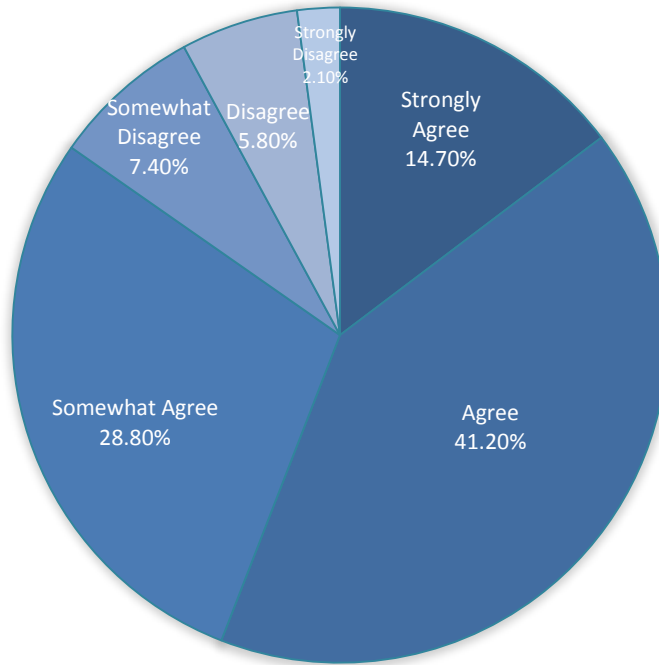
Florida Statute: Chapter 39, Proceedings Related to Children

Section 39.6011, F.S. The department shall prepare a draft of the case plan for each child receiving services under this chapter.

(a) The case plan must be developed in a face-to-face conference with the parent of the child, any court-appointed guardian ad litem, and, if appropriate, the child and the temporary custodian of the child.

Florida's Practice Model

A Case Plan continues to be required for every child under the supervision of the Department, whether a judicial or a non-judicial case or receiving in in-home or out-of-home care services.

Every Case Plan should provide a clear statement about why the child is in need of protection and the roles and responsibilities of all participants in addressing the child's protection and care needs. In judicial cases, Case Plans are approved and filed with the Court. The Court makes the determination if a Case Plan is adopted or whether changes are necessary.

Florida's new practice model has led to the development and introduction of substantial policy changes to the case planning process. There has been a significant effort to develop policy that supports and promotes the engagement of families which must occur in order for true "co-construction" of case plans. New operating procedures, developed in collaboration with statewide case management workgroup with Lead Agency and Case Management Organization stakeholders, will be published by the spring of 2016:

- A series of "Family Engagement Standards" that focus on specific case management activities that will support meaningful family engagement, including:
  - o Engagement Standards for Preparation Activities to ensure that the case manager becomes as informed as possible about information already known about the family, is able to identify information gaps and discrepancies that must be reconciled and identifies strategies specific to family engagement.

  - o Engagement Standards for "Introduction" to focus on the importance of building a constructive working relationship with parent(s) in order to develop the Family Functioning Assessment-Ongoing (FFA-Ongoing). A constructive working relationship is also critical to the case manager's ability to co-construct meaningful case plan outcomes, strategies for change and to assess parent progress over time.

  - o Family Engagement Standards for Exploration of Child Needs as the case manager is responsible for identifying the extent to which certain desired conditions related to a child's functioning and well-being are present and how the parent and/or caregiver addresses any specific child needs. The child well-being indicators, referred to as "Strengths and Needs," are a core component of the FFA-Ongoing and Progress Updates. The child's strengths and needs will be assessed throughout the life of the family's involvement with the child welfare system, establishing what must be addressed in a child's case plan.

  - o Family Engagement Standards for Exploration of Protective Capacities to promote family engagement as key to jointly explore with the parents or legal guardian what must change in order for the agency to close the case. These standards are intended to promote the case manager's interactions with parents/caregivers in order to raise self-awareness of caregiver(s), recognize and diffuse any parent resistance and continue to build a constructive working relationships. The work that the case manager accomplishes during exploration defines how the parents and the agency will know that the parents can provide adequate protection and care for their child going forward, without an agency managed safety plan. The exploration phase also facilitates deeper information gathering about caregiver protective capacities and child needs, and the relationship of all to the identified danger threats.

  - o Family Engagement Standards for Building a Case Plan for Change with Parent(s). The purpose of family engagement standards for building a case plan with families is that parent(s) are more likely to succeed with making the changes that are vital to their child's safety and well-being when they are well-engaged in the case planning process. It is the case manager's responsibility to practice in a way that fosters family engagement. Family dynamics and history may make this a difficult task, but the ongoing efforts are still required.

- The other substantial practice model changes include a number of new constructs and practice expectations to ensure more robust family functioning assessments that lead to more precise, individualized and relevant case plans, including:
  - o Assessment and ratings of specific, defined caregiver protective capacities

  - o Assessment and ratings of specific child strengths and needs

  - o Assessment of family motivation to change

o   Standardized safety analysis criteria to determine the reasonable efforts necessary and appropriate for in-home safety plans or the Conditions for Return of the Child and reunification with an in-home safety plan.

Florida Safe Families Network (FSFN) Case Plan Functionality

There is also substantial case plan functionality to support Florida's practice model changes and to ensure that all federal and state requirements are addressed.   A case plan template was developed with input from the statewide on-going services workgroup which had delegates appointed to represent the Florida Coalition for Children, also received extensive input from a group of dependency judges and the Office of the State Court Administrator. The Case Plan "Worksheet" functionality in (FSFN) supports the documentation of the case plan and the flexibility to edit and modify the plan going forward. The case plan template in FSFN is populated from information in the several new decision support tools and both the case plan and judicial review worksheets. The case plan template provides the name of the local judicial circuit in the header, pagination and a table of contents that the judges requested.

The case plan functionality in FSFN is designed to support the creation of one case plan for multiple children in a family with potentially multiple parents in legally separate households. There are two primary components in the FSFN Case Planning functionality: case plan worksheet page and Judicial Review Worksheet page. These components are made up of numerous tabs and pop-up pages to support documentation of needs, services, and activities that have been put in place to support and verify the safety, well-being and permanency of the child(ren) for whom the plan has been designed.

Through a family team meeting, a case plan conference or other venue, a case plan is co-constructed with the family and other parties or persons. The goals, outcomes, strategies and services are all based on the FFA-O. The formal documentation of the Case Plan in FSFN will likely come after the meeting which included the parent(s) and other parties.

The case plan worksheet page is created by the case manager, and must be based on the Family Functioning Assessment-Ongoing or Progress Update (whichever is the most recent). The Participants/Family Change Strategy tab contains the involved case participants information such as children, adult(s) (In a care giving role), and family support network person(s) who are included in the case plan worksheet. This tab also contains narrative of the Family Change Strategy which includes the Danger Statement, Family Goal, Ideas, and Potential Barriers information from the FFA-Ongoing or Progress Update.

All children under the supervision of Florida's child welfare system, (in-home and out-of-home care) are required to have a case plan or a voluntary services plan that specifies services to address the contributing factors and underlying conditions leading to maltreatment in order to ensure the safety, permanency and well-being of each child. The case plan must provide the most efficient path to quick 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 in care, and the permanency goal.

Section 39.6011, Florida Statute, details the process for case plan development within 60 days. The case plan for each child must be developed in a face-to-face conference with the parent of the child, any court-appointed guardian ad-litem, 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 The October 2015 survey of Florida's twenty judicial circuits showed parental participation in case plan development was encouraged by the widespread use of formal and informal case plan conferencing, family team conferencing and court ordered mediation.

Barriers to full participation of parents still exist in a few circuits where the plan is routinely drafted and presented to the parent prior to any discussion. Drafting the case plan prior to meeting with the parents inhibits true collaborative development of a case plan. This practice may be driven by tight time frames; the preference of parents counsel to speed up the process and the need to follow a set template for case plans entered into the Florida Safe Families Network database.

The case review process shows that 58% of out-of-home cases reviewed, there were strength ratings showing plans were developed jointly with the child and family.

Item 21: Periodic Reviews Instruction

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

The case review process is well institutionalized and systematically tracked and monitored. Additional emphasis will continue to be placed on ensuring all participants, particularly the parents and current caregivers, are fully involved and informed about the child's case. Case reviews is a strength for Florida.

Florida Statute details 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 6 months or more frequently if the court sees necessary or desirable.

Before every judicial review hearing or citizen review panel hearing, an assessment is made concerning all pertinent details relating to the child and furnishes a report to the court. If, at any judicial review, the court finds that the parents have failed to substantially comply with 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, whether or not the time period as contained in the case plan for substantial compliance has expired. Grounds for TPR are articulated in s. 39.806, F.S.

Florida Statute: Chapter 39, Proceedings Related to Children

Section 39.701, F.S. The court shall have continuing jurisdiction in accordance with this section and shall review the status of the child at least every 6 months as required by this subsection or more frequently if the court deems it necessary or desirable.

3(d)1. The initial judicial review hearing must be held no later than 90 days after the date of the disposition hearing or after the date of the hearing at which the court approves the case plan, whichever comes first, but in no event shall the review be held later than 6 months after the date the child was

removed from the home. Citizen review panels may not conduct more than two consecutive reviews without the child and the parties coming before the court for a judicial review.

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 the department or awaits adoption. Permanency hearings must be continued to be held every 12 months for children who remain in the custody of the Department

Before every judicial review hearing or citizen review panel hearing, an assessment is made concerning all pertinent details relating to the child and furnishes a report to the court. If, at any judicial review, the court finds that the parents have failed to substantially comply with 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, whether or not the time period as contained in the case plan for substantial compliance has expired. Grounds for TPR are articulated in s. 39.806, F.S.

Section 39.701(2), F.S., Review Hearings for Children Younger than 17 Years of Age

(a)   Social study report for judicial review.—Before every judicial review hearing or citizen review panel hearing, the social service agency shall make an investigation and social study concerning all pertinent details relating to the child and shall furnish to the court or citizen review panel a written report.

Section 39.701(2), F.S., Review Hearings for Children 17 Years of Age

 (a)   In addition to the review and report required under paragraphs (1)(a) and (2)(a), respectively, the court shall hold a judicial review hearing within 90 days after a child's 17th birthday…If necessary, the court may review the status of the child more frequently during the year before the child's 18th birthday.

Florida's Practice Model and Associated FSFN Functionality

There is also new functionality in FSFN, the "Judicial Review Worksheet" which was designed to support the adherence to case plan judicial review requirements in Section 39.701, F.S. for judicial cases.

There are a number of associated "**Tasks**" related to judicial cases that FSFN will automatically generate for display on the case manager's Case Book page for the case, including:

- **Case Plan Due** date based on 60 calendar days from the Removal Begin Date/Time for the child

- **Initial Judicial Review Due** based on 180 calendar days from the Completed Date documented on the child's Legal Record - Legal page, within that specific FSFN Case, where the Legal Action Initiated is "Shelter Hearing - Initial Removal" with the Result of "Granted"

- **Subsequent Judicial Review Due** based on 180 calendar days from the Completed Date of the child's previous Judicial Review Worksheet page

- **Judicial Review Permanency Hearing due:** 365 calendar days from the Completed Date documented on the child's Legal Record - Legal page, within that specific FSFN Case, where the Legal Action Initiated is "Shelter Hearing - Initial Removal" with the Result of "Granted" and appears on the worker's Desktop - Tasks Due 6 months prior to the Due Date

- **Judicial Review Age 17 Due:** 90 calendar days following the child's 17th birthday

In preparation for a Judicial Review and the documents necessary, the Judicial Review Worksheet captures additional information regarding case planning activities that are unique to judicial cases.

The Independent Living module in FSFN supports the recording of academic and life skills progress for children in foster care between the ages of 13 and 17, and for eligible young adults formerly in foster care until age 23. The Independent Living page allows users to document the planning and preparation activities, as well as progress and participation of youth and young adults over the course of time on the same page in the system. This information is critical for judicial reviews involving this population.

Independent Living module provides a historical record of academic and life skills progress (including Florida Comprehensive Assessment Test (FCAT) information), Normalcy Plans and Subsidized Independent Living (SIL) evaluations, and participation for children in Foster Care between the ages of 13 and 17. Independent Living also provides a historical record of Extended Foster Care (EFC) and Postsecondary Education Services and Support (PESS) and Transitional/Aftercare Support Services provision, and Appeal information for youth between the ages of 18 and 23 who are eligible to receive Independent Living services.

The Review Summary tab captures the summary of Judicial Review activities such as the significant changes since the last Case Plan or Judicial/Permanency Review hearing, progress, and recommendations for all the children listed in the Children group box on the Participants tab. This tab also captures information on Date of Last Judicial Review, Date of Last Permanency Staffing, Date by Which Next Permanency Hearing Due, and Date of Current Judicial Review Hearing. In addition, you are able to identify if this is also a Permanency Review.

Of the 22,986 children in out of home care as of March 23, 2016, 15,552 had been in out of home care for more than 6 months. Of the children out of home for more than 6 months, over 97% had a documented judicial review within the last 6 months.

Item 22: Permanency Hearings Instruction

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

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 the department or awaits adoption. Permanency hearings must be continued to be held every 12 months for children who remain in the custody of the Department. This area is a strength.

The data contained in the Florida Safe Families Network was extracted to evaluate documentation of permanency reviews.   The study looked at 16,580 children removed from home to out-of-home care in the calendar year 2014. Of these children the 2,211 children were identified as having remained in out of home care more than 12 months from the date of removal.

96% of these children showed a documented timely permanency review within the 12 months following their removal. The 95 children who did not have a timely permanency hearing documented were further reviewed to determine any pattern that might be contributing to late permanency reviews. The delayed permanency hearings were most frequently observed in cases where either a contested Dependency or Expedited Termination of Parental Right was present. This study shows a need to reemphasize the requirement that a permanency review occur at least once every 12 months and pending evidentiary issues do not provide a reason to delay the review.

Another factor that repeated several time was errors in the setting of a permanency hearing date where, although it occurred in month 12, it was more than 12 months to the day from removal. To address the issue of scheduling, a daily report has been developed and is posted in the reports section of FSFN. The daily report identifies cases where a required permanency review has not been scheduled or is scheduled to occur untimely.

Data in the Florida Safe Families Network also shows data entry problems with documentation of Permanency Reviews in the system. The system contains two types of legal events that can be chosen to document a review occurring after the initial review, "judicial review – subsequent" and "judicial review - permanency review". Many circuits have been using the two types interchangeably, resulting in confusion when attempting to track timely permanency reviews.

Beginning in July 2016, Children's Legal Services will be adding a sampling of permanency review orders to its monthly state and regional quality assurance review process. The process will provided timely feedback on any deficiencies in the court findings required for a permanency review.

Item 23: Termination of Parental Rights Instruction

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

Before every judicial review hearing or citizen review panel hearing, an assessment is made concerning all pertinent details relating to the child and furnishes a report to the court. If, at any judicial review, the court finds that the parents have failed to substantially comply with 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, whether or not the time period as contained in the case plan for substantial compliance has expired. Grounds for TPR are articulated in s. 39.806, F.S.

The Florida Safe Families Network documents that the Department filed Termination of Parental Rights Petitions on behalf of 4,043 children in 2015. Of these petitions over 90% were filed timely (either before or within 60 days of the hearing where the court approved an adoption goal.) The median number of days of delay for untimely petitions was 31 days. This area is a strength.

Courts in most circuits routinely require extraordinary circumstances before continuing a reunification goal at the permanency hearing for children who cannot be immediately reunified.

Of the 3,806 children in out of home care over 12 months who are not Permanently Committed or in the process of Termination of Rights, 40% are placed with relatives; 10% have a determination that

Permanent Guardianship is in the Child's best interests and 7% have had a court determination that Another Planned Permanent Living Arrangement was in the child's best interests.

Currently, there are 1,395 children in licensed or non-relative foster care for more than a year where the goal of reunification was extended at the permanency hearing. Circuits reporting barriers to proceeding forward to termination of rights indicate the barriers are lack of housing, lack of reunification services available to incarcerated parents, and courts reluctant to proceed with Termination of Rights if reunification appears possible within 60 to 90 days of the permanency hearing. The Department is working with the courts to address the matter.

Item 24: Notice of Hearings and Reviews to Caregivers Instruction

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

Subsections 39.502(17) & (18), Florida Statutes, provides 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."

More work is needed on notifying parents, foster parents, pre-adoptive parents and relative caregivers of hearings and the right to participate, though performance in this area tends to vary across the state. In some areas courts may not allow participation, which also indicates a need for ongoing education and collaboration.

Children's Legal Services has plans to collaborate with the Office of the State Court Administrator to provide resources and training to dependency judges on the statutory requirements of notice and the right to be heard.

Statewide, there are joint court, Case Management and Children's Legal Services efforts to provide actual notice of all hearings. However, foster parents, pre-adoptive parents and caregivers of children in foster care needs improvement in notification of court hearings and right to be heard by the court. It is most successful in areas of the State where the notice is mailed by Children's Legal Services directly to the caregivers and documented on the Certificate of Service. In other areas, the court provides notice, but usually only to those present at the prior hearing. In other areas, the Case Manager provides notice of upcoming hearings verbally during scheduled home visits.

Of the 191 parents (foster parents, pre-adoptive parents, and relative caregivers) and youth who responded to the October 2015 survey question "Foster parents, pre-adoptive parents, and relative caregivers of children in out-of-home care receive notices of hearings," 43.4% agree or strongly agree that they receive notices of court hearings; 22% somewhat agree. Of the 190 parents (foster parents, pre-adoptive parents, and relative caregivers) and youth who responded to the October 2015 survey

question, "Foster parents, pre-adoptive parents, and relative caregivers of children in out-of-home care know they can share their views with the court with respect to the child," 46.4% agree or strongly agree with the statement and 9.5% somewhat agree.

Children's Legal Services attorneys have been trained to introduce caregivers, foster parents or pre-adoptive parents to the court at each hearing these participants are present and to ask the court that they be given an opportunity to be heard.

To better monitor the provision of notice and right to be heard, Children's Legal Services will be updating all templates for court hearings to include a finding on whether all caregivers, pending adoptive parents and foster parents were provided 72 hours of notice before the hearing and an opportunity to be heard. To verify that the finding is being made, the review process by which draft court orders are sampled for quality assurance review will include instructions for the reviewers to look for and note the presence or absence of this finding.

C. Quality Assurance System

Item 25: Quality Assurance System Instruction

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the 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?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

The Department's QA/CQI activities are going through a substantial shift in design due to legislative initiatives that began in 2015. Section 409.997, Florida Statute (F.S.), was created through the passage of House Bill 7141 during the 2014 session of the Florida Legislature. This law created the Results-Oriented Accountability Program (ROA), with the purpose of developing mechanisms to monitor and measure the use of child welfare resources, the quality and amount of services, and child and family outcomes. The law further reinforces the Community-based service model utilized in Florida by acknowledging the responsibility for child welfare outcomes that is shared between the Department of Children and Families, the Community-based Care Lead Agencies (CBCs), and their sub-contracted case management organizations.

At the same time, Senate Bill 1666 created section 1004.615, F.S., establishing the Florida Institute for Child Welfare at Florida State University. The Institute is charged with research, policy, analysis, evaluation, and leadership development to improve the performance of child protection and child welfare services. This organization is a key partner in the achievement of the goals of the ROA Program. Future program implementation activities will be guided by research that supports evidence based practices. Once implemented, CQI will monitor performance based on fidelity to the model.

ROA is based on the premise that accountability must be placed where it applies. The Results-Oriented Accountability Program design is based on the premise that the child welfare system in Florida is a partnership between the Department, Community-Based Care Lead Agencies, Courts, and community agencies and providers at all levels. As such, each stakeholder in the system is both responsible and accountable for the outcomes achieved within the system for the children and families served. The program design relies on a strong collaborative partnership with the Florida Institute for Child Welfare, which serves to expand the capacity of the system in the areas of leadership, research, evaluation, data analytics, training, and talent supply.

A basic tenet of this approach is that actions taken by an organization should produce measurable change. Another pivotal work that informs the design of the ROA program is *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy* (Testa, Poertner, et. al, 2010). This work presents a model of accountability that serves as the framework for the Florida Results-Oriented Accountability Program.

The Department is implementing ROA through the "cycle of accountability" which comprises the following five phases:

1. **Outcomes Monitoring** includes activities required to define, validate, implement, and monitor outcome measures. In this phase, outcome goals are analyzed, performance measures are developed, and data is collected to evaluate performance. This stage establishes *construct validity*, or the match between measures and the complex ideas or theories they are supposed to represent.

2. **Data Analysis** encompasses approaches and procedures required to critically analyze performance results to determine if variances noted are in fact issues that should be explored further. This phase is concerned with determining the *statistical validity* of the observed gap, i.e., is the variance spurious or is it an actual issue that needs to be explored further, based on statistical tests.

3. **Research Review** is a series of activities employed to gather and validate evidence to support interventions to address results that do not meet expectations. Research Review is used to assess *external validity*, or the credibility of promising interventions in a variety settings, with different populations.

4. **Evaluation** includes the activities and procedures required to assess promising interventions for children and families to determine if implementation on a wider basis is warranted. The Evaluation phase helps to establish *internal validity* of the intervention, through

development of empirical evidence that the intervention is causally linked to the desired outcomes.

5. **Quality Improvement** is an interrelated series of actions required to implement interventions across new domains, or to challenge, modify, and test new assumptions about the underlying goals and supporting child welfare practice model. Quality Improvement increases *construct validity*, by creating a culture in which performance is tracked, actions are taken, and new strategies are developed. This phase reinforces organizational learning and reflexivity through double-loop learning, in which existing practices are regularly assessed and innovative solutions are tried.

A Governance Committee that includes the Secretary, DCF leadership, CBC leadership, the Institute, and provider organizations provides oversight. The focus of the Governance Committee is to accomplish program decision-making and manage prioritization of the use of limited resources to meet identified needs. During 2015, the Department created the Performance and Quality Improvement division within the Office of Child Welfare with three units: QA/CQI, Data, and Research and Performance Management.

While the Department transitions to the new ROA program, Florida is preparing for the 2016 CFSRs. In January 2015 case review activities transitioned from the use of the Quality Service Review (QSR) case review process to the Florida Child and Family Service Review (CFSR) using the federal online monitoring system (OMS). Between January and June 2015, CQI staff completed the CFSR training modules and practiced using the CFSR tool and instructions. In July 2015, Florida CFSRs formally began with entry into the Online Monitoring System.

Current case review activities are guided by the QA "Windows into Practice" that is available for review at: http://www.centerforchildwelfare.org/qa/QA_Docs/WindowsIntoPracticeFY15-16.pdf In addition to the standard reviews, the Department has implemented two processes to assess child fatalities.

In response to systemic requirements, the Florida believes the following requirements are met. The state's QA system is a strength.

1. **The state's quality assurance system operates in jurisdictions where services described in the Child and Family Services Plan are provided.**

ChiFlorida's child welfare QA/CQI system covers children and families served in Florida's twenty judicial circuits and sixty-seven counties. QA/CQI activities are part of the Performance and Quality Improvement division within the Office of child welfare as described above. CQI/QA activities are implemented through the Community Based Care lead agencies for in-home and out-of-home care services and DCF regional Critical Child Safety Practice Experts for protective investigations. The following graphic depicts the state of Florida and aligns the regions with the Community-based care lead agencies.
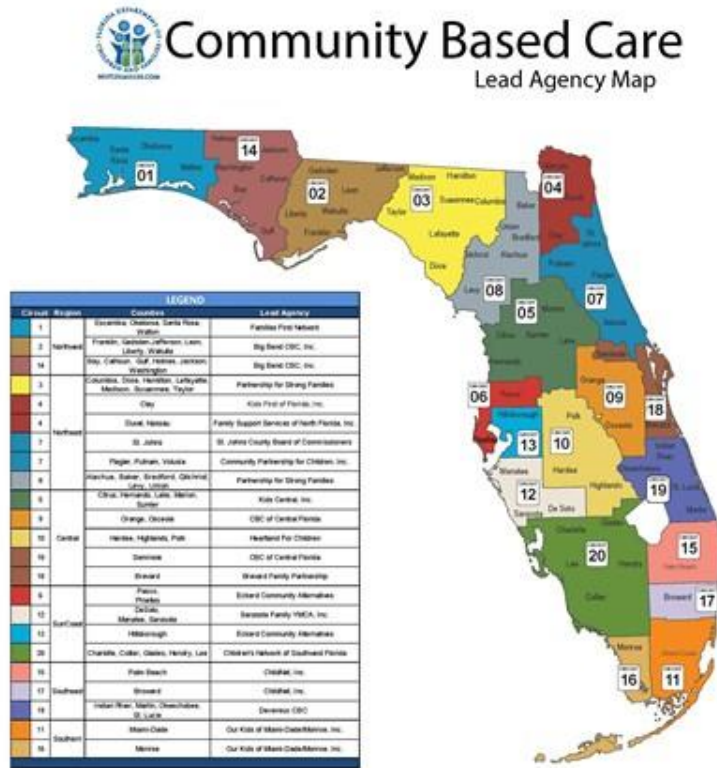
The table of organization below reflects the resources dedicated to case review activities within each region and the current organizational structure.

Florida Child Welfare Continuous Quality Improvement Statewide Administrative Structure State Fiscal Year 2015/2016

2. **The state's quality assurance system utilizes 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.**

The Florida case review system includes reading case files of children served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases using the standardized CFSR instrument and instructions. Additionally, the state developed standards specifically to evaluate performance related to assessing child safety. Florida uses six processes to assess practice as depicted in the graphic below and on the following page.

Florida Abuse Hotline

- Target population: Intake calls, faxes, and web-based reports involving 3 or more screened out reports on a single child.
- Child fatalities where ethere has been a previous report screened out by the hotline.
- Refer to Section 2 for more information.
- Review data is entered into the DCF-QA web portal.

Critical Incident Rapid Response Team (CIRRT)

- Target population: Child fatality with a prior within the previous twelve months.
- Conducted by a multi-agency team of at least 5 professionals.
- .Review data is entered in the Qualtrics Web System for analysis.
- Review reports are posted on the DCF child fatality website.
- Refer to Section 4 for more information.

QA "Mini CIRRT"

- Target polulation: Child Fatality with a prior within the previous five years, regardless of maltreatment finding.
- Assessment will focus on the most recent involvement DCF had with the family.
- Review data is entered in the Qualtrics Web System for analysis.
- Review reports are posted on the DCF child fatality website.

Child Protective Investigations Secondary Case Reviews & "Rapid Safety Feedback"	In-Home Service Cases "Rapid Safety Feedback"	Florida Child and Family Service Review (FCFSR)
• Target population: Children under 4 years of age with prior family history of substance abuse and domestic violence. • Case reviews are completed on open investigation within 10 days of the intake to ensure present danger is accurately assessed. Then again at the 35-40 day mark to assess impending danger. • Refer to Section 2 for more information. • Review data is entered into the DCF-QA web portal.	• Target population: Children under 4 years of age with a prior family history of substance abuse and domestic violence. • Ten cases will be reviewed per quarter per CBC for a total of 200 case per quarter statewide. (Sample sizes will vary during the Federal CFSR period which is April 1-September 30, 2016) • Review data is entered into the DCF-QA web portal.	• Target polulation: Children in out-of-home care and children receiving in-home services. • Florida had adopted the federal CFSR case review items for ongoing Florida case reviews. • Approximately 400 cases will be reviewed statewide each quarter. • Review data is entered into the federal web portal.

The Florida Rapid Safety Feedback process was implemented to assess practice related to the identification of child safety concerns and safety planning. The target population is children under the age of four with at least one prior report and a history that includes domestic violence and substance misuse. The critical component of the process is the case consultation in which the reviewer engages the assigned child protective investigator or case manager and the supervisor to discuss the case. Cases are identified daily through a report extracted from FSFN.

Community-based care agencies (CBCs) will conduct the CFSR and Rapid Safety Feedback case management reviews to determine the quality of child welfare practice related to safety, permanency, and child and family well-being. The full CFSR includes reading case files of children served under the title IV-B and IV-E plans and conducting case specific interviews with case participants. These reviews provide an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is affecting child and family functioning and outcomes.

The CBC QA manager or designee is responsible for assigning cases for review to trained and certified QA specialists employed by the CBC lead agency. It is permissible and encouraged for the CBCs to include certified QA reviewers from a sub-contracted case management organization (CMO) in the case review process as long as the CBC QA reviewer leads the review, the staff does not have a conflict of interest, and the CBC lead reviewer makes final decisions about ratings. This peer review approach provides a learning opportunity for the CMO. Although the peer reviewer may offer feedback and input, the CBC must ensure the integrity of the information collected. Sample sizes by CBC and statewide for both processes are outlined in the tables of the following page.

Sample Sizes by CBC
July 1, 2015 through March 30, 2016

Community Based Care Lead Agency	In-Home Cases	Out-of-Home Children	Total	CFSR Case Reviews*	CFSR In Depth Reviews *	Rapid Safety Feedback Case Reviews *		Total Quarterly Reviews
	FSFN Jan 2015	FSFN Jan 2015		*No interviews*	*w/Case Specific Interviews*	*In-home Cases*		
Big Bend CBC	167	633	800	13	2	10		25
Brevard Family Partnership	158	635	793	13	2	10		25
CBC of Central Florida (Orange & Osceola)	346	1167	1513	18	2	10		30
CBC of Central Florida (Seminole)	87	300	387	6	2	8		16
ChildNet Inc. Broward	504	2053	2557	18	2	10		30
Childnet Inc. Palm Beach	309	1127	1436	18	2	10		30
Children's Network of SW Florida	306	1222	1528	18	2	10		30
Community Partnership for Children	189	727	916	13	2	10		25
Eckerd Pinellas and Pasco County	384	1564	1948	18	2	10		30
Eckerd Hillsborough County	440	1707	2147	18	2	10		30
Devereux	275	747	1022	18	2	10		30
Families First Network	320	1169	1489	18	2	10		30
Family Integrity Program	29	126	155	6	2	8		16
Family Support Services	416	769	1185	18	2	10		30
Heartland for Children, Inc.	193	974	1167	18	2	10		30
Kids Central, Inc.	409	1011	1420	18	2	10		30
Kids First of Florida Inc	66	187	253	6	2	8		16
Our Kids Inc	831	2261	3092	18	2	10		30
Partnership for Strong Families	200	684	884	13	2	10		25
Sarasota Y	171	709	880	13	2	10		25
Statewide	**5800**	**19772**	**25572**	**299**	**40**	**194**		**533**

Sample Sizes by CBC
April 1, 2015 through June 30, 2016

Community Based Care Lead Agency	In-Home Cases	Out-of-Home Children	Total	Florida CFSRs April - June	Florida CFSR In Depth Reviews April - Jume	Federal CFSRs April - June	Rapid Safety Feedback Case Reviews *		Total Case Reviews April - June
	FSFN Jan 2015	FSFN Jan 2015		*No interviews*	*w/Case Specific Interviews*	*Includes Case Specific Interviews*	*In-home Cases*		
Big Bend CBC	167	633	800	9	0	2	10		21
Brevard Family Partnership	158	635	793	9	0	2	10		21
CBC of Central Florida (Orange & Osceola)	346	1167	1513	14	0	2	10		26
CBC of Central Florida (Seminole)	87	300	387	6	2	0	8		16
ChildNet Inc. Broward	504	2053	2557	5	0	5	10		20
Childnet Inc. Palm Beach	309	1127	1436	14	0	2	10		26
Children's Network of SW Florida	306	1222	1528	11	0	3	10		24
Community Partnership for Children	189	727	916	9	0	2	10		21
Eckerd Pinellas and Pasco County	384	1564	1948	11	0	3	10		24
Eckerd Hillsborough County	440	1707	2147	11	0	3	10		24
Devereux	275	747	1022	18	2	0	10		30
Families First Network	320	1169	1489	14	0	2	10		26
Family Integrity Program	29	126	155	5	0	1	8		14
Family Support Services	416	769	1185	14	0	2	10		26
Heartland for Children, Inc.	193	974	1167	14	0	2	10		26
Kids Central, Inc.	409	1011	1420	14	0	2	10		26
Kids First of Florida Inc	66	187	253	5	0	1	8		14
Our Kids Inc	831	2261	3092	8	0	4	10		22
Partnership for Strong Families	200	684	884	9	0	2	10		21
Sarasota YMCA	171	709	880	9	0	2	10		21
Statewide	**5800**	**19772**	**25572**	**209**	**4**	**42**	**194**		**449**

The state's Child Fatality Prevention activities are implemented through the Critical Incident Rapid Response Teams CIRRT and "mini CIRR" review process. The first process is the Critical Incident Rapid Response Teams (CIRRT) operates under the direction of the Director of Child Welfare Practice and assess cases with a verified finding within the previous 12 months. The second process, known as a "mini CIRRT", operates under the direction of the Director of Child Welfare Performance and Quality Improvement and requires a QA review of all cases where there was a prior referral within five years, regardless of the finding.   Both processes require the team or reviewer to conduct of a root-cause analysis that identifies, classifies, and attributes responsibility for both direct and latent causes for the death or other incident, including organizational factors, preconditions, and specific acts or omissions resulting from either error or a violation of procedures. Information on child fatality prevention can be found at: http://www.dcf.state.fl.us/childfatality/

Critical Incident Response Team is required by S. 39.2015, Florida Statutes and coordinated through the Statewide CIRRT Coordinator. The statutory requirements are listed below:

(1) As part of the department's quality assurance program, the department shall provide an immediate multiagency investigation of certain child deaths or other serious incidents. The purpose of such investigation is to identify root causes and rapidly determine the need to change policies and practices related to child protection and child welfare.

(2) An immediate onsite investigation conducted by a critical incident rapid response team is required for all child deaths reported to the department if the child or another child in his or her family was the subject of a verified report of suspected abuse or neglect during the previous 12 months. The secretary may direct an immediate investigation for other cases involving serious injury to a child.

(3) Each investigation shall be conducted by a multiagency team of at least five professionals with expertise in child protection, child welfare, and organizational management. The team may consist of employees of the department, community-based care lead agencies, Children's Medical Services, and community-based care provider organizations; faculty from the institute consisting of public and private universities offering degrees in social work established pursuant to s. 1004.615; or any other person with the required expertise. The majority of the team must reside in judicial circuits outside the location of the incident. The secretary shall appoint a team leader for each group assigned to an investigation.

(4) An investigation shall be initiated as soon as possible, but not later than two business days after the case is reported to the department. A preliminary report on each case shall be provided to the secretary no later than 30 days after the investigation begins.

(5) Each member of the team is authorized to access all information in the case file.

(6) All employees of the department or other state agencies and all personnel from community-based care lead agencies and community-based care lead agency subcontractors must cooperate with the investigation by participating in interviews and timely responding to any requests for information. The members of the team may only access the records and information of contracted provider organizations that are available to the department by law.

(7) The secretary shall develop cooperative agreements with other entities and organizations as necessary to facilitate the work of the team.

(8) The members of the team may be reimbursed by the department for per diem, mileage, and other reasonable expenses as provided in s. 112.061. The department may also reimburse the team member's employer for the associated salary and benefits during the time the team member is fulfilling the duties required under this section.

(9) Upon completion of the investigation, the department shall make the team's final report, excluding any confidential information, available on its website.

(10) The secretary, in conjunction with the institute established pursuant to s. 1004.615, shall develop guidelines for investigations conducted by critical incident rapid response teams and provide training to team members. Such guidelines must direct the teams in the conduct of a root-cause analysis that identifies, classifies, and attributes responsibility for both direct and latent causes for the death or other incident, including organizational factors, preconditions, and specific acts or omissions resulting from either error or a violation of procedures. The department shall ensure that each team member receives training on the guidelines before conducting an investigation.

(11) The secretary shall appoint an advisory committee made up of experts in child protection and child welfare, including the Statewide Medical Director for Child Protection under the Department of Health, a representative from the institute established pursuant to s. 1004.615, an expert in organizational management, and an attorney with experience in child welfare, to conduct an independent review of investigative reports from the critical incident rapid response teams and to make recommendations to improve policies and practices related to child protection and child welfare services. By October 1 of 862 each year, the advisory committee shall submit a report to the secretary that includes findings and recommendations. The secretary shall submit the report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The "mini CIRRT reviews are conducted by QA staff in the regions who are required to complete a comprehensive QA review of all child fatalities where there was a prior report within the previous five years (regardless of finding.) The goal is to prevent future child fatalities; apply lessons learned from past fatalities; improve safety and risk assessments to increase and maintain the safety of children during protective investigations and/or case management services; and to further support transparency and accountability with the comprehensive release of information and data regarding child fatalities. The following minimum requirements will apply to *all* child fatalities that come to the attention of the Department or a contracted CBC/CMO provider.

The Department has established a child fatality website 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. This website includes information regarding all child fatalities called into the Florida Abuse Hotline alleged to be a result of abuse or neglect. The definitions for abuse, abandonment and neglect can be found in <u>Ch. 39, Florida Statutes</u>.

This website included data and child fatality CIRRT and "mini CIRRT reports. It is important to remember that each statistic represents a child who was taken much too soon. It is our hope that their stories will be 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 our community partners will use this data to improve child welfare practice to better protect children and assist at-risk families. Additionally, DCF and our community partners use this data to improve child welfare practice to better protect children and assist at-risk families.

The data can be sorted and viewed by county, child's age, causal factor and prior involvement. At this time, the website features current year data and DCF is working diligently to include five years of historical data to provide the capability for greater trend analysis.

Cases listed as verified indicate that enough evidence exists to determine that the child's death was caused by abuse, abandonment or neglect. Prior involvement indicates that the deceased child or the family of the deceased child had contact with Florida's child welfare system—through a child protective investigation conducted by DCF or one of six sheriff's offices and/or foster care or family support services provided by one of Florida's 19 Community-Based Care lead agencies.

The site 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 avenues for communities to get involved.

This page is updated weekly with information available from the Florida Abuse Hotline and DCF field staff. Supporting documents are posted after the case is closed following a review by one of six regional child fatality prevention specialists. All documents are redacted in accordance with Ch.39 and Ch. 119, Florida Statutes.

A copy of the standards for the CFSR and Rapid Safety Feedback review is available for viewing under the Results Oriented Accountability tab at the Florida Center for Child Welfare at http://www.centerforchildwelfare.org/#

3. **The state identifies strengths and needs of the service delivery system.**
    The identification of strengths and needs of the service delivery system related to safety, permanency and well-being is provided to leadership, DCF regions, and CBCs through statewide reports and Scorecards with program specific data for use to improve practice. Regions and CBCs have local process to analyze their specific data and implement operational activities to target improving practice. The CBCs are required to submit and annual report that summarizes their performance. Case review findings are shared with local child welfare boards and councils. That information is used to develop their annual quality improvement plan. The FY 2014-2015 Annual Reports and Annual Quality Improvement Plans are available for viewing and download at the Florida Center for Child Welfare under the Results Oriented Accountability tab at the Florida Center for Child Welfare at http://www.centerforchildwelfare.org/#

    Child fatality prevention focuses on the results from the Critical Incident Rapid Response Team (CIRRT) and "mini" CIRRT case review processes. Both processes require the CIRRT team or reviewer (for "mini" CIRRTs) to conduct of a root-cause analysis that identifies, classifies, and attributes responsible for both direct and latent causes for the death or other incident, including organizational factors, preconditions, and specific acts or omissions resulting from either error or a violation of procedures. Data, reports, and information on child fatality prevention can be found at http://www.dcf.state.fl.us/childfatality/

4. **The state's quality assurance system provides relevant reports.**

     The state provides numerous quantitative and qualitative reports that include state specific measures, federal measures and CFSR measures. These reports are used by the DCF regional leadership and CBC leadership to drill down and determine root causes for poor performance.

     Reports include the CIRRT and "mini" CIRRTs which focus practice activities. Qualitative case review reports are sent directly to the CBCs and Regions. The Scorecard is posted under the Results Oriented Accountability tab, data link, at the Florida Center for Child Welfare at http://www.centerforchildwelfare.org/# An example of the qualitative case review reports sent to the regions and CBCs is below. All QA related reports are summarized by the CBCs each year and reviewed with the local community boards and councils. Reports for FY 2014/2015 and previous years can be viewed at the Center for Child Welfare at:
     http://www.centerforchildwelfare.org/QualityAssurance/CBC1415.shtml

ChildNet Broward Q2 FY2015-16	Appl Cases	Strength Total	% Strength	Area Needing Imprv Total	% Area Needing Imprv	Not Rated Cases
Saftey Outcome 1 = 84.0%						
1 Were concerted efforts made to provide services to the family to prevent children's entry into out-of-home care or re-entry after a renunification?	10	10	100.0%	0	0.0%	0
2 Were initial and on-going assessments conducted to assess risk and safety concerns relating to the child(ren) in their home?	10	9	90.0%	1	10.0%	0
3 If safety concerns were present, did the agency develop an appropriate safety plan with the family?	10	8	80.0%	2	20.0%	0
4 If safety concerns were present, did the agency continually monitor the safety plan as needed including monitoring family engagement in any safety-related services?	10	9	90.0%	1	10.0%	0
5 Are background checks and home study or assessment sufficient and responded to appropriately?	10	6	60.0%	4	40.0%	0
Well-Being Outcome 1 = 58.3%						
6 Is the frequency and quality of visits between caseworkers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?	10	4	40.0%	6	60.0%	0
7 Is the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?	10	7	70.0%	3	30.0%	0
Other: Florida Specific = 80.0%						
8 Does the case plan for case closure provide a sequence of strategies, interventions, and supports that are organized into a coherent services process providing a mix of services that fits the child and family's evolving situation?	10	8	80.0%	2	20.0%	0
9 Is there evidence the case management supervisor is regulary consulting with the case manager, recommending actions when concerns are identified, and ensuring recommended actions followed up on urgently?	10	8	80.0%	2	20.0%	0
Data Collection = 43.3%						
10 Was a case consultation completed?	10	5	50.0%	5	50.0%	0
11 Was a Request for Action completed in FSFN for an immediate safety concern?	10	0	0.0%	10	100.0%	0
12 Was this case a safety methodology case?	10	8	80.0%	2	20.0%	0

Source: CMS Reviews Q2 2015-16 QA Web Portal

Statewide Case Management Case Reviews Q2 October - December FY2015-16	Appl Cases	Strength Total	% Strength	Area Needing Imprv Total	% Area Needing Imprv	Not Rated Cases
Saftey Outcome 1 = 64.7%						
1 Were concerted efforts made to provide services to the family to prevent children's entry into out-of-home care or re-entry after a renunification?	191	167	87.4%	24	12.6%	0
2 Were initial and on-going assessments conducted to assess risk and safety concerns relating to the child(ren) in their home?	191	113	59.2%	78	40.8%	0
3 If safety concerns were present, did the agency develop an appropriate safety plan with the family?	188	113	60.1%	75	39.9%	3
4 If safety concerns were present, did the agency continually monitor the safety plan as needed including monitoring family engagement in any safety-related services?	188	104	55.3%	84	44.7%	3
5 Are background checks and home study or assessment sufficient and responded to appropriately?	191	112	58.6%	79	41.4%	0
Well-Being Outcome 1 = 55.2%						
6 Is the frequency and quality of visits between caseworkers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?	191	97	50.8%	94	49.2%	0
7 Is the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?	191	114	59.7%	77	40.3%	0
Other: Florida Specific = 57.0%						
8 Does the case plan for case closure provide a sequence of strategies, interventions, and supports that are organized into a coherent services process providing a mix of services that fits the child and family's evolving situation?	190	120	63.2%	70	36.8%	1
9 Is there evidence the case management supervisor is regularly consulting with the case manager, recommending actions when concerns are identified, and ensuring recommended actions followed up on urgently?	191	97	50.8%	94	49.2%	0
Data Collection = 53.3%						
10 Was a case consultation completed?	191	141	73.8%	50	26.2%	0
11 Was a Request for Action completed in FSFN for an immediate safety concern?	191	18	9.4%	173	90.6%	0
12 Was this case a safety methodology case?	190	146	76.8%	44	23.2%	1

Source: CMS Reviews Q2 2015-16 QA Web Portal

5. The state's quality assurance system evaluates implemented program improvement measures.

The state office is responsible for establishing CQI requirements, standards, and training. Regions and CBCs are required to develop quarterly schedules, to conduct case reviews for all cases identified in the sample each quarter, and to follow the "Windows into Practice" Guidelines for conducting reviews. All CQI managers for CBCs and regions participate in quarterly CQI meetings and periodic conference calls to address systemic issues and ensure statewide consistency to the CQI process.

Standardized activities for qualitative data and information include monthly and quarterly trend reports; score cards for CBCs and CPIs (including sheriffs); weekly key indicator reporting by leadership; and a variety of ad-hoc data reports that address targeted areas of concern. Standardized activities for qualitative case reviews include annual review planning; annual review of standards and processes; quarterly reviews for CPI (including sheriffs) and case management; quarterly and semi-annual reporting; quarterly training for QA reviewers; monthly conference calls with QA managers; quarterly meetings with QA managers; and state requirements for follow-up action at the local area. There are standardized tools for child protective investigations and case management. Furthermore, the Department requires all data from targeted case reviews and QSRs to be entered into the Department's web based tool. All QA related reports are summarized by the CBCs each year and reviewed with the local community boards and councils. Reports for FY 2014/2015 and previous years can be viewed at the Center for Child Welfare at: http://www.centerforchildwelfare.org/QualityAssurance/CBC1415.shtml

The use of data to address program improvement can be seen via the various qualitative case review data included within this assessment. Additionally, on a local level, the regions and CBCs evaluate their data weekly to determine drivers of poor performance. This assessment provides field operations the information needed to target performance improvement activities. The implementation of the Results Oriented Accountability Program will strengthen the evaluation process as a unit has been designated to evaluate qualitative and quantitative data

D. Staff and Provider Training

The Department is strong in its capacity to identify needs for training and provide ongoing training for staff, parents, and others based on local needs and in response to changing circumstances. However, as indicated in the training plan, the goals include strengthening the training infrastructure for consistency and quality, including professionalization, career-long learning, and integration into Continuous Quality Improvement. Florida's Child Welfare Training Plan is posted on Florida's Center for Child Welfare. http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

Item 26: Initial Staff Training Instruction

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 CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

Florida law requires all staff who provide child welfare services (this includes all investigators, case managers, and supervisors of investigators and case managers) to earn a child welfare certification through a third-party entity. The requirements for the certification include: meeting formal education requirements, participating in the department-approved pre-service training program, passing the written pre-service exam, completing 1,040 hours of on-the-job experience, and receiving 46 hours of direct supervision. The state's training system is a strength.

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 newly revised Pre-Service curriculum now consists of Core training and 5 separate specialty curricula. A sixth track has been designed for Children's Legal Services that does not utilize Core training, but is supportive of the Florida Child Welfare Practice Model.

Key principles of the curriculum design: creating a combination of classroom instruction, lab days and structured field days to provide an opportunity for more skills-based or interactive activities along with true reality-based experiences.

- Core is a five week curriculum consisting of an orientation, 9 classroom based modules, 5 labs, 4 structured field days and ends with a readiness assessment. Core is the first step for hotline counselors, investigators, case managers, adoptions specialists, and foster care licensing specialists.

- The Child Protective Investigators specialty curriculum follows Core and includes two weeks of classroom, labs, courtroom testimony experiences and ends with a readiness assessment. This curriculum was implemented during February of 2015.

- Case management pre-service includes a three week specialty track that follows the five weeks of Core training. All Case Management, Adoptions and Licensing staff must complete this curriculum. This curriculum was piloted during the fall of 2015.

- The Adoptions specialty track is a one week curriculum to follow Core and Case Management training. This curriculum was is scheduled to implementation in the spring of 2016.

- Foster care licensing pre-service curriculum is a one week specialty track that follows Core and Case Management training. This curriculum was recently implemented during the summer of 2015.

- Within the first six months of hire, all new attorneys must complete the Children's Legal Services New Hire Orientation training program. The program includes formal classroom training, extensive shadowing opportunities, online training, individual and group assignments/readings and discussions. The program schedule is flexible in that much of the work/assignments are to be completed independently with supervisory guidance and support ensuring there is applicable time form discussions and questions with the Supervisor or Managing Attorney.

Following 100% completion of the required pre-service curriculum all staff must successfully pass a competency based exam, this exam is administered by a third party credentialing entity. Below is the explanation provided by the third party credentialing entity to explain the process of validating these exams.

These are prescribed steps in correlating an exam with the knowledge, skills, and abilities required for a job. These steps lead to an exam that has been "validated" in that its content accurately measures the minimum necessary KSAs required for the job. The question of whether or not a certification exam is valid cannot be answered with a simple "yes" or "no." However, an answer that could be made by a psychometrician might be: "Our exam has been developed using the appropriate methods to ensure that the exam contains content that fairly reflects the minimum knowledge, skills, and abilities required to effectively perform the job of a "Child Welfare Case Manager" or "Child Welfare Protective Investigator." Stated more simply, the answer might merely be: "Our exam adequately covers the defined scope of the job." To support this statement, the certifying agency must be prepared to provide evidence that the appropriate methods were followed for ensuring that the exam is "valid" for the job for which it has been developed. One of those methods includes establishing content validity.

The validation of certification exams depends primarily on evidence that the content of the exam adequately represents the job (called content validity). The content validity of a certification exam is established through an item validation that links examination items to a Job Analysis or Role Delineation Study to ensure the items are representative of job tasks. Once new items are written, Subject Matter

Experts participate in this item validation process. Both exams (CWCM and CWPI) were developing following these stringent standards, and FCB is confident that these exams are an accurate reflection of the competency based knowledge provided by these professionals in the field.

If a staff member does not achieve the minimum passing score or higher on the exam a re-take exam may be administered. Prior to scheduling a re-take exam a Remedial Training Plan must be developed between the staff member, his or her supervisor, and a child welfare trainer. This plan identifies the roles and responsibilities of all plan participants, addresses the staff members major area(s) of deficiency on the exam, and includes a schedule of dates and times during which specific portions of the pre-service curriculum (as well as any other relevant training materials) will be reviewed with the staff member in an effort to ensure that the staff member is provided with access to all of the resources and support available to help them successfully pass the exam. Individuals who do not earn a passing score on the third attempt are no longer eligible for provisional certification and must complete the Pre-Service training and testing processes again.

Test results from July 1, 2014 to September 30, 2015.

Exam	Candidate Count	Pass Count	Fail Count	Pass Pct	Fail Pct	Passing Score	Score Max	Score Min	Score Avg
Child Welfare Case Manager	1486	1280	206	86%	14%	78	99	40	85
Child Welfare Protective	1011	903	108	89%	11%	78	99	62	85

Data Source: Florida Certification Board

Exam Statistics – Retakes 7/1/14 – 9/30/15

Exam	One Attempt	Multiple Attempts	Retake Pass Count	Retake Fail Count	Retake Pass Pct	Retake Fail Pct
Child Welfare Case Manager	1325	161	106	55	66%	34%
Child Welfare Protective	925	86	72	14	84%	16%

Data Source: Florida Certification Board

A web-based statewide self-assessment survey was launched between October 10/26/15 and 11/6/15 to gain stakeholder input on Florida's child welfare system. The total number of responders was 1,280 and included responses from adoptive parents, pre-adoptive parents, birth parents, case management staff, child advocates, Child Protective Investigators, region administration, community alliance members, county sheriffs, court personnel, education staff, youth in foster care, Guardians ad Litem, judges, legal services, foster parents, child welfare management and administrative staff, program specialists, quality assurance, regional administration, relative caregivers, senior leadership, substance abuse staff, tribe members, and Community-Based Care leadership. There were respondents from every Region and all but nine counties.

Survey data indicates that the majority of staff believe the initial training provides them with the knowledge and skills needed to do their job.

PRE-SERVICE TRAINING INCLUDES BASIC SKILLS AND KNOWLEDGE REQUIRED
NOVEMBER 2015 SURVEY
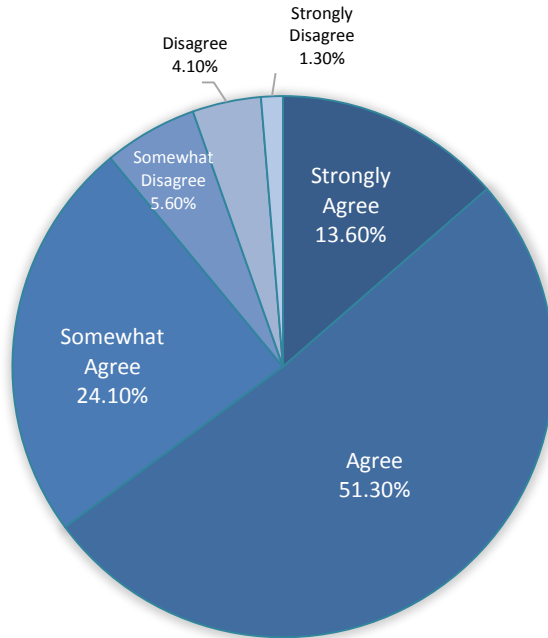
Item 27: Ongoing Staff Training Instruction

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 needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

Ongoing training is provided by the CBC lead agencies. Florida has a statewide coordinated training website hosted through the Center for Child Welfare. This training site offers training for in-service credit on topics requested or suggested by foster parents and child welfare staff, including supervisors. The training site is located at:

http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/TrainerCorner.shtml
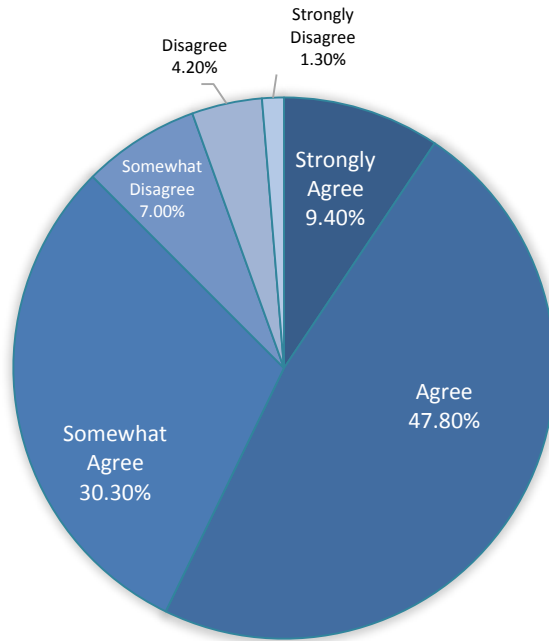
The Department's approach to training is focused primarily on function, e.g., child protective investigation and case management, and responsibilities lie in both statewide and local levels of the organization; generally, pre-service at the state level and in-service at the local level (though not exclusively for either). There is not a pre/post-test requirement for in-service training. The state's ongoing training for staff is a strength.

In order to maintain child welfare certification staff must complete a minimum of 20 continuing education units annually. Continuing education units must be earned from an approved continuing education training provider. These providers are approved to offer continuing education units by the third party credentialing agency or approved by other state and national professional licensing and certification boards or are college or university coursework offered by institutions holding Federal Department of Education and/or Council of Higher Education Accreditation (CHEA). Continuing education units are verified in conjunction by the third party credentialing agency during certification renewal every two years.   Certification renewal is a condition of continued employment for positions requiring certification (this includes all investigators, case managers and supervisors of investigators and case managers). There are no additional mandatory training requirements for supervisors. There is an annual supervisor training workshop designed to increase the proficiency and skill set of case management and child protective investigation supervisors.

Survey data from October 2015 indicates that the majority of staff believe the in-service training provides them with the knowledge and skills needed to do their job.

IN-SERVICE TRAINING INCLUDES SKILLS AND KNOWLEDGE FOR JOB DUTIES
NOVEMBER 2015 SURVEY

Strongly Disagree 1.30%
Disagree 4.20%
Somewhat Disagree 7.00%
Strongly Agree 9.40%
Agree 47.80%
Somewhat Agree 30.30%

Item 28: Foster and Adoptive Parent Training Instruction

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?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Training requirements in sections 409.175 (14) (a)-(d), Florida Statute, specify that:

The department shall provide or cause to be provided pre-service training for prospective foster parents and emergency shelter parents and in-service training for foster parents and emergency shelter parents who are licensed and supervised by the department.

As a condition of licensure, foster parents and emergency shelter parents shall successfully complete a minimum of 21 hours of pre-service training. The child placing agencies that perform training services track foster parent training in Florida's system of record Florida Safe Families Network. The foster home

license is generated in FSFN and cannot be created unless all of the training with the required hours have been entered. Therefore if a foster parent does not meet their training requirements they will not be licensed. Community Based Care agencies assess for effectiveness primarily through surveys or evaluations which are given to participants at the end of training.

The preservice training shall be uniformed statewide and shall include, but not be limited to, such areas as:

1. Orientation regarding agency purpose, objectives, resources, policies, and services;

2. Role of the foster parent and the emergency shelter parent as a treatment team member;

3. Transition of a child into and out of foster care and emergency shelter care, including issues of separation, loss, and attachment;

4. Management of difficult child behavior that can be intensified by placement, by prior abuse or neglect, and by prior placement disruptions;

5. Prevention of placement disruptions;

6. Care of children at various developmental levels, including appropriate discipline; and

7. Effects of foster parenting on the family of the foster parent and the emergency shelter parent.

Prior to licensure renewal, each foster parent and emergency shelter parent shall successfully complete 8 hours of in-service training. Twelve (12) hours during the first two years of licensure.

Chapter 65C-13, Florida Administrative Code, further supports requirements that prospective foster and adoptive parents meet both pre-service and annual in-service training requirements as specified above.

State licensed facilities (group homes) are required by section 409.145(2)(3)(e), F.S., to meet the same training requirements as foster parents. State licensed facilities are also required by Chapter 65C-14, Florida Administrative Code, to provide staff with training in areas to ensure the safe care and supervision of children. The Department approves all the pre-service curriculum to ensure that it meet statutory requirements.

The Department, through its contracted providers (Community-Based Care or other licensed Child Caring Agency (CPA) employees), delivers training to current and 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. Training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. The pre-service training curriculums provided by the CBCs, include course evaluations which allow facilitators to assess the effectiveness of each training session. The agencies then have the ability to improve the trainings based on foster parent feedback.

Most often, agencies use the Parent Recourses for Information, Development and Education (P.R.I.D.E) curriculum to train foster and adoptive parents locally. The Department allows provider agencies to use a curriculum of its own choosing, but the curriculum must meet the criterial listed in 409.175(14)(b), F.S., and be approved by the Department.

Ongoing training opportunities for foster and adoptive parents are also provided locally, and as a result, vary within agencies. The Center for Child Welfare and Quality Parenting Initiative (QPI) Florida provides online training opportunities that are available to foster, adoptive parents and agency staff. The training may be located on QPI Florida's website, http://www.qpiflorida.org/justintime/index.html.

Joint training, involving staff from DCF, foster parents, service providers, Guardian Ad Litem, and in some cases, law enforcement personnel, is encouraged and arranged by the court at the Dependency Summit in which about 2,800 people are trained yearly.

The October 2015 Statewide Survey had 559 responses to the question about training for foster/adopt parents and staff of group homes, the majority of respondents believe the initial training (MAPP or PRIDE) provides them with the needed knowledge and skills to carry out their duties and responsibilities. Of the 559 responses, 188 were from foster and pre-adoptive parents, of which 60.7% agree or strongly agree, and 27.1% somewhat agree that the training system prepares them with the skills and knowledge to carry out their duties. The respondents represent the entire state with the majority located in the central and Suncoast regions, 45.7% and 20.3%, respectively.

**TRAINING FOR CURRENT AND PROSPECTIVE FOSTER/ADOPT PARENTS
AND GROUP HOMES PROVIDES SKILLS AND KNOWLEDGE FOR JOB
NOVEMBER 2015 SURVEY**
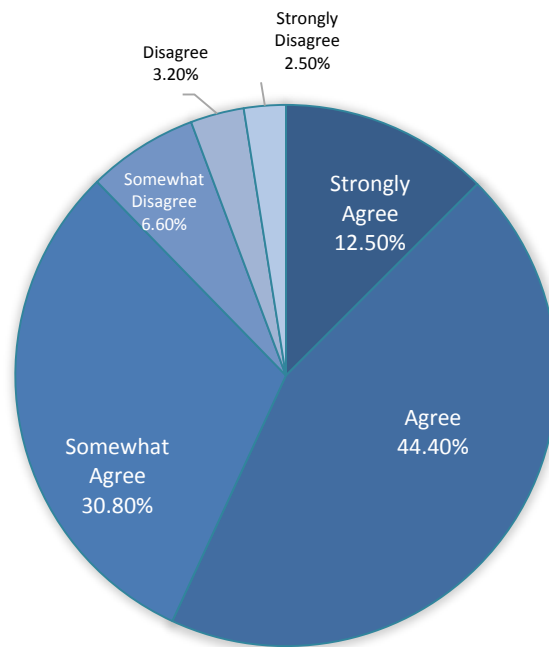
E. Service Array and Resource Development

The Office of Child Welfare completed a series of visits to the six different regions of the state. The purpose of these meetings were to evaluate the implementation of Florida's Child Welfare Practice Model and the initiate an assessment of the available service array in the regions. At the conclusion of these visits, the Office of Child Welfare in partnership with the regions, developed a statewide implementation plan focused on addressing any gaps identified. What we discovered for our service array is that there are a wide array of services available across the state. We are experiencing some success on individualizing services to meet family needs, however improvements are needed in the availability and accessibility of some critical services in the more rural areas and ensuring that the services available are in alignment with our new practice model. To address this, we are currently in the process of completing a thorough service array assessment that will capture every provider currently

available in the state and evaluate their services provided. Specifically, whether they are evidence-based and who their target population is. This information will be used to develop a standardized service array that is defined and aligned with practice. 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).

Item 29: Array of Services Instruction

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 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.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

While we are aiming to improve the availability of services, specifically in rural areas, currently, not every bulleted service is available in every geographical area. Services for children and families are delivered in all geographic areas of the state with the oversight of either Department regions and sheriffs (child protective investigation) or Community-Based Care lead agencies and their subcontractors (all other child welfare/"foster care and related services"). CBC contracts fully delineate the service array, including assessments (family functioning, behavioral health, risk, and others) and the use of individualized services. Service array is an area in need of improvement.

With the implementation of the new practice model, Florida has taken this opportunity to define Florida's service array as follows:

Florida's Service Array
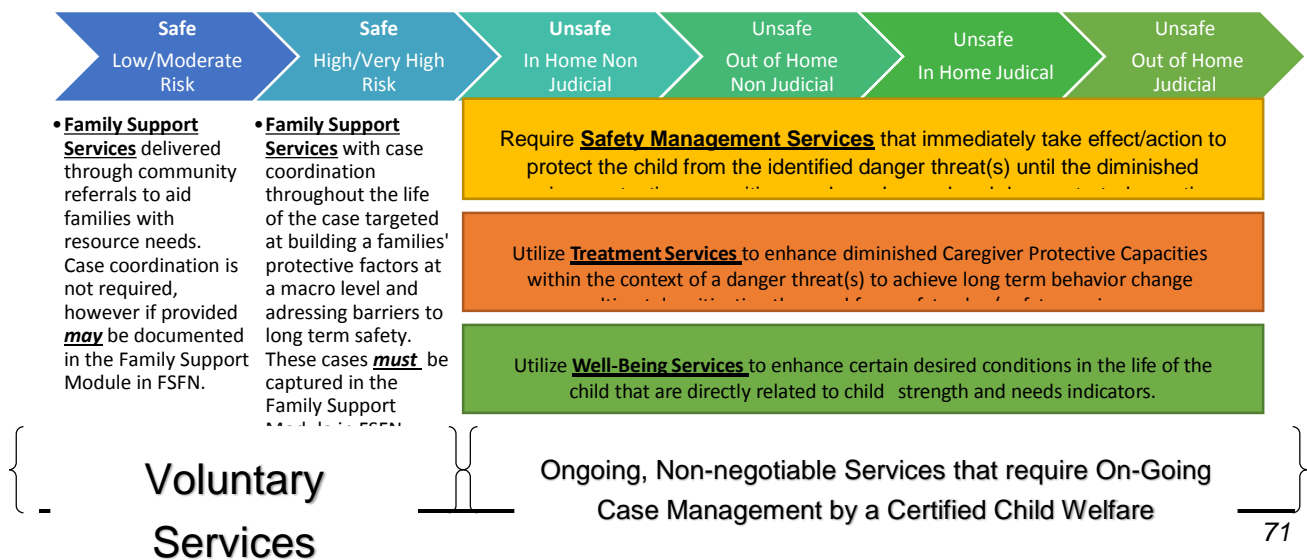
In addition to the definition associated with our service array, we have further clarified the types of services that would fall into each of the service categories, or "buckets." Recently, the Office of Child Welfare completed regional visits to each of the six regions in the state. During these visits, a Process Mapping activity was completed to assess how closely the operationalization of the practice model was aligned with the intent it was originally designed. Additionally, during these visits, every lead agency participated in a separate meeting to discuss and assess the service array for their individual area. The strengths and challenges identified statewide were varied by service area, however there were several identified challenges related to the service array that were consistent statewide:

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

    o 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, which would be the largest amount of time that safety management would be needed.

- Services are provided as they always have without change in delivery or reporting of behavior change.

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

We will continue to assess and address challenges with the service array and evaluate the availability, quality and target population for the available services across the state. Through this ongoing assessment we will identify the service 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 can not 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 <u>the reason that the child is unsafe,</u> ultimately mitigating the need for a safety plan/ safety services.	Services utilized to ensure certain desired conditions in the life of the child are present and their needs are met : (In relation to development)

Family Support Services
- Nurturing and Attachment
- Social Connections
- Social/Emotional Competency of Children
- Knowledge of Parenting and of Child and Youth Development
- Concrete Supports for Parents
- Parental Resiliency

Safety Management Services

Behavioral Management
- Supervision and Monitoring
- Stress Reduction
- Behavior Modification

Crisis Management
- Halt Crisis
- Mobilize Problem Solving
- Reinforce parent/safety provider participation in safety plan
- Avoid disruption of in home safety plan

Social Connection
- Friendly Visiting
- Supervision and Monitoring as a social connection
- Social Networking
- Basic Parenting

Resource Support
- Transportation
- Housing
- Finances
- Health Care
- Food and Clothing

Separation
- One or more family members leaving the home
- Babysitting/Daycare
- Family Arrangement

Treatment Services

Cognitive
- Is Aware of Self
- Is Intellectual Able
- Recognizes Threats
- Recognizes Child's Needs
- Understands Protective Role
- Plans and Articulates Plans for Protection

Behavioral
- Controls Impulses
- Takes Action
- Sets Aside Own Needs for Child
- Demonstrates Adequate Skills
- Adaptive as a Parent / Caregiver
- History of Being Protective

Emotional
- Meets Own Emotional Needs
- Is Resilient
- Is Tolerate
- Is Stable
- Expresses Love, Sensitivity and Empathy to the Child
- Is Positively Attached with Child
- Is Aligned and Supports the Child

Child Well-Being Services
- Emotion/Trauma
- Behavior
- Cultural Identity
- Development/Learning
- Substance Abuse Awareness
- Family Relationships
- Physical Health
- Academic Status
- Preparation for Independent Living

Adequate capacity and accessibility does not exist across the entire state specifically related to safety management services for families whose children are unsafe, however can be served with an in-home safety plan if there were available safety service providers. Additionally, in pockets across the state there were insufficient treatment services available or extensive wait times to access treatment or child well-being service providers. It is expected that 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, but are not limited to:

- 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 capacitates; develop safety plans; and facilitate families' transition to formal and

informal community-based support networks at the time of child welfare case closure. Refer to the 2015 Annual Progress and Services Report (APSR), Chapters I and II for more detailed information services at the local level.

- 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.

A survey of the services available across the state shows that as a whole, the state feels as though they have sufficient services available to meet the needs of the families that they serve.

The responses to the October 2015 statewide survey questions indicate that the majority of respondents strongly agree, agree, or somewhat agree that services are available across the state (35.7% strongly agree or agree, while 38.3% somewhat agree). The respondents for this survey question included front line staff, CBC Leadership, parents (foster, pre-adopt, relative caregivers) and youth, CQI staff, licensing staff, and judicial system (attorneys, judges, magistrates) :

- Services are available to help families achieve behavioral change to enhance protective capacities so that children are safe and have permanency in their living environment.
- Services are available to assess strengths of children and parents and legal guardians that help identify the interventions needed to prevent maltreatment and strengthen family functioning.
- Services are available to assess needs of children and legal guardians that help identify the interventions needed to prevent maltreatment and strengthen family functioning.
- Safety management services are available to allow children to remain safely with their parents when reasonable.
- Treatment services are available to families when children are unsafe and case management services are engaged to prevent maltreatment and strengthen family functioning.
- Treatment services are available to help children in out-of-home care and in adoptive placements achieve permanency.

Item 30: Individualizing Services Instruction

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?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

We are experiencing some success on individualizing services to meet family needs, however improvements are needed in the availability and accessibility of some critical services in the more rural areas and ensuring that the services available are in alignment with our new practice model. To address this, we are currently in the process of completing a thorough service array assessment that will capture every provider currently available in the state and evaluate their services provided. Specifically, whether they are evidence-based and who their target population is. This assessment is schedule to be complete by the end of the year. The ability to systematically assess the level of service individualization and gaps could be improved; and where they are assessed, some performance levels should be improved.

The respondents to the October 2015 statewide survey indicated that services can be individualized to meet the unique needs of children and families served in the child welfare system. The 819 respondents to the statement "Services can be individualized to meet the unique needs of children and families served in the child welfare system." included front line staff, CBC Leadership, parents (foster, pre-adopt, relative caregivers) and youth, CQI staff, licensing staff, and judicial system (attorneys, judges, magistrates). As discussed under Item 29 above, we are aiming to improve the availability of services, specifically in rural areas, as not every bulleted service is available in every geographical area. There are barriers to services in terms of availability and/or accessibility of services for families and children and limited capacity to serve Spanish-speaking families in the rural areas of the state. Quality assurance reviews indicate challenges in providing well-matched foster care placements for sibling groups and older youth.

INDIVIDUALIZING OF SERVICES
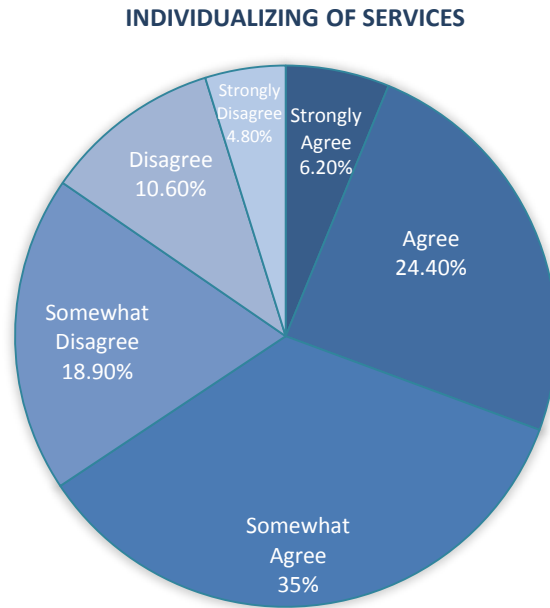
F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR Instruction

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related 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?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related 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.

State Response:

The Department's Office of Child Welfare engages in a high degree of collaboration. This area is a strength. In developing policies and administering programs, the Department collaborates on a regular basis with other state and local agencies, Tribal representatives, foster/kinship caregivers, foster youth, community-based lead agencies, case managers, the judiciary, Office of Court Improvement, Sheriffs, researchers, child advocates, Guardians ad Litem, Department of Juvenile Justice, the Legislature, and private foundations. The Department's internal program and operations offices also collaborate across their specialties, such as mental health, substance abuse, developmental disabilities and economic

supports, to the benefit of Florida's children and families touched by the child welfare system. Collaborative activities occur in both an informal and structured format, i.e., meetings, conference calls and impromptu technical assistance. Some collaborative efforts are formal, even required by law; others are continual, occurring on a daily basis as field staff work to find the best means to help children and families.

Most of the planning and service delivery throughout Florida's child welfare system is continual and broad. The statewide Child and Family Services Review (CFSR) Committee was formed with representatives of the Department (state and region), CBCs, and Sheriffs who reached out to other local partners, and provided input on local needs assessment including performance measurement gaps on outcomes and systemic factors, particular focus areas for services or specific population groups, and strategies and initiatives. The members of this committee include both internal and external partners such as the Guardian ad Litem, Court Improvement staff, foster parents, youth, and private foundations. This committee's charge includes the Child and Family Services Plan (CFSP) and the Annual Progress and Services Report (APSR). These documents are located at:

> http://centerforchildwelfare.org/Publications/ChildFamilyServicesPlan.shtml

> http://centerforchildwelfare.org/HorizontalTab/AnnualReports.shtml

The Department has long been the designated recipient of the Violence Against Women Act (VAWA), Office on Violence Against Women (OVW), Services Training, Officers, and Prosecutors (STOP) formula grant program. Over the years, this grant has provided technical assistance, training, and victim supportive services to thousands of victims and professionals. The key component of this grant is to establish appropriate partnerships between those specifically focused community agencies working with victims of domestic violence, sexual assault, stalking and dating violence.

Each year, OVW encourages all states and territories to reach out, engage, and increase support for underserved populations. Florida is no exception, and over the years has offered financial support through the STOP grant to culturally diverse, geographically underserved, and linguistically underserved populations. Florida's Native American tribes are encouraged to collaborate and seek assistance through the STOP grant program. The goal would be to enhance basic and advanced training for tribal law enforcement, and tribal courts currently providing services to domestic violence, sexual assault, stalking and dating violence victims residing in tribal communities.

The Department engages law enforcement, prosecutors, courts and victim services providers to share promising practices and outreach efforts. The Department provides supporting collaborative documentation to the federal granting authorities for the State's efforts to consult and coordinate with the various entities and partners receiving the grant funding. Particular attention is given to how the funding recipients utilize promising practices to enhance the services offered to culturally, racially and ethnically diverse populations. As the third largest state in the country, with such a geographically diverse landscape, Florida also demands focus on the variances in rural vs. urban communities.

Every year Florida (DCF) applies to the Office of Justice Programs (OJP), Office on Violence Against Women (OVW), for the STOP- Services, Training, Officers, Prosecutors Formula Grant Program. Part of the application requires that the State invite Native American tribes to participate and accept funding aimed at providing training, technical assistance and services to adult victims of domestic violence, sexual assault, stalking and dating violence. Every three years the Department hosts a grant required statewide implementation planning meeting where the Native American partners are invited. Occasionally the Governor's Council on Indian Affairs has attended the planning session, however no Native American partners have ever requested inclusion in the grant funding opportunities. Letters were

sent to the Governor's Council on Indian Affairs, and the two Native American tribes in November and December 2015 requesting the tribes participate and support the federal STOP grant program. As of this date there has been no response from any of the Native American partners.

Letters are annually sent to the following federally recognized Native American tribes in Florida, inviting the tribes to meet with the Department and discuss ways to utilize the numerous technical assistance and training opportunities offered through the STOP grant:

- The Governor's Council on Indian Affairs, Inc.

    1341 Cross Creek Circle

    Tallahassee, Florida 32301

    D' Anna Osceola - Executive Assistant

- The Seminole Tribe of Florida

    Center for Behavioral Health

    6401 Harney Rd.

    Tampa, Florida 33610

    Dr. Thomas Ryan Director

- The Miccosukee Tribe of Florida

    Mile Marker 70

    US Highway 41

    Miami, Florida 33194

    Melissa Garcia - Director - Social Services Department

To address the vast diversity in Florida that spans geographic boundaries and includes gender identity, language distinctions, religious practices and ethnic heritage, the Department partners closely with the Florida Coalition Against Domestic Violence and certified domestic violence centers, including specific providers who offer a linguistic and cultural program for underserved migrant families; the Florida Council Against Sexual Violence and the Department of Health; community-based care lead agencies in each of 20 circuits throughout the state; service providers who target migrant farmworker populations, especially in two specific rural Northeast and Southwest Florida counties, as well as service providers who serve residents whose native language is not English; behavioral health providers; and faith-based organizations, statewide law enforcement agencies, 15 state attorneys' offices, and Florida's Office of State Courts Administration.

In the past two years, since the hiring Nov. 22, 2013 of a Statewide Human Trafficking Prevention Director, the Department has focused on several initiatives in support of and to help strengthen Florida's response to child victims of commercial sexual exploitation.

These initiatives involve multiple stakeholders who partner to serve human trafficking victims, help inform policy and advocate for legislative change.

In addition to the Statewide Human Trafficking Prevention Director, the Department's Office of Child Welfare has three Regional Human Trafficking Coordinators – two hired in January 2015, and one hired in May 2015.

These specialists focus on statewide policy implementation and provide technical assistance to child protective investigators and case managers, community organizations, local law enforcement and local coalitions and task forces, which include community organizations, advocates, service providers, philanthropists, law enforcement and other partners.

They also partner with local coalitions and school districts to develop awareness materials (posters, fliers, etc.) to be distributed to help inform the public of the hotline numbers for assistance to human trafficking victims and potential signs to recognize trafficking.

Additional examples of the collaborative work to engage partners throughout the planning, development and implementation of initiatives focused on child victims of commercial sexual exploitation.

Statewide Council on Human Trafficking and Services & Resources Committee

The Department's Secretary is vice-chair of the Statewide Council on Human Trafficking and chairs the Council's Services & Resources Committee. The Services & Resources Committee includes the Department of Health, Department of Juvenile Justice and the Agency for Health Care Administration.

One of the goals of the Services & Resources Committee is to identify how to increase education, awareness and reporting on human trafficking for the general public

The committee has identified several projects that are geared toward increasing knowledge of the issue of human trafficking for the general public, as well as means for the public to report suspicious incidents.

Local community and regional task forces exist across the state. These groups are focused on educating the general public as well as instructing how they might report incidents of potential trafficking.

DCF has partnered with the Wayne Foundation, a nonprofit organization committed to increasing awareness of Commercial Sexual Exploitation of a Child (CSEC) and Domestic Minor Sex Trafficking (DMST) within the US, with a focus on Florida. The Wayne Foundation runs a drop-in center for CSEC victims in the Suncoast Region of Florida. The foundation's Board President is Jamie Walton, a Leader Survivor of DMST. The Board Vice President, Kevin Smith, is a Director/Actor and Philanthropist. The Wayne Foundation has created a Public Service Announcement program, "See It, Report It," to air in the Tampa/Sarasota market. Throughout October, 192 spots were broadcast on the Hallmark channel, AMC, MSNBC, and CNN. There is potential to expand to other markets, and those efforts have begun in the Northeast (Jacksonville) and Northwest (Pensacola) regions. The PSA includes contact numbers to the National Human Trafficking Resource Hotline, as well as the DCF Abuse Hotline. The PSA can be viewed at this link: https://www.youtube.com/watch?v=l2os7nN4QNQ.

Florida State Clinical Work Group for Human Trafficking Response

Established in September 2015, the Florida State Clinical Work Group for Human Trafficking Response includes: Aspire Health, Florida Department of Juvenile Justice, Partnership for Strong Families, Magellan Medicaid Administration, South Florida Behavioral Health Network, Big Bend Community Based Care, The Centers (Baker Act facility), Lifestream, Barry University/Emergency Management, Camelot Community Care – Family Service Planning Team (Community SIPP), Nemours Children's

Hospital, Psychiatry at Nicklaus Children's Hospital, CPAS Counseling/CBHA, Florida Agency for Health Care Administration, Wayne Foundation, Pasco County Detention Center, DCF Children's Legal Services, DCF Office of Child Welfare, DCF Substance Abuse and Mental Health Program Office, Citrus Health, Chrysalis Mental Health, Eckerd Community Alternatives, Florida Department of Health, Devereux Florida, Sunrise Pasco DV Center, Redefining Refuge, Louis de la Parte Florida Mental Health Institute College of Behavioral and Community Sciences University of South Florida, Broward Behavioral Health Coalition, Sunshine Health, Cenpatico, Baycare Behavioral Health, Brevard Cares, Lutheran Services Florida, Kids Central Inc., US Department of Justice and the Florida Department of Education.

This is a statewide work group that is designed to identify specific tasks, based on legislative changes during the 2014 legislative session:

1. Identify an assessment tool to be used for services planning with CSEC victims.

2. Identify the accepted treatment interventions for CSEC victims.

3. Identify or create a mental health training curriculum for behavioral health providers statewide

4. Identify or create a training Curriculum for staff of residential providers

5. Establish Metrics and Outcomes for safe houses

Human Trafficking Screening Tool

The Department involved multiple stakeholders, including child welfare professionals, clinicians, service providers and community-based organizations, in the development of two tools to better serve victims of commercial sexual exploitation: a placement and an identification tool.

In addition to the efforts to develop tools for use by child welfare professionals, this team has drafted an assessment of the system of care, gaps and needs. All of these initiatives were conducted in joint partnership with other state agencies, particularly the Department of Juvenile Justice as the most frequent collaborator. The team has commenced work groups with state agencies, community providers, community-based care lead agencies, survivors, etc. in the creation of the tools.

The team also has launched specialized human trafficking training for family safety, child protective staff and community-based care dependency case management staff. In addition to child welfare professionals, this training and similar human trafficking presentations by the Department's staff at multiple conferences have been attended by representatives from the Department of Health Child Protection Teams, law enforcement agencies, the Department of Education, the Salvation Army, faith-based organizations, non-governmental organizations, service providers, licensing staff, trial attorneys, judges, nurses, foster parents and others.

Item 32: Coordination of CFSP Services With Other Federal Programs Instruction

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

The Department, regions, and the CBC lead agencies have strong and extensive networks of collaboration at the state and local level. This area is a strength. Many of the relationships are common to all areas; for example, local law enforcement agencies are connected to child protective investigation activities, local school boards partner to ensure educational access and success, and local circuit and other courts work with Department, CBC, and CLS staff.

This is a strength for Florida. We continue to proactively seek ways to enhance this strength. The Department coordinates services and benefits of other federal or federally assisted programs serving the same population in a variety of ways, including through the use of formalized agreements (MOU's or MOA's) with a variety of entities, participating in various statewide councils, committees, and advisory boards, conducting regular collaborative meetings with stakeholders, and facilitating formal and informal engagement of stakeholders. The Health Care Oversight and Coordination Plan is one example of the coordination of services and benefits for child welfare. Other examples of the Department and CBC responsiveness to the community are detailed in Florida's APSR. (See Florida's CFSP and APSR http://centerforchildwelfare.fmhi.usf.edu/kb/FlPerformance/APSR2015-Final.pdf)

Other collaborative and coordination of services include those with various individual or combinations of state agencies and other governmental organizations:

- The Agency for Health Care Administration (AHCA), such as for the Health Care Oversight and Coordination Plan, Medicaid payments and managed care for children, and for psychotropic medication prescription data. Refer to Appendix C- Health Care Oversight and Coordination Plan.
- The Agency for Persons with Disabilities (APD) and the Department of Juvenile Justice (DJJ), regarding services for children served by more than one agency.
- The Department of Health (DOH) regarding services and various health issues for children involved with child welfare. The Children's Medical Services (CMS) Program in the Department of Health is a significant partner across the state. CMS develops, maintains, and coordinates the services of multidisciplinary child protection teams (CPT) throughout Florida. The teams provide specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services.
- The Department of Education (DOE), working on educational issues for children and youth. The Department is participating in several workgroups and committees within the Department of Education, including the State Secondary Transition Interagency Committee for students with disabilities and the Project AWARE State Management Team for student mental health services. Additionally, the Department collaborates with the Bureau of Exceptional Education and Student Services to host quarterly conference calls with the School District Foster Care Liaisons throughout the state. In January of 2015, the Department requested educational data from the Department of Education for the purpose of trend analysis. Casey Family Programs has agreed to provide analysis of the resulting files and meet with the Department in early June to review the findings and determine appropriate benchmarks for improvement.

- Florida's Department of Revenue, Child Support Program has been a partner with the Department for many years to develop and align practices in support of children involved in the child welfare system. One such joint initiative underway involves paternity establishment and securing amended birth certificates for children known to both Child Welfare and Child Support Programs from the Department of Health, Bureau of Vital Statistics free of charge. The children's birth certificates are amended when paternity is established.
- The court system, particularly partnering with the Office of Court Improvement (OCI) on various training activities such as the annual Dependency Summit. The dependency Court Improvement Program and the Department of Children and Families have been meeting on a monthly basis since January 2007. Slowly, over the years, additional child welfare partners have joined the meetings to further enhance collaboration opportunities. For the past eight years, the primary focus of the meetings has been to exchange information. Generally, the agenda included: activity Update/Accomplishments from each participating agency, announcements, legislative Update/Accomplishments, and information related to the federal Child and Family Services Review/Program Improvement Plans. In addition to the Court Improvement Program and the Department of Children and Families, the meetings now consist of representation from the following partners: Guardian ad Litem, University of South Florida, Department of Education, Children's Legal Services, Office of Regional Counsel, Department of Juvenile Justice, Florida Institute for Child Welfare, Center for Prevention and Early Intervention, Agency for Persons with Disabilities, Department of Health, Florida Coalition for Children and the Executive Office of the Governor.

    Most recently a new topic has been added to the bi-monthly agenda: data analysis. The dependency Court Improvement Program is working with the Department and other agencies on: crossover youth, trauma, education and well-being, repeat maltreatment, and the effectiveness of the interagency teams that solve individual complex cases. This focus will be from a statewide, state level approach.

Other coordination efforts involve state-level advocacy or special population groups:

- The Ounce of Prevention Fund of Florida, heavily involved with the Department's various prevention activities and programs such as Healthy Families Florida.
- Florida Guardian ad Litem Program (GAL) has continued to have a close working relationship at the state and local level with the Office of Child Welfare and Children's Legal Services. For instance, a conference focused on children with disabilities was co-hosted by GAL and the Department in May 2015. The next GAL Disabilities Summit is scheduled for May 2016.
- Tribal organizations, Seminole and Miccosukee tribes, have continued to work in concert with the Office of Child Welfare and the Regions. For example, in Broward County the CBC lead agency, ChildNet, has established a specialized unit to work with the tribes.
- Former foster youth, such as the Florida Youth SHINE organization and the Independent Living Services Advisory Council.
- The Child Welfare Advisory Council, formed by the new Sunshine Care Health Maintenance Organization, for managed care of the child welfare population.
- Florida State Foster/Adoptive Parent Association, for training and other events for foster/ adoptive families, and non-relative caregivers.
- The Florida Coalition for Children, long-term advocates for abused, neglected, or abandoned children; significant membership includes most of the Community-Based Care lead agencies and case management organizations.
- Florida's Office of Early Learning/Early Learning Coalitions, which coordinate provision of early education to at-risk children.

- Florida Coalition Against Domestic Violence, engaged in development and incorporation of policy and practice specific to families and children experiencing family violence.
- Children's Medical Services, which has partnered with the Department to develop collaborative and aligned policies within DCF and DOH for children in out-of-home care.
- Social Security Administration. The Department and the CBCs coordinate with the SSA regarding benefits for a child under the placement and care of the Department.

We work closely with our partners to coordinate services to ensure that any systemic issues are resolved or minimized.

The Statewide Survey conducted in October 2015 also confirms this as a strength for Florida's child welfare system. Of the 827 respondents to the survey statement "Agency services are coordinated with services or benefits of other federal or federally assisted programs." 34.7% either strongly agree or agree with the statement; 39.1% of the respondents somewhat agree. The respondents included judicial staff, front line staff, parents and youth, CQI staff, and CBC leadership.

COORDINATION OF SERVICES OR BENEFITS WITH OTHER FEDERAL OR FEDERALLY ASSISTED PROGRAMS
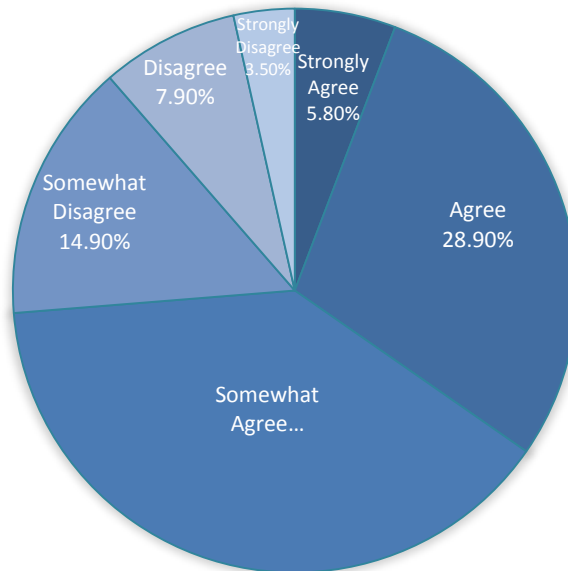
G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally Instruction

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 child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

The overall functioning of Florida's foster and adoptive parent licensing, recruitment and retention system is a strength. It is governed by both state statute and Florida Administrative Code (FAC) and although child welfare case management is privatized into Community Based Care lead agencies (CBC), the Department oversees the process in each region. In addition, the Department employs a Statewide Licensing and Regulation Specialist to provide guidance to the regional offices.

Foster home licensing including child caring agencies and child placing agencies (CPA) are governed by section 409.175, F.S., and Chapter 65C-13 Florida Administrative Code (F.A.C.), 65C-14 and 65C-15 respectively. Chapter 65C-13, F.A.C., provides a uniformed licensing standard that is applied statewide. The licensing requirements are in line with national standards and include adequate background checks for all household members, documentation of demographics for the family and documentation of tasks such as training.

The CBCs are responsible for the recruitment and maintenance of licensed foster home providers and the placement of children. The Department is responsible for licensing the CBCs as Child Placing Agencies (CPA). The CBCs and other licensed CPAs are responsible for conducting home studies, assessments of the family, and compiling documentation of the family's compliance with Florida's standards for initial licensing and relicensing. Licensing staff throughout the state conduct interviews, inspect homes, and document their assessments in Florida's standardized Unified Home Study (UHS). The CPAs submit the UHS and other documentation to the Department's regional licensing offices with a recommendation for licensure, re-licensure, denial, closure, or revocation.

Florida uses an Attestation Model that allows individual CBCs who have demonstrated a licensing accuracy rate of 90% or more to enter into a memorandum of agreement with the Department's regional offices. The CBCs attest that all licensing and relicensing files comply with state law and code. Attachment 1, the CBC contract, require Side-by-Side Reviews of licensing files on an ongoing basis. The Department and CBC conduct these reviews. At a minimum these reviews occur annually as a part of the agency's re-licensure and occur as frequently as quarterly in some areas.

The UHS guides the assessment of the foster or adoptive home and must be approved before any child is placed in a home. The UHS becomes a part of the FSFN electronic record of each provider. In FSFN, the UHS may be reviewed by placement personnel and which can be helpful in placement matching decisions. Relative and non-relative caregivers are offered an opportunity to become licensed as a foster home. All relative and non-relative caregivers must go through a formal home study and approval process. Most often the relative caregiver choses to forego licensure.

The Department conducts monthly statewide licensing conference calls. Participants include the Department's statewide licensing specialist, the Department's regional licensing specialists, CBC licensing specialists and other CPA licensing staff. During those calls, the licensing field discusses current issues that impact licensing, recruitment, and retention of both foster and group homes.

In October 2015, the Department polled the stakeholders from within the system of care and 73.8% somewhat agreed, agreed, or strongly agreed that the licensing process for family foster homes or child care institutions utilized licensing standards. Those responding included CBC leadership, and Department and CBC licensure staff. The graph below depicts the survey responses to the statement: the licensing process for family foster homes or child care institutions utilizes licensing standards which
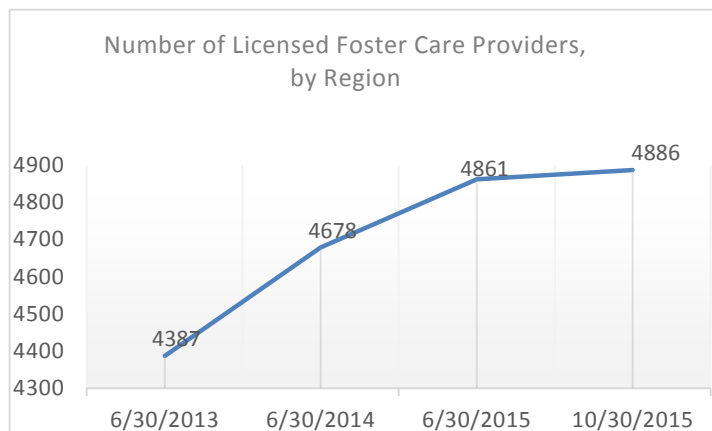
are specified in Florida Administrative Code 65C-13.

**LICENSING STANDARDS ARE UTILIZED FOR
FAMILY FOSTER HOMES OR CHILD CARE INSTITUTIONS**

Somewhat
Agree
2.90%

Agree
50%

Strongly
Agree
47.10%
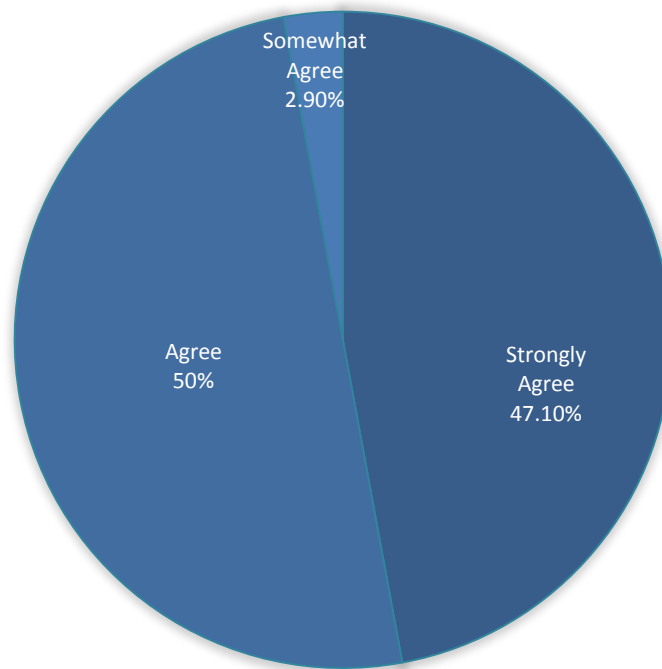
As of November 2015 Florida has 22,650 children in out of home care, including 9,069 in licensed care. (9,478 with pre-adoptive placements)

As of October 2015, Florida has a total of 4,883 licensed foster homes. The number of licensed homes has increased from 4,387 homes in June 2013 to 4,678 homes in June 2014 to 4,861 homes in June 2015. Since 2013, the total number of foster homes have increased by 11%.

Number of Licensed Foster Care Providers,
by Region

4387   4678   4861   4886

6/30/2013   6/30/2014   6/30/2015   10/30/2015

Source: FSFN, YTD Count of Licensed Foster Care Providers; Run Date 12/11/15

Item 34: Requirements for Criminal Background Checks Instruction

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that 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?

Please provide relevant quantitative/qualitative data or information that show the state is complying 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.

State Response:

Background checks are a fundamental aspect of licensing and of placement in non-licensed settings such as homes of relative and non-relative caregivers. This area is a strength.

The statewide case management reviews completed in the first quarter of SFY 2014/15 show this as a strength. The information obtained from the background checks and home studies is being assessed and used appropriately to inform licensing and placement decisions.

All adult household members are screened. Young adults 12 and over complete a check with the Department of Juvenile Justice. The background screen results are typically received within two to three weeks.

Section 409.175, Florida Statutes, and 65C-13, Florida Administrative Code, requires all foster families complete a background screen in which includes federal, state, and local criminal checks and central abuse registry checks. Fingerprints are completed at Live Scan locations and the results are entered into the state's Clearinghouse. The Clearinghouse provides a single data source for background screening results for persons screened for employment or licensure that provide services to children, the elderly and disabled individuals. The Clearinghouse allows the results of criminal history checks to be shared among specific agencies when a person has applied to volunteer, be employed, be licensed (including foster parents), or enter into a contract that requires a state and national fingerprint-based criminal history check. Licensing workers are responsible for monitoring FSFN to identify when individuals should be rescreened. Persons currently licensed as out-of-home caregivers and any adult household members are re-screened at least annually as a part of the application for re-licensing. Annual screening for re-licensure is limited to a local criminal records check, an abuse and neglect record check clearance through the Statewide Automated Child Welfare Information System, and may include records of any responses to the home by law enforcement that did not result in criminal charges, and any 911 calls to the home. The state criminal records checks and fingerprints are completed every five years through the Florida Department of Law Enforcement.

The October 2015 survey of stakeholders responded positively about the inclusion of criminal background clearances as a part of the licensing process for foster and adoptive homes. Of the 31 respondents to the statement "Licensing process for foster and adoptive homes includes criminal background clearances," 93.5% strongly agree and 6.5% agree with the statement. The respondents were licensing staff from the Department and CBCs.

BACKGROUND CHECKS AS PART OF LICENSING PROCESS
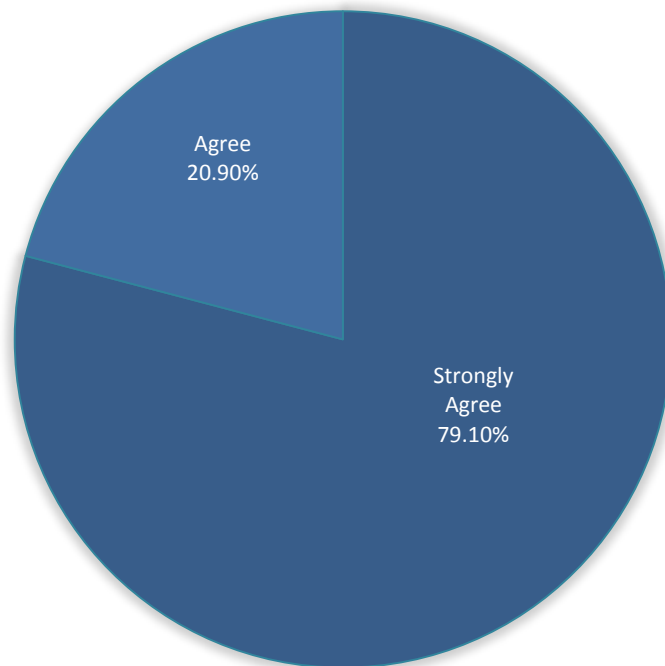
Source: Statewide Survey October 2015

Item 35: Diligent Recruitment of Foster and Adoptive Homes Instruction

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?

Please provide relevant quantitative/qualitative data or information that show the state's 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.

State Response:

Recruitment of foster and adoptive homes is a strength for Florida. The recruitment efforts in Florida have three main levels of focus. The individual Community-Based Care lead agencies develop CBC recruitment plans, that are individualized to recruit foster families in their local system of care. The agencies employ an array of methods and techniques to recruit foster and adoptive families who reflect the ethnic and cultural needs of foster children. Lead agencies have developed their own systems to track the licensing process from inquiry to licensure. The lead agency plans impact the regional plans, which directly impacts the overall statewide plan. These plans are intended to fulfill specific foster and

adoptive home recruitment goals. See Appendix B, 2015 APSR, Foster and Adoptive Parent Diligent Recruitment Plan.

Specific foster and adoptive home goals are developed in a process that begins in April-May of each year. For adoptive home recruitment, the Office of Child Welfare Data Reporting Unit develops preliminary recommendations for goals based on prior year out-of-home care information (see Adoption Targets FY-2014-15 in the Foster and Adoptive Parent Diligent Recruitment Plan, Appendix B to the APSR). Adoption goals are then negotiated by the regions with the local CBCs, taking into consideration such details as judicial characteristics and increases in out-of-home care. The final agreed adoption goals are amended into each CBC's contract. Foster home recruitment goals are derived locally using the out-of-home care trends from the prior year.

The Department uses newer strategies including internet and social media, and traditional strategies, such as collaborative workgroups, initiatives, and associations, in a broad approach to recruiting and informing potential and active foster/adoptive parents.

The October 2015 stakeholder survey of diligent recruitment process for potential foster and adoptive families indicates that diligent recruitment efforts vary across the state for potential foster and adoptive families reflects the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

DILIGENT RECRUITMENT REFLECTS ETHNIC AND RACIAL DIVERSITY OF CHILDREN FOR WHOM FOSTER AND ADOPTIVE HOMES ARE NEEDED
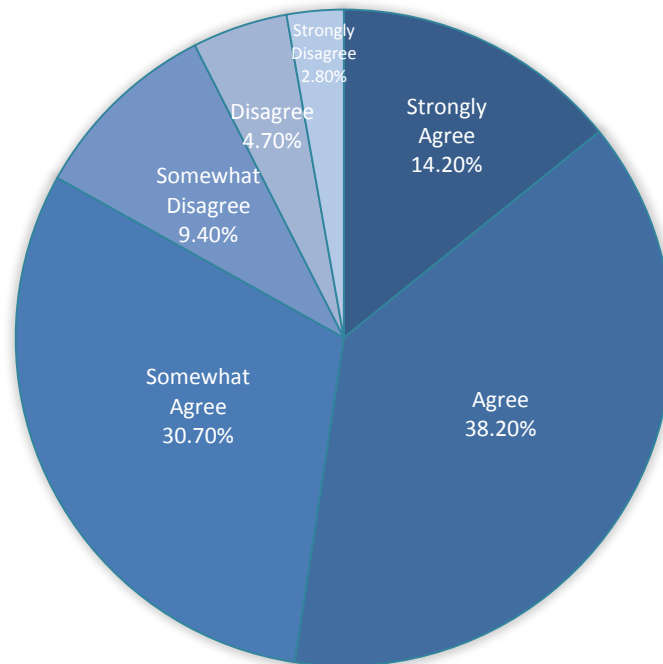
The Department has implemented a Priority of Effort to recruit quality foster homes with a goal to reducing the amount of children who are in group homes. The Priority of Effort is driven through Fostering Success. The activities of the Priority of Effort assess data that monitors the amount of children in group care verses out of home care and the number of foster homes that are being licensed

and closed each month. The Department has partnered with several initiatives and programs to improve recruitment and retention of foster and adoptive homes, to provide a more customer friendly licensing process. Partnership with the Quality Parenting Initiative has been vital to streamlining licensing requirements; recruitment & retention of foster homes for siblings, teens, and children with special needs.

Along with the statewide recruitment plan, the Department has collaborated with the Quality Parent Initiative, Community Based Care Agencies, foster parents and other partners throughout the state to develop recruitment strategies that can be implemented in the various systems of care. This collaboration has made active recruiting efforts through Fostering Success. Fostering Success focuses on addressing key concerns in order to recruit quality teen foster homes. The collaborative is broken up into four workgroups to address, Placement matching and stabilization, Marketing and communications, Foster home Support and resources and Foster family selection. The goal of fostering success is to provide more families for teens in care.

The Federal Intelligent Recruitment Grant awarded to four of Florida's CBCs, and directed by the Department. The project is a collaborative between Kids Central, Inc., Big Bend Community Based Care, Inc., Heartland for Children, Our Kids of Miami-Dade/Monroe, Inc. and the Department. The goal is to improve the availability of quality foster families by implementing intelligent and targeted recruitment techniques through strategic marketing approaches in different markets around the state. The project's intent is to improve permanency outcomes for children care. The partners are in year three of the grant. They are focused on the implementation of marketing plans, researching practices and policies that could affect permanency outcomes, engagement in recruitment activities in the local systems of care, and evaluation of efforts to achieve the objectives of the project. The evaluators are currently compiling the data for the semiannual report.

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Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements Instruction

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?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

The Department and Community-Based Care (CBC) agencies have several means for ensuring cross-jurisdictional resources are available: Florida Adoption Information Center, HomeFinder conference calls, One Church One Child program, and the Florida Adoption Exchange web site - http://www.dcf.state.fl.us/adoption/search/indexnew.asp.

The Adoption Information Center of Florida is a free for service center that provides adoption information and referral services to potential adoptive parents to assist in the recruitment of families throughout the State of the Florida. The Adoption Information Center answers questions regarding the public, private, and inter-country adoption process and connects potential adoptive parents with their local community adoption agencies.

Explore Adoption is the State of Florida's 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 a part of a sibling group. Through public education, expanded partnerships and social media, Explore Adoption invites individuals to learn more about the children immediately available for adoption and the adoption recruiters throughout the State of Florida and their local community.

In 2015, 404 Florida children were placed with out of state families in an adoptive placement. Of the 404 children, 381children were in private adoptive placements and 23 children were in public adoptive placements.

The Department is an active participant in the Interstate Compact for the Placement of Children (ICPC).

The Department's Interstate Compact for the Placement of Children (ICPC) unit, and Circuit ICPC units throughout the state process interstate placement requests to send children to, and receive children from other states. AAICPC reports Florida's ICPC traffic to be among the highest in the United States, and is managed through a statewide ICPC database.

When a potential placement for a child is identified in another state's jurisdiction, requests for placement are processed via the Interstate Compact on the Placement of Children (ICPC). Processing requests through the ICPC helps to ensure that children are able to reach safe and stable placements as quickly as possible and with the appropriate services available to support the placement. In 2015, Florida processed 4,403 new requests for placement across state lines and completed 5,355 home studies through the ICPC. Additionally, 901 Florida children were placed with resources in other states while 492 children from other states were placed into the State of Florida. Of the 2,109 home study

requests received from other states via the ICPC, 66% were complete or a preliminary home study was complete within 60 days. The average time for completion is 101.7 days.