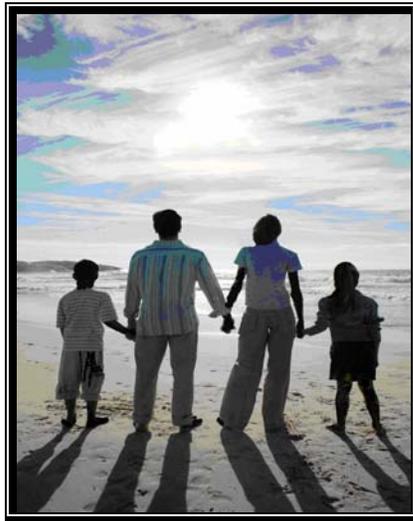


Florida Department of Children and Families



Child & Family Services Plan 2010 - 2014

**Every child in Florida lives in a safe, stable, permanent home,
nurtured by healthy families and strong communities**

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency



Charlie Crist
Governor

June 30, 2009
as amended 09/03/2009



George H. Sheldon
Secretary

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Vision:

Every child in Florida lives in a safe, stable, permanent home, nurtured by healthy families and strong communities

I. Child Protection Program: Mission and Vision

The mission of the Florida Department of Children and Families is to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

Our vision is that every child in Florida lives in a safe, stable, permanent home, nurtured by healthy families and strong communities. This new Five Year Child and Family Services Plan (CFSP) reflects this vision and is supported by the Department of Children and Families Strategic Direction Plan and the Quality Improvement Plan (QIP).

Executive Summary

II. Executive Summary

The Department of Children and Families, through the Office of Family Safety, is Florida's lead agency responsible for child protection and welfare. This office is responsible for program and policy development, implementation and oversight related to child safety, permanency, well being, planning development, training and oversight. The Department oversees expenditures of federal and state funds supporting prevention, protective investigations, protective services, foster care, permanency planning, Independent Living youth that age out of foster care, and adoptions.

The Office of Family Safety is also responsible for implementation and achievement of the Child and Family Services Review Quality Improvement Plan (QIP) and for insuring that the system of care model in place across the state through community based care lead agencies complies with practice and systemic improvements outlined in the plan.

The Office of Family Safety, as the primary entity responsible for child protection, policy and practice, maintains a strong commitment to child safety through strengths-based, family centered practice that is best delivered through local systems of care. The program office is also committed to building and maintaining a front line workforce of caseworkers and supervisors who clearly demonstrate solid clinical, critical decision making that is grounded in comprehensive training.

The future goals, objectives and strategies for Florida's child protection and welfare system over the next five years will be derived by bringing together several agency planning efforts. This comprehensive approach of planning will mutually support the charge of each plan with the sole mission to protect children.

This Five Year Plan will support the activities outlined in the approved Quality Improvement Plan. In accordance with 45 CFR 1355.35(f) the elements of the QIP must be incorporated into the goals and objectives of the State's Child and Family Services Plan. The Five Year Plan does not contain the Quality Improvement Plan in its entirety, but the activities outlined in the QIP have been referenced as they apply to each goal and objective in the Child and Family Services Plan.

As required by the Administration for Children and Families Program Instructions, this document includes additional information on the Child Abuse Prevention and Treatment Act (CAPTA), health, the Title IV-E Foster Care Demonstration Project Waiver, training, Chafee/Education and Training Voucher, and other broad topics.

The active involvement of key leadership at the state and local levels has been a key to the development of this Five Year Plan. A major example is the statewide Quality Improvement Plan, which depended heavily on the improvement plans developed within the six regional service areas of the Department in partnership

with their community service agencies. Each region has one or more community based care lead agencies which are the privatized service delivery entities for the Department.

Florida's Child Welfare System: Overview

III. Florida's Child Welfare System: Overview

The Department supervises the administration of programs that are federally funded, state directed, and locally operated. The Department of Children and Families 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 of Children and Families Office of Family Safety, plays a vital role in the development of policies and programs that implement and support Department of Children and Families mission and guiding principles. Oversight and monitoring of the child welfare system is the responsibility of the Office of Family Safety. In developing policies and programs, the Family Safety Program Office collaborates with other state and local agencies, Tribal representatives, foster/kinship caregivers, foster youth, community based lead agencies, the judiciary, researchers, child advocates, the Legislature, and private foundations to maximize families' opportunities for success.

Florida's Child Welfare Service Delivery Structure and Capacity

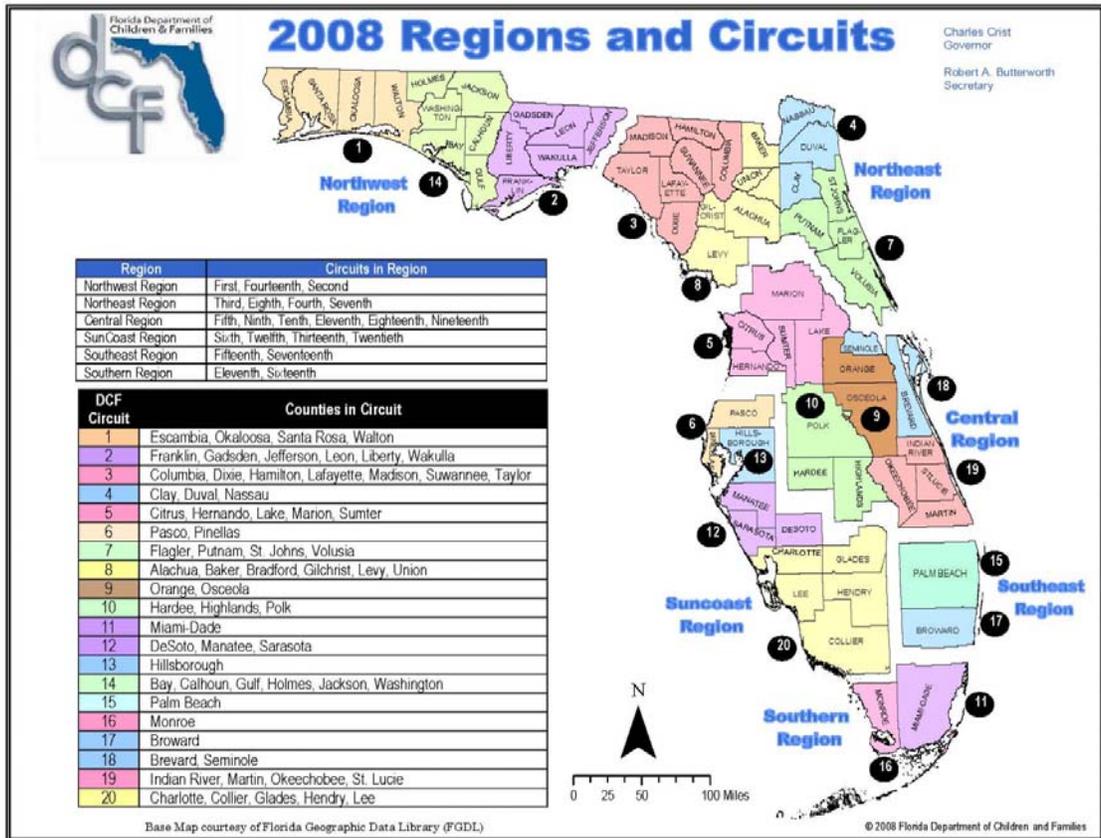
Florida's child welfare system has experienced numerous challenges and changes since the first federal review in 2001. Some of these are unique to Florida, while others are common to social services across the nation.

In 2007, the Department restructured its organizational system. The Department is divided into six (6) Regions and within those regions twenty (20) judicial circuits serving 67 counties.

The Department oversees Florida's child welfare system through regionalization and circuit alignment. Beginning in January 2007, Florida began a far-reaching review of the structure and functions of the Department of Children and Families. Former Secretary Robert A. Butterworth instituted significant changes to the organization that affected all the Department's programs, including child welfare. One of the most fundamental changes that affected operations in the field was the regionalization of services and geographic alignment with Florida's judicial circuits. From a structure of 14 geographic units, Department of Children and Families built 6 regions to encompass 20 circuits. The regionalization, and particularly the alignment with judicial circuits, was intended to reduce overall administrative costs and enhance community partnerships within the circuits. The partnership with judicial jurisdictions is extremely critical in child welfare.

The six administrative regions are:

- Northwest Region - Circuits 1, 2 and 14
- Northeast Region - Circuits 3, 4, 7 and 8
- Central Region - Circuits 5, 9, 10, 18 and 19
- Suncoast Region - Circuits 6, 12, 13 and 20
- Southeast Region - Circuits 15 and 17
- Southern Region - Circuits 11 and 16.



The ability of the child welfare system to ensure child safety, achieve permanence, and maintain or improve the well-being of children and families significantly depends on the skills and services of child welfare attorneys and their interaction with the courts. In May of 2007, former Secretary Butterworth established a Legal Services Review Workgroup to design a blueprint for reorganizing and reengineering legal services. The implementation of the workgroup's recommendations included building an in-house law firm, known as Children's Legal Services, that is a child-focused advocacy approach. The law firm includes an appellate unit, training unit, and quality assurance function and

functions separately from the General Counsel's Office of the Department. This enables a direct line of command from the Director of CLS to the Secretary.

Through their representation, Children's Legal Services attorneys are charged with carrying out the responsibility of the State of Florida for protecting children who have been abused, abandoned and/or neglected by their parents. Children's Legal Services attorneys' practices are transparent, accountable and focused on the children in their caseloads. This change in focus has empowered the attorneys in Children's Legal Services to become true advocates for children, driving their outcomes from the time of initial court involvement to permanency.

In a few areas of the state, the functions of Children's Legal Services are performed under contract with the State Attorney's Office or the Office of the Attorney General. Participation by these other key partners in the ongoing effort to provide safety, permanency, and wellbeing for children through legal services continues to demonstrate Florida's commitment to coordination and collaboration at the local level.

The 1996 Florida Legislature mandated the outsourcing of child welfare services (known in Florida as community based care) through the use of a lead agency design. Transition to a community based delivery system of foster care and related services began with the first community based care transition contracts in 1999. By mid-2005, all 67 counties were receiving child welfare services through community based care contracts. Currently there are 22 community based care contracts with 20 lead agencies. Community based care lead agencies either align with, or are contained within, Florida's judicial circuits. Each community based care agency has the authority to subcontract with other local community agencies to provide specialized or the continuum of child protection services.

Another result of the organizational review was the decentralization of much of the resources that performed quality assurance functions, almost wholly dedicated to child welfare. Among other changes, approximately 80 positions were moved from the central office headquarters to the field; about half were reassigned to regional operations, and about half were converted to dollar equivalency and added to the community based care lead agency contracts. At the same time, the Office of Family Safety, began a total redesign of the approach to quality assurance. The resulting Regional Plan for Quality Assurance was formally approved in February, 2008 with statewide implementation in July, 2008.

Child Welfare Services System

The child welfare service system is the primary intervention resource for child abuse and neglect in Florida. Existing law and regulations provide for child welfare services directed toward the accomplishment of the following purposes:

- protecting and promoting the welfare of all children, including handicapped, homeless, and dependent children;
- preventing, remedying, or assisting in the resolution of problems that contribute to the exploitation or delinquency of children;
- preventing the unnecessary separation of children from their families where the removal of the child(ren) can be prevented by identifying family needs and assisting families in resolving those issues that lead to child abuse and neglect;
- reunifying families whose children have been removed, whenever possible, by providing necessary services to the children and their families;
- maintaining family connections when removal cannot be prevented by identifying children for whom Tribal placement and relative placement are preferred and most appropriate; and
- assuring permanence for dependent children, who cannot be returned home, by promoting the timely adoption, guardianship or alternative permanent placement for these children.

The following major components comprise the child welfare system:

Prevention: service delivery and family engagement processes designed to mitigate the circumstances leading to child maltreatment before it occurs.

The Florida Abuse Hotline is a central abuse registry. It is legislatively mandated to remain open 24 hours a day, 365 days a year to address the needs of children and vulnerable adults. The Florida Abuse Hotline has been assisting callers with their concerns since its inception in 1971.

The Florida Abuse Hotline's primary role within the child social services community is to receive and assess calls related to abuse, neglect, and abandonment. Report acceptance criteria are based upon the application of Florida Statute, Administrative Code, Operating Procedure, and policy.

Upon determining a caller's allegations meet report acceptance criteria, an Abuse Registry Counselor will conduct a record check within several databases and generate an intake. In certain circumstances, the Diligent Search Unit is utilized to delineate the best means of location available. The intake is then forwarded to the Crime Intelligence Unit where research is conducted to determine the criminal history and delinquency record of subjects prior to the commencement of an investigation. The intake is then forwarded to one of the 67 investigative counties within Florida. In the event an intake is not accepted, the Hotline always makes an attempt to provide appropriate referrals to further assist the reporter with their concern.

Protective Investigations, the front end of the system, is designed to provide in-person response, 24 hours a day, to reports of abuse, and neglect for the purpose of investigation and to determine the necessity for providing initial intake services and crisis intervention to maintain the child safely in his/her own home, or to protect the safety of the child through emergency removal and foster care placement.

Protective Services In-Home are case management services designed to provide in-home protective services to prevent or remedy neglect, abuse or abandonment for the purpose of preserving families intact, and preventing the separation of children from their families. Family preservation offers intensive services for families whose children, without such services, would be subject to risk of out-of-home placement, would remain in out-of-home care for longer periods of time, or would be placed in a more restrictive out-of-home placement.

Out-of-Home Care offers case management services to children in out-of-home care when the child cannot remain safely at home and needs temporary out of home care while services are provided to reunite the family or achieve some other permanency option.

Independent Living provides education and services for foster youth based on an assessment of needs and designed to help youth transition successfully from foster care to living independently. Services are provided to enhance basic living skills, as well as career development skills.

Adoption is designed to achieve forever homes for children. This is achieved through services to recruit and retain adoptive parents, conduct home studies, support adoptive parents, case management, and post placement assessments and supports for children, youth, and adoptive families.

Statewide
Goals, Objectives, and Strategies
2010 - 2014

IV. Statewide Goals, Objectives, and Strategies 2010-2014

This five year plan supports the activities outlined in Florida's Quality Improvement Plan (Florida's Program Improvement Plan as required by the federal Child and Family Services Review /CFSR process), and based on the second round CFSR results; the Department's Strategic Direction 2009 - 2011¹ developed for Secretary George Sheldon, and the agency's Long Range Program Plan for Fiscal Years 2009-2010 through 2013 - 2014². as well as a number of other meaningful reform efforts.

Goal 1: Strengthen Policy and Improve Practice to Ensure Safety of Children

Though the three basic outcomes of safety, permanency, and well-being are highly interrelated, safety is the pre-eminent concern of the child welfare system. As with all other areas of social service, ensuring the protection of life and physical health, provision of adequate food and shelter, and a nurturing emotional environment must come first. Whenever these are at risk, it is the child welfare system's job to identify, assess, and intervene as necessary. The tools to achieve child safety include information, assessment and decision support systems, and a competent staff with the resources and knowledge to do their job. These fundamentals are well established in Florida, but enhancements are necessary to address issues identified through the 2008 Child and Family Services Review (CFSR).

Part of safety is keeping children from entering in the child welfare system. Child abuse prevention is a major initiative of the Department and is further discussed in section XIV, Child Abuse, Prevention, and Treatment Act (CAPTA).

Safety is addressed throughout this plan. For example, Family Centered Practice, goal 2, and its profound effect on safety. Activities for this goal will more specifically address the front-end identification of safety issues and family needs, ensuring that staff will appropriately use the data capture, decision support, and safety/risk assessment capabilities of the Florida Safe Families Network (FSFN) system. The capabilities of the courts and child welfare workers to make rigorous and thoughtful consideration of legal and familial consequences while ensuring safety are part of the quality management system as defined in section XII.

¹ <http://www.dcf.state.fl.us/opengov/docs/strategicIntent.pdf>

² <http://www.dcf.state.fl.us/publications/plan0910/lrpp2009-2014.pdf>

The Department has set the following objectives for this goal:

- Objective 1: By September 30, 2009, the state in concert with the Children's Bureau will determine a baseline and a statistically significant target for improvement in the data indicator for child abuse or neglect in foster care. By June 30, 2011, the state's objective is to reach the QIP target for improvement in the data indicator for child abuse or neglect in foster care. (QIP, Goal 2, Strategy A)
- Objective 2: By September 30, 2009, the state in concert with the Children's Bureau will determine a baseline and a statistically significant target for improvement in the data indicator for absence of recurrence of maltreatment. By June 30, 2011, the state's objective is to reach the QIP target for improvement in the data indicator for absence of recurrence of maltreatment. (QIP, Goal 2, Strategy A)
- Objective 3: By September 30, 2009, the state in concert with the Children's Bureau will determine a baseline and a statistically significant target for improvement in services to families to protect children in their home and prevent removal or re-entry. By June 30, 2011, the state's objective is to achieve or exceed the QIP target for improvement in the services to families to protect children in their home and prevent removal or re-entry. (QIP, Goal 2, Strategy A, Item 3)
- Objective 4: By September 30, 2009, the state in concert with the Children's Bureau will determine a baseline and a statistically significant target for improvement in risk assessment and safety management. By June 30, 2011, the state's objective is to reach the QIP target for improvement in the services to family to protect children in risk assessment and safety management. (QIP, Goal 2, Strategy A, CFSR Item 4)
- Objective 5: By the end of the five year period covered in this plan, the Department will build upon the interim progress toward meeting or exceeding any national standards or targets set in the Long Range Program Plan.

Assessing safety and risk, systematically and effectively, is crucial. The Department has maintained the infrastructure to provide technological support and documentation for initial and ongoing safety assessment for some time. In the current information system, FSFN, a number of templates that support making decisions about safety are available for use by investigators and caseworkers. These include initial in home and institutional safety assessment, safety plan, and use of the out-of-home plan.

The child safety assessment in FSFN is a tool that guides the decision-making and documentation process conducted in response to a child abuse and/or neglect report, or any other instances in which assessment of safety needs to occur. This process (and the tool) is used throughout the life of an active investigation or ongoing services case to help 1) evaluate safety threats, present danger, child vulnerability, family protective capacities; and 2) to determine the safety response or safety plan that addresses these factors.

The safety plan is the next step after child safety assessment. FSFN provides an automated tool for safety plan development that child protective investigators and case manager use to document the specific course of action determined necessary to control threats of serious harm and/or to supplement a family's protective capacities. The safety plan is to be implemented immediately when a family's protective capacities are not sufficient to manage immediate or serious threats of harm. The safety plan also documents protective actions such as services that will be provided to the family, information about the person(s) responsible for the protective actions, and description of how the actions provide protection for the child.

Supervision and second party reviews are key activities for ensuring safety, as well as achieving success in the other child and family outcomes. Supervisors are the linchpin of quality practice. A supervisor's ability to mentor staff and model the behaviors needed to not only assure sound actions and decisions about safety and risk, but also in support of family centered practice principles, is critical to successful outcomes. To achieve this goal, our efforts will focus on sustaining and augmenting the rigorous application of key child safety processes.

Family violence is one of the most complex areas that threaten child safety. Child welfare and domestic violence professionals must collaborate and coordinate continuously to address prevention and intervention at the state and local levels. A key factor in effective coordination is the awareness, knowledge, and skills of child welfare practitioners, particularly protective investigators. Another key factor is the ability of communities to bring various areas of expertise and responsibility together in a coordinated manner.

Benchmarks:

By June 30, 2009, the Department will reconstitute the Task Force on Fostering Success to address ongoing issues. Ongoing progress will establish further benchmarks. (Strategic Direction 2009-2011)

By September 30, 2009, the safety plan and assessment features in FSFN will be implemented and a consistent approach to the assessment of safety, risk, protective capacity and family strengths will be in practice. (QIP, Goal 2, Strategy A, Action Step 1)

By September 30, 2009, the Department will develop and distribute requirements for maintaining certified second party reviewers. (QIP, Goal 2, Strategy A, Action Step 2)

By September 30, 2009, the Department will develop curriculum and provide train-the-trainer sessions on supervisory discussion for local in-service training of supervisors. (QIP, Goal 2, Strategy A, Action Steps 4 and 5)

By December 31, 2009, the Department will deliver in-service training on “2nd Party Reviews.” (QIP, Goal 2, Strategy A, Action Step 3)

By March 31, 2010, the Department will deliver training on domestic violence topics at regional or statewide training events. (QIP, Goal 2, Strategy A, Action Step 6)

By June 30, 2011, we will increase the availability of and access to in-home intervention and support so that more children can remain safely in their homes. (Strategic Direction 2009-2011)

By December 31, 2011, the Department will establish alternative response system(s) that better serve the needs of children and families by eliminating unnecessary investigative protocols for low risk referrals. (Strategic Direction 2009-2011)

By December 31, 2011 and ongoing, the Department will implement and revise protocols as recommended by the Fostering Success Task Force (formerly the Task Force on Child Protection) enhancing the reporting and recovery of children identified to be missing. (Task Force on Child Protection, Annual Report, October 2007 – September 2008)

Additionally, on a regular basis, senior management and leadership will use the data and quality assurance reports to monitor the performance in reducing the recurrence of abuse or neglect and the repeated maltreatment of children in foster care. (QIP, Goal 4, Strategy A)

Goal 2: Develop and Phase-In Family Centered Practice

The Child and Family Services Review results provided strong support for the direction Florida has taken in the past few years toward engaging families as partners, providing more supports in homes where safety can be assured, and taking steps to build a more strength-based practice approach. Many components of a full Family Centered Practice approach are in place; for example, several community based care agencies use variants of family team conferencing, and others have emphasized the need for frequent and varied interaction among the children, caregivers, siblings, and service workers.

However, the impetus toward a comprehensive and integral model must be expanded and sustained.

Many systemic support activities will be required during the implementation of family centered practice, in the innovation sites as well as statewide. Currently Florida statutes provide sufficient authority for DCF to expand upon current family centered practice approaches. However, the Department will continue to clarify family-centered philosophy and practice techniques, refine the roles and responsibilities of various partners, and ensure that policy in the form of administrative rules and other official guidance is consistent. Training for front-line staff (investigative and service), supervisors, managers, and Children's Legal Services, as well as information sharing for key partners such as the judiciary, will be critical. The ability to understand, accept, and embed family centered practice attitudes and skills in daily work and throughout the system will take time to develop, but is fundamental to system change.

The Department and its community-based care providers are re-focusing efforts on strengthening families and safely reducing the foster care population. Under Secretary Bob Butterworth a target of 50% reduction in foster care by the year 2012 was established. The Department and a team of stakeholders are participating in a National Governors Association Policy Academy, "Safely Reducing the Foster Care Population." These initiatives are consistent with the broader national goal of the Annie E. Casey Foundation and Casey Family Services to safely the number of children in foster care: The 2020 Vision for Foster Care. This initiative is a major force for Quality Improvement Plan (QIP) goal development.

The Department has set the following objectives for this goal:

Objective 1: By September 30, 2009, the state in concert with the Children's Bureau will determine a baseline and a statistically significant target for improvement in the data indicator for timeliness and permanency of reunification. By June 30, 2011, the state's objective is to reach the QIP target for statewide improvement of the proportion of children who exited to reunification and did so within 12 months of the latest removal. (QIP, Goal 1, Strategy E)

Objective 2: By September 30, 2009, the state in concert with the Children's Bureau will determine a baseline and a statistically significant target for improvement in the data indicator for placement stability. By June 30, 2011, the state's objective is to reach the QIP target to increase the percentage of children who have two or fewer foster care placements in the first year of their latest removal. (QIP, Goal 1, Strategy D)

Objective 3: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve the establishment of appropriate permanency goals. By June 30, 2011, the State’s objective is to reach the statewide target on the establishment of appropriate permanency goals. (QIP, Goal 1, Strategy E, CFSR Item 7)

Objective 4: By the end of the five year period covered in this plan, the Department will build upon the interim progress toward meeting or exceeding any national standards or targets set in the Long Range Program Plan.

Objective 5: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve caseworker visits with child. By June 30, 2011, the State’s objective is to reach the statewide target on caseworker visits with child. (QIP, Goal 3, Strategy A, CFSR Item 19)

Objective 6: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve caseworker visits with parents. By June 30, 2011, the State’s objective is to reach the statewide target on caseworker visits with parents. (QIP, Goal 3, Strategy A, CFSR Item 20)

This goal is complex and far-reaching. Benchmark activities for the goal are organized into five focus areas:

1. Developing a Family Centered Practice Model
2. Implementing Family Centered Practice in innovation sites
3. Improving and expanding Family Centered Practice statewide
4. Improving placement stability and foster parent recruitment and retention
5. Improving appropriateness of permanency planning goals

1. Developing a Family Centered Practice Model

The basic tenets, formulated during the development of Florida’s Quality Improvement Plan, will drive the state toward a cohesive and comprehensive model for family centered practice. The model is based on nationally-recognized components and recommendations for change, such as included in the Child Welfare Policy and Practice Group’s paper on “Adopting a Child Welfare Practice Framework.” Florida’s model includes values, guiding principles, and a framework of the core practice functions for caseworkers.

The framework will provide a structure to link tools, training content, quality assurance, and quality improvement action.

Benchmark:

By September 30, 2009, we will develop and disseminate policy statement on family centered practice model. (QIP, Goal 1, Strategy A, Action Step 1)

2. Implementing Family Centered Practice in Innovation Sites

A few innovation sites will be selected and supported in their commitment to build upon existing direction and achieve full implementation of the family centered practice model. Selection of innovation sites will be based on the status of local initiatives and other factors, such as geographic and case mix characteristics, and performance achievement levels. The long-range intent will be to create areas that demonstrate the broad effect that this approach to practice has on child and family outcomes. The Department will select the innovation sites, based on the factors of leadership, expertise, commitment, community partner involvement, judicial support, and demographics. However, since the success of any innovation is largely dependent on enthusiasm and openness to change, the final selection will be based on the sites' understanding of and willingness to commit to the innovation model and process.

Benchmarks:

By September 30, 2009, the Department will select three innovation sites. (QIP, Goal 1, Strategy B, Action Step 1)

By September 30, 2009, the Department will provide leadership development training on family centered practice for the innovation sites. (QIP, Goal 1, Strategy B, Action Step 2)

By December 31, 2009, the Department will develop and deliver in-service training on family centered practice for investigators, caseworkers, supervisors, managers, and legal services in the innovation sites. (QIP, Goal 1, Strategy B, Action Step 3)

By December 31, 2009, the Department will provide training on family centered practice for caregivers and service providers. (QIP, Goal 1, Strategy B, Action Step 4)

By March 31, 2010, the Department will review progress on family centered practice in the innovation sites and modify as appropriate. (QIP, Goal 1, Strategy B, Action Step 5)

By June 30, 2010, the Department will establish a plan to phase-in family centered practice model statewide. (QIP, Goal 1, Strategy B, Action Step 8)

3. Improving and Expanding Family Centered Practice Statewide

Many systemic support activities will be required during the implementation of family centered practice, in the innovation sites as well as statewide.

Currently Florida statutes provide sufficient authority for DCF to expand upon current family centered practice approaches. However, the Department will continue to clarify family-centered philosophy and practice techniques, refine the roles and responsibilities of various partners, and ensure that policy in the form of administrative rules and other official guidance is consistent. Training for front-line staff (investigative and service), supervisors, managers, and Children's Legal Services, as well as information sharing for key partners such as the judiciary, will be critical. The ability to understand, accept, and embed family centered practice attitudes and skills in daily work and throughout the system will take time to develop, but is fundamental to system change.

Another focus of training and communication about family centered practice will be on executive direction and senior management staff of the child welfare system. Implementation of family centered practice will require the understanding and endorsement of family centered practice from the top down. This includes training and communication for judicial and law enforcement stakeholders, as the support of these leaders is just as critical to effective implementation of truly family centered practice.

The Title IV-E Foster Care Demonstration Waiver (see Section VII) allows the money to follow the needs of the child and family. Such individualization of services is fundamental to family centered practice. The Department's ability to achieve its ongoing benchmarks to improve services for families will depend in large part on flexibility and availability of resources.

Florida's current budget situation has brought additional challenges to earning federal funds. With the forecast of continuing declining state revenues, the ability to obtain federal funds may become more problematic over the next couple of years.

Benchmarks:

By June 30, 2010, the Department will provide leadership development training on family centered practice. (QIP, Goal 1, Strategy C, Action Step 1)

By June 30, 2010, the Department will provide training to investigators, caseworkers, supervisors, managers, and legal services on family centered practice. (QIP, Goal 1, Strategy C, Action Step 2)

By September 30, 2009, the Department will provide family centered practice principles to the Office of Court Improvement. (QIP, Goal 1, Strategy C, Action Step 3)

By June 30, 2010, the Department will compile practice tools relating to caregiver and child involvement in court proceedings and disseminate statewide for local use. (QIP, Goal 1, Strategy C, Action Step 5)

By 2012, the Department will continue to advance the 2012 Strategy: Safely reducing the number of children in out-of-home care by 50%. (Strategic Direction 2009-2011)

Continue to use the flexibility afforded by the IV-E waiver to build a comprehensive continuum of individualized services

Ongoing progress will establish further benchmarks for statewide implementation of family centered practice.

4. Improving Placement Stability and Foster Parent Recruitment and Retention

When children are unable to remain in their own homes, substitute caregivers must be considered full partners and have support to achieve rapid and adequate outcomes for the children and their families. A well-established factor in the ability to achieve permanency and well-being is that of the child's stability in his or her living situation. Preserving family connections by identifying and locating relatives gives children an opportunity to be raised within their own family. Florida will continue to pursue family finding initiatives, as well as other resource family recruitment methods.

The Department, the Youth Law Center, and the Eckerd Family Foundation are collaborating with three community based care agencies: Big Bend Community Based Care, Inc., Community Based Care of Seminole, Inc., and Hillsborough Kids, Inc. to provide additional technical assistance to expand the Recruitment and Retention of Foster Parents Initiative which began in January 2008.

The initial project provided training for lead agency managers and related staff responsible for the recruitment, placement, and case management of children in foster care. This included strategies for recruiting quality homes while using independent private business (non child welfare) consultants to provide training and technical assistance on marketing and human resource techniques. Currently, Phase II of the project is underway.

Benchmarks:

By December 31, 2009, the Department will conduct a special statewide quality assurance review focusing on placement stability. (QIP, Goal 1, Strategy D, Action Step 3)

By March 31, 2010, the Department will ensure training curriculum places importance of the worker's relationship, frequent and quality contact for child and family visits. (QIP, Goal 1, Strategy D, Action Step 2)

By March 31, 2010, the Department will develop and implement a statewide action plan to address root causes for placement instability based upon the special review and assistance from the National Resource Center for Child Welfare Data and Technology. (QIP, Goal 1, Strategy D, Action Step 5)

Ongoing, the Department will continue to collaborate with Youth Law Center and Eckerd Family Foundation to provide technical assistance to selected lead agencies to recruit quality foster families to meet the needs of children in care. The best practices for recruitment and retention will drive additional benchmarks statewide. (Long Range Program Plan 2009 -2010 through 2013 -2014)

By September 30, 2009, we will request technical assistance from the National Court and Child Welfare Collaborative on courtroom practice and placement stability. (QIP, Goal 1, Strategy D, Action Step 6)

By March 31, 2010, we will provide training or technical assistance to foster parents to help them better understand the dependency court system and empower them to properly advocate for children and assist in maintaining family connections. (QIP, Goal 1, Strategy D, Action Step 7)

By March 31, 2010, the Department will provide guidelines for the development and revisions to local recruitment and retention plans for foster and adoptive homes, and other placement resources. (QIP, Goal 1, Strategy D, Action Step 9)

By June 30, 2010, the Department will provide training and technical assistance to lead agencies to recruit quality foster families to meet the needs of children in care. (QIP, Goal 1, Strategy D, Action Step 10)

By March 31, 2010, the Department will issue a memorandum regarding local plans to implement or expand the 24-hour availability of supports for foster parents, relatives, and other caregivers to avoid disruptions in placement and expectations on normalcy for licensed caregivers. (QIP, Goal 1, Strategy D, Action Step 11)

5. Improving Appropriateness of Permanency Planning Goals

Permanency is perhaps the most complicated outcome area, since it involves the largest set of items to consider and a multiplicity of potential pathways to different possible results for children and their families. Florida will employ existing and new initiatives aimed at the general goals of rapidly achieving a permanent family setting that is in the best interests of each child.

One broad initiative is the restructuring of Children's Legal Services along the model of a statewide law firm focused on the needs of children in the dependency system. As discussed earlier under the Child Welfare Service Delivery and Capacity section, the restructure will, in effect, strategically position the CLS function as a key partner for permanency, working cohesively with protective investigators and case managers at all stages of a child's case. The CLS attorneys will act as legal advocates for the children, and focus on each child's achieving timely permanency.

Another ongoing initiative is to provide case managers and other key staff with an ongoing forum for up-to-date technical assistance, and information about new approaches to permanency and case planning. Regularly scheduled statewide calls for technical assistance, sharing and discussion include topics such as:

- Homefinders (case-specific efforts, similar to a staffing but across organizational lines; each agency presents on one available child and one approved family to identify potential matches in other areas of the state).
- Longest Waiting Teens (see below; counselors and supervisors assigned to a project teen).
- Out of Home and In Home Care (mostly systemic and policy-level issues, with the regional program administrators and community based care program specialists)
- Licensing (mostly systemic and policy, for licensing specialists in the regions and CBCs).
- Post Adoption Supports (case-specific and general issues for CBC post adoption counselors).

The Department also supports a statewide initiative representing a broad group of state and local stakeholders. The Governor's Office of Adoption and Child Protection is charged with activities aimed at promoting adoption, supporting adoptive families, and preventing child abuse, abandonment and neglect. Through the efforts of the Child Abuse Prevention and Permanency Advisory Council a collaborative state plan is under development and will incorporate local action plans. The Department is committed to supporting this group's efforts and will maintain alignment throughout QIP implementation and within the Child and Family Services Plan process.

While speedy reunification is often the intended permanency goal, the Department will continue to pay strict attention to maintaining the safety of children while achieving reunification. We will emphasize all components of family centered practice, especially family engagement. By engaging the family, taking extra care to involve fathers, in all aspects of permanency

planning the family will be better able to sustain a safe and nurturing environment.

Benchmarks:

By June 30, 2010, the Department will gather and disseminate best practices relating to permanency and concurrent planning for local use. (QIP, Goal 1, Strategy E, Action Step 2)

By September 30, 2009, the Department will develop and implement a process for direct access into the Child Support information system to assist with diligent search activities. (QIP, Goal 1, Strategy E, Action Step 3)

By September 30, 2010, the Department will develop and share best practice guidelines for identifying and locating parents and relatives for use by front-line staff, attorneys and the court. (QIP, Goal 1, Strategy E, Action Step 4)

By 2012, the Department will define a process that helps families plan to successfully and safely reunify, and ensures case managers establish with the family those post-reunification supports necessary for success.

Ongoing, the Department will work to improve resources, processes, techniques enhancing diligent search, identification, and linkage with all potential relatives, especially noncustodial parent (father, mother, incarcerated). This includes adding knowledge and skill to pre- and in-service training. (Strategic Direction 2009 – 2011)

Goal 3: Improve Service Array

Although Florida has a rich array of services, we continue to strive for standards of excellence to improve access to and availability of services, especially in rural areas. Case managers and protective investigators have an array of services to choose from when working with the child and family to identify services and supports needed to meet their unique needs. At the local level, CBC has increased local community ownership and active involvement in developing an effective and responsive service delivery system and array of services.

The Department has set the following objectives for this goal:

Objective 1: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve needs and services of the child, parents, and foster parents. By June 30, 2011, the State’s objective is to reach the statewide target on the needs and services of the child, parents, and foster parents. (QIP, Goal 3, Strategy A, CFSR Item 17)

Objective 2: By September 30, 2009, the state in concert with the Children's Bureau will determine a baseline and a target to improve child and family involvement in case planning. By June 30, 2011, the State's objective is to reach the statewide target on child and family involvement in case planning. (QIP, Goal 3, Strategy A, CFSR Item 18)

Objective 3: By September 30, 2009, the state in concert with the Children's Bureau will determine a baseline and a target to improve caseworker visits with child. By June 30, 2011, the State's objective is to reach the statewide target on caseworker visits with child. (QIP, Goal 3, Strategy A, CFSR Item 19)

Objective 4: By September 30, 2009, the state in concert with the Children's Bureau will determine a baseline and a target to improve caseworker visits with parents. By June 30, 2011, the State's objective is to reach the statewide target on caseworker visits with parents. (QIP, Goal 3, Strategy A, CFSR Item 20)

Objective 5: By the end of the five year period covered in this plan, the Department will build upon the interim progress toward meeting or exceeding any national standards or targets set in the Long Range Program Plan.

The benchmarks will focus on two strategies as discussed below:

1. Individualizing services for family members to meet their specific needs and enable families to nurture their children.
2. Improving coordination of physical health care, dental health care, and substance abuse and mental health services for children in out of home care.

1. Individualizing Services for Family Members to Meet Their Specific Needs and Enable Families to Nurture Their Children

One method to enhance both access to and individualizing of services is to assure families have support in becoming eligible for resources outside of the traditional child welfare array. This is also an important aspect of helping families build strengths and capacities toward eventual independence from child welfare system supports. For example, in their local Quality Improvement Plans the local child welfare agencies have partnered with the public assistance staff to provide client-available computers and staff help in local offices, for applications to health insurance (KidCare and Healthy Kids) and various public assistance programs (Food Stamps, Temporary Assistance to Needy Families, Medicaid). Other localities also have provided computer resources and training for caregivers in using the web-enabled

eligibility processes, and others have added pre-service training specific to identifying and obtaining local services that match particular family needs.

Some statewide projects have also been implemented or are underway that provide the field staff with tools to access various individualized services. One example of this is linkage between the child welfare and public assistance information systems, and training to staff, with respect to child support processes. Another statewide initiative is to provide mobile information and communication tools that investigators and case management staff can use in the field not only for case activities, but for helping families in their homes to identify and apply for various services. Another area of focus will be the enhancement of assessment tools and processes. The use of the Comprehensive Behavioral Health Assessment and other assessments, in combination with multidisciplinary staffings with respect to case specific decision-making, will be addressed at the state and local levels.

Many models exist that describe the various types of professionals that should be involved in assessing child and family needs, and various forms of teams across different professional fields are required by law. Florida utilizes multidisciplinary teams defined in interagency agreements, and in statute. Some multidisciplinary teams have a particular focus, such as analyzing placement needs and specialized therapeutic approaches; providing medical consultation regarding abuse or neglect; or cases of investigations with second or subsequent reports involving a child. The composition of a multidisciplinary team depends on the context and purpose. For example, placement and assessment of a child with behavioral health issues would generally include a staffing with participation by clinical specialists as well as education and service specialists, and perhaps juvenile justice system representation as appropriate. Child protection teams as described in s. 39.303, F.S., are specifically engaged during certain types of investigations, and may include school, mental and/or physical health, social services, legal, and law enforcement participants. There is minimal policy about the composition, use, and authority of teams involved in making recommendations or decisions about services for children and families, though there is general commitment to the benefits of such approaches. The Department will address the definition and timing of multidisciplinary team staffings through its Quality Improvement Plan.

Florida, like many states, continues to address issues relating to providing appropriate care for children who may be unable to live in their own homes. Assuring that out of home care is in the least restrictive, most supportive and nurturing environment possible is an ongoing area for quality improvement. Placement characteristics are important not only for child well-being and safety, but also affect stability and timely permanency. A particular aspect of placement, the use of “shift care” for young children, will be addressed

through the Quality Improvement Plan and in compliance with the Secretary's Strategic Direction. The Department is committed to enhancing caregiver/child relationships and ending the practice of putting children under the care of shifts of workers, wherever possible and certainly for those children under 5 years of age.

One particularly critical area of services is that of providing youth with the skills and supports they need in overcoming the detrimental effects of a childhood damaged by factors leading to involvement in the child welfare system. Florida provides services to build life skills for children ages 13-17, educational funding and other supports in alignment with federal requirements such as Chaffee and Road to Independence, and additional collaborative initiatives such as with the Independent Living Services Advisory Council (ILSAC). A specific focus area is employment of foster youth who have aged out of care.

In January 2008, former Secretary Bob Butterworth launched Operation Full Employment, by challenging leadership throughout the Department and partners in the community to offer employment opportunities to young adults aging out of the foster care system. The goal is to provide former foster youth with employment experience in a professional environment and a steady paycheck, to further their road to independence and self-sufficiency. During 2008, more than 100 youth formerly in care were hired in Operation Full Employment. In addition, the Department contracted with a business consultant to build public-private partnerships and provide employment technical assistance across the state. A "transitioning youth" position was created in the Office of the Assistant Secretary for Programs to coordinate the initiative statewide. This coordinator is a former foster youth and brings a unique perspective and insight to this work. In January 2009, Operation Full Employment was identified as a key Department initiative in the Secretary's Strategic Direction for 2009-2011.

The Department is collaborating with the Agency for Workforce Innovation, Florida's Center for the Advancement of Child Welfare Practice, community based care providers, and other stakeholders to provide technical assistance and support Operation Full Employment's continued expansion. The Department is committed to continuing this effort and recognizes that difficult budget times across the state will present a special challenge.

In an effort to ensure children served by Florida Child Welfare agencies receive educational and vocational services and supports, the Department, Department of Education and Agency for Workforce Innovation will enter into a three-way Interagency Agreement. The coordination of services and supports across agencies is critical to positive educational and meaningful life outcomes for Florida's children. Such services require the coordinated flow of information across multiple child-serving agencies to ensure that policy,

procedure, service delivery and resource development are provided in a manner that maximizes the likelihood of positive outcomes. The State-level agreement supports local agreements among service agencies and school boards.

Benchmarks:

By September 30, 2009, we will develop and disseminate a memorandum outlining leadership intent about reducing the use of shift care for all children and eliminating it for children 5 and under. (QIP, Goal 3, Strategy A, Action Step 1)

By September 30, 2009, we will work to expand Operation Full Employment for youth in foster care, to support youth in their transition to independence. (QIP, Goal 3, Strategy A, Action Step 2)

By December 31, 2009, we will develop and disseminate information outlining when a multidisciplinary team staffing occurs, and other requirements for analyzing family needs and linking families with appropriate services in a timely manner. (QIP, Goal 3, Strategy A, Action Step 3)

By June 30, 2010, we will identify and post best practices relating to service supports and placement stability. (QIP, Goal 3, Strategy A, Action Step 6)

By December 31, 2009 and ongoing, we will negotiate and execute an Interagency Agreement among the Department, Agency for Workforce Innovation, and Department of Education that focuses on the respective responsibilities for furnishing educational and vocational services and supports for children served by Florida child welfare agencies. (QIP, Goal 3, Strategy A, Action Step 7)

By December 31, 2011, we will integrate the service functions of Family Intervention Specialists and case managers to ensure a seamless delivery system for families involved in substance abuse, mental health, and child protection programs. (Strategic Direction 2009 – 2011)

Ongoing, continue and strengthen state-level and local coordination of educational services and sharing of information regarding education. (Strategic Direction 2009 – 2011)

2. Improving Coordination of Physical Health Care, Dental Health Care, and Substance Abuse and Mental Health Services for Children in Out-of-Home Care

In September 2008, the Department of Children and Families, Department of Juvenile Justice, Department of Health, the Agency for Health Care Administration, and the Agency for Persons with Disabilities signed an Interagency Agreement to work together to improve services to jointly served children. These five state agencies serving children and youth are committed

to reducing unnecessary delays in assistance and services. The agreement requires each of the participating agencies to align their policies and procedures for clients receiving services from multiple agencies. The agreement identifies “champions” within each agency to ensure the coordination of services and improved communication among all agencies involved in a child’s care. This level of coordination will provide unique opportunities to collaborate on providing an integrated, seamless service array to children and families.

The agreement is one of several recommendations to come from the Children and Youth Cabinet, created by Governor Charlie Crist in 2007 to promote collaboration and more efficient services among state agencies and organizations that deliver child welfare services.

Substance abuse and mental health (SAMH) issues are among the most virulent and intractable barriers that families may face to providing safe, nurturing environments for their children. Secretary Sheldon has made integration across the Department’s programs for child welfare, mental health, and substance abuse a priority. The purpose of this integration is to develop and maintain a coordinated response to problems of substance abuse and mental illness in child maltreatment and neglect cases.

A major initiative of the integration of SAMH and child welfare programs includes the development of local Memoranda of Understanding between the SAMH partners and the local child welfare program (particularly community based care lead agencies), and formalizing this approach by including related content in SAMH provider contracts. The goals of integration include:

- Collaboration – The need for close collaboration is ongoing, and will assure that children and families receive needed services and supports from the local Substance Abuse and Mental Health provider agencies.
- Access – A quick and timely response to mental health and substance abuse treatment needs may be critical to a child and family’s outcomes.
- Comprehensive Behavioral Health Assessments – All children who are sheltered will be referred for a Comprehensive Behavioral Health Assessment.
- Treatment Planning – All children and their families will be screened for mental health and substance abuse prevention and treatment needs as they enter the system.
- Service Array – Provide an accessible, flexible, culturally competent and coordinated system of care that provides a full array of mental health and substance abuse services.

- Coordination of Care – Children coming into care are provided with a mix of timely and appropriate SAMH services and quality SAMH case management services, and these services are coordinated with the child welfare case management system.
- Quality Monitoring and Evaluation – Quality mental health and substance abuse service are critical components to successful outcomes and will be evaluated regularly.
- Information Technology and Management of Data – A major concern for child welfare agencies is the collection of data and data reporting. Partners will share data as needed to aid in determining problem prevalence, effective planning, and the provision of substance abuse and mental health services necessary to improve outcomes.
- Training – Mental health and substance abuse providers must fully understand child welfare processes in order to better serve the needs of this population. CBC provider staff and foster parents will also need assistance in navigating the mental health and substance abuse systems and understanding how to use information provided by clinicians.

The improvement of outcomes in the area of well-being, particularly the provision of educational, physical, dental, and behavioral health services in a developmentally appropriate manner, requires creativity and dedication. The Department's lead agencies and protective investigators will continue to work with DCF region and circuit staff in this area. Local plans to be implemented address techniques such as working with hospitals, mobile units, and pro bono dentists to access care; providing specialized training to staff about developmental stages and matching services to developmental characteristics of children; co-location with health providers; technology alerts for periodic service events such as appointments; and many others.

A significant driver of action in these areas will be the federal Fostering Connections to Success Act of 2008. (See Section VII on Health Care Services.)

Benchmarks:

By December 31, 2009, the Department will develop and distribute a website address with names of providers for medical, dental, and behavioral health including Medicaid and Children's Medical Services providers. (QIP, Goal 3, Strategy B, Action Step 1)

By September 30, 2010, the Department will develop and disseminate guidelines for use by frontline staff, supervisors, managers, children's legal services, and judiciary on the timely delivery, continuity of care, and developmentally appropriate behavioral health care for children in out of home care. (QIP, Goal 3, Strategy B, Action Step 3)

By March 31, 2011, we will develop and distribute materials for investigators, case managers, foster parents, caregivers, and judiciary on dental and physical health needs of children, to include identifying appropriate services. (QIP, Goal 3, Strategy B, Action Step 4)

Ongoing, continue implementation of the Interagency Agreement with the Agency for Persons with Disabilities, Agency for Health Care Administration, Department of Health, and the Department of Juvenile Justice. This Interagency Agreement fully engages all agencies at the region, circuit, and county level to assure seamless casework solutions related to education, health, and other support services. (Strategic Direction 2009 – 2011)

Technical Assistance Plan

The Department will promote promising and evidence-based practices by providing training and technical assistance to child welfare and investigation staff and supervisors regarding safety and risk assessments; comprehensive assessment of all children's needs, (including physical, educational and mental health needs); quality case planning (including all family members, especially fathers, and children and youth, as appropriate); quality and appropriate child and parent visitation (including social worker scheduling of visits to both children and parents); fairness and equity at every decision point in the life of a case, and cultural competence; permanency planning throughout the duration of a child's case; and essential documentation of assessments completed and services provided. The Department will also provide training to foster families to prepare them to care for children removed from their families and to assist in the children's permanency goals.

The Department and various partners are engaged in technical assistance and other information sharing initiatives such as:

- Casey Family Programs will collaborate with the Department on engagement and family centered practice.
- Grant from the Atlantic Coast Child Welfare Implementation Center on family engagement
- Eckerd Family Foundation and the Youth Law Center on recruiting and retaining foster and adoptive families
- National Resource Center for Data and Technology assistance in analyzing and interpreting data on placement stability.
- Court Collaborative Targeted Technical Assistance for dependency court improvement actions.
- National Resource Center for Family-Centered Practice and Permanency Planning to identify evidence-based practices related to permanency and case planning.

- National Resource Center on Substance Abuse and Child Welfare on developing and modifying approaches to risk and safety assessment, and linkage to services and supports.

Promoting Safe and Stable Families

V. Promoting Safe and Stable Families

The “Promoting Safe and Stable Families” program allows the Department to develop, expand, and operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption services in order to:

- Prevent child maltreatment among families at risk through the provision of supportive family services;
- Assure children’s safety within the home and preserve intact families in which children have been maltreated, when the family’s problems can be addressed effectively;
- Address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997; and
- Strengthen adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

Florida supports the hypothesis that expanded and improved prevention efforts and early intervention services contribute to a reduction in the number of children in the local dependency system, while facilitating a more efficient and timely movement of children to permanence.

Building on the Adoptions and Safe Families Act (ASFA) ³and Chapter 39, Florida Statutes, state partners and other collaborators remain committed to the development of a network of comprehensive family resources and support programs. Florida takes its role in the continuum of child welfare services and resources seriously.

The Department of Children and Families (DCF) is Florida’s social service agency and provides a wide variety of programs and services in the areas of child welfare, economic services, substance abuse, mental health, and adult services.

The Department’s mission is to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The Department defines its customers as those families with children accessing and receiving services through one or more programs and Florida taxpayers who fund these services.

³ (45 CFR 1357.15(r))

As directed by the 1996 Legislature, the state began outsourcing the provision of foster care and related services statewide in an effort to encourage communities and stakeholders to become partners in the safety, permanency and well-being of Florida's children. Lead agencies throughout the state continue in partnership with the Department through contracts for the provision of services in a specific geographic area, and oversee the provision of services in a community, county or Judicial Circuit.

Florida's lead agencies work closely with subcontracted providers to provide training and technical assistance related to funding criteria and rules, which results in collaborative and successful use of resources. Recruitment Services⁴ have been previously discussed .

Child and Family Services Continuum

The Department recognizes it is vitally important that any approach to protecting children and strengthening families includes a strong prevention component. Given the importance of preventing child abuse and neglect and the wide range of programs and strategies available, the Department continues to invest in a continuum of prevention. The Department through its mission statement embraces the need for all three types of prevention to combat child maltreatment. The Department continues and has renewed interest in ensuring the success in new and existing child abuse prevention programs.

Embraced strategies are:

- Assessing the current strengths in the public child welfare system and in the communities for preventing child abuse and neglect;
- Building effective partnerships with important partners in prevention, including community based child abuse prevention programs, the faith community, early childhood programs, schools, health care providers and other relevant entities;
- Engaging parent leaders who have experience using services to strengthen their families as key partners in planning, implementing and evaluating prevention activities;
- Reviewing national models of prevention programs and incorporate those that best fit the state's needs and interests;
- Utilizing training and technical assistance opportunities to support these activities as needed.

DCF strives to prevent child abuse and neglect in various communities throughout the state through its community-based care approach and specific

⁴ Activities related to child-specific and targeted population recruitment efforts. In addition, activities designed to support foster and adoptive parents that increase retention of these two groups.

contracts and partnerships with recognized experts in the fields of primary, secondary and tertiary prevention programs and strategies.

Services Intent and Description

Each service is made available and is being provided throughout the state and to different types of families. While typically the Promoting Safe and Stable Families funds have been utilized as a tertiary prevention effort, the lead agencies are also moving toward secondary prevention activities. Florida's 2007 CFSR Self Assessment served as an impetus for the local prevention and permanency planning teams to engage in a specific inventory of current service programs within each of their respective communities. The inventory will then serve as starting point for on-going gap analyses and outcomes evaluation. The more rural parts of the state continue to assess and identify service gaps.

Family Preservation Services (25.59% of the FFY 2010 Grant)

Family Preservation Services are developed to help families (including adoptive and extended families) at risk or in crisis, including:

1. Service programs designed to help children, where safe and appropriate, to return to families from which they have been removed; or be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement;
2. Pre-placement prevention services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement to remain safely with their families;
3. Service programs designed to provide post-reunification follow-up care to families to whom a child has been returned after a foster care placement;
4. Respite care of children, to provide temporary relief for parents and other caregivers (including foster parents); and
5. Services designed to improve parenting skills with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition, by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills; and
6. Infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a designated safe haven, pursuant to State law.

Preservation Services in Florida include:

- The use of Voluntary Protective services to provide parents with services to help stabilize the home situation and ensure child safety in order to prevent the need for child removal;
- The use of expanded multi-disciplinary staffings to promote decision-making that may help support the strengthening of the family component;
- The creation of the Challenge Group⁵;
- Information and Referral⁶;
- The creation of a Family Stabilization and Placement Service (FSPS);⁷
- The use of a multi-system treatment intervention model of Family Preservation, working in partnership with families to provide stabilization and permanent placement of children 5-18 years of age through intensive in-home services;
- Child abuse prevention training efforts and dialogues with child welfare staff, community providers and neighborhood residents based on the **Front Porch Training** curriculum;
- Services to families in zip codes where there is a high volume of calls to the Hotline;
- The use of Diversion Court⁸;
- Creation of the Clinical Response Teams; ⁹ and,

⁵ Through working agreements with multiple state agencies, The Challenge Group was established. The purpose of the staffing is to seek out alternative solutions and/or diversions for the child as well as supports for the parents/caretakers.

⁶ Activities that provide families with needed information about community and statewide services and agencies that provide specific services and, if necessary, provide referral information.

⁷ FSPS is a program employing six therapists and a program director with access to contracted Behavior Analysts when needed. The primary mission of the FSPS is to support families in a potential placement crisis by providing in-home counseling, crisis intervention and appropriate referrals and linkages to community providers. The program can be accessed by case management, resource specialists, and other professionals in the system when there is an identified concern that a family may be experiencing a potential placement disruption.

⁸ This specialty court division is dedicated to hearing cases involving families in which dependency petitions have been filed, but due to the family's circumstances and level of need, case plan completion is expected in a very short time. The Court is able to closely monitor progress and ensure that the children involved are able to quickly gain safety and stability in the care of their own parents.

⁹ Clinical Response Team is a process by which key community providers have agreed to come together to ensure appropriate front loaded services are identified for families with substance abuse and/or mental health issues that threaten the safety of their children. The team works to engage the family in treatment immediately via expedited access to assessment and linkage to services. The assessing clinician will work with first responders in the identification of a safety plan relevant to the level of risk identified with the goal of preventing the removal of children from their biological home.

- The creation of Family Preservation specialist positions.

Family Support Services (22.47% of FFY 2010 Grant)

Family Support Services are community-based services that promote the safety and well-being of children and families. These services are designed:

- To increase the strength and stability of families (including adoptive, foster, and extended families);
- To increase parents' confidence and competence in their parenting abilities;
- To afford children a safe, stable and supportive family environment; and,
- To strengthen parental relationships and promote healthy marriages that support child development.

Florida continues to increase efforts to support caregivers with available supports in the community. There were numerous examples of extended family and non-relatives stepping forward, often at some personal sacrifice, to provide home placements, transportation, mentoring, or other supports. There are many situations where it is clear that parents would be unable to fulfill the requirements of their case plan without support from extended family.

Family Support Programs in Florida include:

- Services, including in-home visits, parent support groups, and other programs designed to improve parenting skills with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills;
- Respite care of children to provide temporary relief for parents and other caregivers;
- Structured activities involving parents and children, in order to help strengthen the parent-child relationship;
- Drop-in centers to afford families opportunities for informal interaction with other families and with program staff;
- Transportation, information and referral services to afford families access to other community services, including child care, health care, nutrition programs, adult education literacy programs, legal services, and counseling and mentoring services;

- Participation in and support of the *Winds of Change*, the Child Abuse Prevention Month Public Awareness Campaign (Prevent Child Abuse Florida's Child Abuse Prevention Month statewide campaign);
- Parenting classes geared toward various developmental ages and stages and the effects of family violence and substance abuse on children;
- Memorandum of Agreement in place with Healthy Families facilitation of the provision of voluntary home visiting program designed to prevent child abuse and neglect by enhancing parents' ability to create stable and nurturing home environments;
- Early developmental screening of children to assess needs, and assistance to families in securing specific services to meet those needs; and,
- Family team conferencing and use of the family-centered practice model in order to help engage the family early in the process.

Florida is embracing and making an extra effort made possible through our IV-E full waiver to find services for the family and to look for alternatives to removal. Duval County has initiated a new project currently known as Foster Care Redesign with plans to reform child welfare services. The goal of the project is to keep children in their homes whenever possible by teaming the family with services. The project has the underlying belief that when a child is removed from their family it is the most traumatic day of their life and every effort must be made to make the time in out of home care as short as possible, returning the child home or moving onto a permanent living arrangement.

Another example is the use of Family Support Teams to provide round the clock wrap-around services such as: basic housekeeping, budgeting, parenting skills, community service awareness and child development training.

To increase parents' confidence and competence in their parenting abilities and to afford children a safe, stable and supportive family environment is a priority within Florida's foster homes. One lead agency continues to address this concern through the "Family Additions Initiative", which continues to address the critical need for foster homes and the retention of existing foster homes. The teams continued to assist in the recruitment of new homes, but the focus shifted to retention.

Time-Limited Family Reunification Services (23.14% of the FFY 2010 Grant)

Time-Limited Family Reunification Services are services and activities such as the ones described below, which are provided to a child once removed from his/her home and placed in foster care, and provided to the parents or primary caregivers as well. These services are designed to support the reunification of the child safely and appropriately within the 12-15 month period.

Time-Limited Family Reunification Services in Florida include:

- Individual, group, and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Mental and behavioral health services;
- Information and referral services, including assistance to address domestic violence;
- Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries;
- Transportation to or from any of the services and activities described above;
- Implementation of *Rocket Docket* staffings to assist with moving cases to permanency in a timely manner;
- Family team conferencing and family-centered practice strategies to engage the family early in the process;
- Infant Mental Health Services provided to parents and children in the process of reunification;
- Supervised visitation centers, which continue to be used to promote safe and secure visitation between families, including parents, siblings and other relatives as needed;
- In-home therapeutic interventions for families during the reunification process, to include post reunification services;
- Homemakers Program, which provides in-home education for families;
- Family Team Conferencing with all families prior to reunification, and just before post-placement supervision services are successfully terminated;
- Mentoring/Tutoring Services¹⁰; and,
- Quarterly permanency staffings on all children who are in out-of-home care placements.

Adoption Promotion and Support Services (23.93% of the FFY 2010 Grant)

Adoption Promotion and Support Services are services and activities designed to encourage more adoptions out of the foster care system, when such adoptions promote the best interests of children, including such activities as pre- and

¹⁰ Activities provided to children to enhance their self-esteem, self-confidence, and provide a positive adult role model. Tutoring allows the child to obtain additional educational support and training.

post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

Adoption Promotion and Support Services help children, where safe and appropriate, to return to their families or be placed for adoption, with a legal guardian. If adoption or legal guardianship is not safe and appropriate for a child, another planned, permanent living arrangement may be secured.

The adoption of foster children continues to be a state, as well as a local strength. In recent years, Florida has received federal bonuses for its adoption performance.

Adoption Promotion and Support Services¹¹ include:

- Child-specific or targeted population recruitment efforts;
- Adoptive parent support groups;¹²
- Individual and family counseling for adopted children and/or family members (must be of 12-month duration or less);
- Adoption workshops/seminars for adopted children and their families and professionals on topics relevant to on-going issues facing adoptive families;
- On-going parent education and training opportunities for adoptive families; and,
- Follow-up support services and liaison¹³ to adoptive families.

Administration (4.86% of the FFY 2010 Grant)

Includes the costs of in-home and out-of-home "community facilitation services" that are not provided through contributions from state and local sources. These services are defined in Title IV-B of the Social Security Act, Section 431 as the costs associated with developing, revising and implementing and coordinating the

¹¹ Services and activities designed to encourage more adoptions from the foster care system, when adoption promotes the best interests of children, and to support children and adoptive parents during the adoptive placement process and after finalization.

¹² Activities related to creating new adoptive and foster parent support groups and supporting and maintaining existing parent support groups. The support groups seek to reduce the social isolation of families by developing a peer support network.

¹³ Lead agencies designate staff whose sole responsibility is to work with families who need assistance after their adoption is finalized. Staff locate resources within the community for pre and post-adoptive families to meet both the child's and family's needs. This person also educates adoptive parents, biological parents, and adoptive children on available resources to obtain family birth information. The Post-Adoption Specialist also documents, records, and maintains case files for post adoption services rendered, and provides mini-trainings for staff and community service providers on post-adoptive services and related issues.

comprehensive Child and Family Services Plan/Promoting Safe and Stable Families five-year plan.

The table below displays the specific details regarding the differences between the estimated and actual grant award.

FY 2007 Title IV-B, Difference Part II	Estimated Award	% of Est. Award	Actual Award	% of Actual Award
Family Preservation -0.39	4,007,762	24.85	3,927,695	24.46
Family Support -0.36	4,169,072	25.85	4,093,078	25.49
Time Limited Family -0.78	3,523,831	21.85	3,382,998	21.07
Reunification Adoption Promotion -0.25	4,330,383	26.85	4,270,605	26.59
& Support Administration 1.77	100,000	.62	384,065	2.39
Total	16,131,048	100	16,058,441	100

The actual grant award was .45% less than the original estimate provided for Title IV-B, Part II.

ICWA: Coordination with Tribes

VI. ICWA: Coordination with Tribes

Tribal Consultation

Requirements for compliance with the mandates of the Indian Child Welfare Act are contained in Florida Statutes and in Florida Administrative Code. Child Protective Investigators are required to determine potential eligibility for the protections of the Indian Child Welfare Act at the onset of each child protective investigation. Florida Administrative Code requirements and supporting guidance have been developed to ensure that children eligible for the protections of the Act are identified at the earliest possible point in the initiation of services. "ICWA" in-service training has been developed by the Family Safety Program Office for delivery to the field and guidelines for compliance with the mandates of the Indian Child Welfare Act are a part of the Department's pre-service curriculum. Requests to review Florida's in-service ICWA curriculum for developing and implementing a similar state curriculum have been received from Tennessee and Alabama.

Florida has worked in collaboration with the state's two federally recognized tribes, the Seminole Tribe of Florida and the Miccosukee Tribe of Indians of Florida, by maintaining and encouraging ongoing contact, support, staff interaction and opportunities for the tribes to participate in statewide initiatives and training. A third tribe, the Poarch Band of Creek Indians, a federally recognized tribe from Alabama with a reservation located close to the Florida-Alabama border, also participates in Florida events and activities. All three tribes are included in the annual statewide Dependency Summit and participate in a statewide court dependency work group. All three tribes have been included in the development of Department policy and guidance documents that support Indian Child Welfare Act compliance. With the support and input of the tribes, Florida has developed an Indian Child Welfare Act training curriculum that is delivered to staff statewide.

During the fall of 2008, work toward a state-tribal agreement between the Seminole Tribe of Florida and the Department continued through meetings between Seminole Tribal representatives and Department staff. The proposed agreement will transfer responsibility and capacity for child abuse and neglect investigations on the six Seminole reservations from the Department and its contracted agencies to the Seminole Tribe of Florida. Pending finalization of the agreement, the Department continues to work in collaboration with the Seminole tribe in providing, at their request, child abuse and neglect investigations and certain case management functions on their reservations. The Seminole tribe is currently developing a tribal court system. In the interim, dependency court cases resulting from investigations conducted by the Department or its contracted agencies on Seminole reservations are currently heard in Florida's circuit courts. Coordination of these services requires ongoing training, mutual

support and positive collaboration between the Department and its contracted agencies and Seminole Family Services, the Seminole Police Department and other state and tribal staff.

The Miccosukee Tribe of Indians of Florida has a tribal court, child abuse and neglect investigative capacities and case management functions on their reservations. Contact between the Miccosukee Tribe and the Department in matters related to the Indian Child Welfare Act have been mutually supportive. At the tribe's direction, the Department does not provide direct services on Miccosukee reservations.

Following enactment of the 2008 *Fostering Connections to Success and Increasing Adoptions Act*, the Department contacted the Seminole Tribe of Florida and the Miccosukee Tribe of Indians of Florida regarding accessing the IV-E funds available to their tribes as the result of this legislation. The Department offered to assist the tribes and discussed the impact of the legislation with them. Both tribes indicate they are not interested in seeking this funding at this time.

Health Care Services

VII. Health Care Services

Interim Health Care Services Plan

With the 2008 passage of the Fostering Connections to Success and Increasing Adoptions Act (herein referred to as Fostering Connections Act in Interim Health Care Services Plan), all states were directed to develop and enhance a number of aspects of their state child welfare systems pertaining to connecting and supporting relative caregivers and improving outcomes for children in foster care. Included in the Fostering Connections Act was direction to states to establish a coordinated systemic approach of the delivery of medical and mental health care services for children in out of home care. These expectations were specifically described in Section 205, Health Oversight and Coordination Plan, a component of Title II of the Fostering Connections Act, Improving Outcomes for Children in Foster Care.

Florida is already meeting many of the provisions of Section 205 through pre-existing statute and Florida Administrative Code (FAC) administrative code. However, if statutory changes are identified in the current review and construction of the Department's 2010 legislative plans in order to ensure consistency all aspects of the Fostering Connections Act, the Department commits to pursue changes during the 2010 Legislative Session. Similarly, The Department of Children and Families is in the process of amending Administrative Code Chapters 65C-28, 65C-29, and 65C-30, which are provisions relating to child welfare services. Each of these rules are currently open and under review for a variety of needed updates and revisions, to also include changes to ensure consistency, in applying requirements of the Fostering Connections Act.

The Department of Children and Families, working in partnership with state and community stakeholders, has also undertaken a strategic initiative to improve health and mental outcomes for children and young adults who are involved or at risk of entering the dependency system. This strategic initiative, referred to as, *"Reaching the Next Horizon,"* was launched in February 2009 and began with the charge to review the health and mental health needs of children involved in the dependency system and to develop strategies to ensure those needs are met with quality and appropriate services. A day-long workshop of state and local leadership of health and human services systems was held to provide stakeholders the opportunity to dialogue with national experts on health care needs of children in foster care. This workshop was made possible through support provided by Casey Family Programs, who have had an ongoing supportive consultation relationship with Florida's child welfare system. Stemming from this workshop was the commitment to establish a multi-agency and stakeholder taskforce to address the identified issues.

The stakeholder taskforce has twenty-eight members representing all the health, human services child serving agencies across the state, as well as, key advocacy and stakeholder groups. A variety of professional disciplines are represented in the membership of the taskforce, including but not limited to; fields of medicine, nursing, mental health, legal, insurance, substance abuse, child welfare and public policy making and financing (Medicaid and Health Maintenance Organizations); as well as, professional staff support provided by the Department of Children and Families. The taskforce has identified four major goals:

1. Developing Florida's Health Oversight and Coordination Plan, as required in the Fostering Connections Act
2. Advancing the concept of creating a "Medical Home" for all children in the dependency system
3. Identifying any disconnects among various program eligibility determination processes and computer systems
4. Advancing strategies for the seamless integration of medical, mental health and substance abuse services with the dependency system.

Additional information regarding the taskforce will be provided below in the section describing steps to ensure continuity of health care services.

Schedules for Initial and Follow-Up Health Screenings

There are a number of statutory and administrative code requirements that establish the policy for, and provide the direction of, medical care services for children in out of home care. Florida Statute 39.407 and Florida Administrative Code (59G-4.080-Child Health Check-up, 65C-29.008 -Initial Health Care Assessment and Medical Examination of Children alleged to be abused, neglected or abandoned, and 65C-28.003-Medical Treatment) governs Health Care Services within the Child Welfare System. Additionally, all Child Health Check-Up service providers enrolled in the Medicaid program must be in compliance with the provisions of the Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook. Lastly, Judicial Review Social Study Reports must include copies of the child's current medical and behavioral health records, including plans for treatment. The reports must contain the name and contact information for the physicians or therapists, a list of the child's medications, and the dosages.

Medical Care

F.A.C. 65C-28.003, requires that children served in out of home care have a right to the medical care that they need and that is the caregivers or caseworkers responsibility to ensure that they receive medical care. Outlined in the rule are provisions regarding medical evaluation and treatment, that includes that every

child entering out-of-home care must have a child health check-up Early Periodic Screening, Diagnosis and Treatment (EPSDT) within 72 hours of removal from the home, as well as expectations for follow-up treatment, including physical, dental, and vision examinations, in accord with the Medicaid schedule. Also included in this section of the rule is information outlining who has the authority to provide consent for medical evaluation or treatment and who is responsible for payment for medical services (Medicaid if child is in out of home care, and parents if parental rights are still in tact for services not covered by Medicaid). Also included are directions regarding initial and expressed informed consent for treatment for services for ordinary or extraordinary services, as well as, establishment of the authority for the court to order such treatment if deemed necessary and appropriate to do so. On going health care and treatment provision expectations are required and outlined in detail in Florida Administrative Code 59G-4, "Medicaid Services."

Since Florida's dependency system is privatized, upon completion of a child protective investigation, the approaches to ensure that health issues of the children are addressed varies by each Community Based Care (CBC) Lead Agency depending on the available service array through local provider networks and how these local systems of care are aligned and functioning. Compounding this factor is the state's Medicaid system. Children receive preventative physical health assessments and treatment for identified needs provided through the Medicaid funded physical health system either by a local Health Maintenance Organization (HMO) or through fee for services funding of local providers. Some areas of the state have found it extremely difficult to conduct an initial medical screening within 72 hours of removal when the child is with an HMO. This issue was addressed during the July 07 regional trainings. In Monroe County, there is a lack of Medicaid providers willing to conduct initial screenings; therefore the CBC agency directly funds the screenings. In many areas, the Lead Agency is working with various subcontractors and foster care providers to establish a network of local providers who are Board Certified and accept Medicaid for payment to perform the medical screenings. Lastly, although the Medicaid locator link has been implemented in Florida, stakeholders continue to express difficulty in locating local medical and dental service providers that will accept Medicaid. The Medicaid locator link is provided below:

<http://ahca.myflorida.com/Medicaid/Areas/index.shtml>

Mental Health Care:

Policy requires that all children birth through age 17, who are in shelter status and Medicaid eligible, receive a Comprehensive Behavioral Health Assessment, (CBHA), within 30 days of removal from their home. The purpose 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.

To assist the child welfare system in referrals and the provision of technical assistance in the development of treatment options for the children the Department serves and their families, the Children's Mental Health Program, working with the Office of Family Safety, established a Single Point of Access (SPOA) in each geographic area of the state. As the Department has privatized the child welfare services throughout the state, the duties of the SPOA have been assumed by the local CBC Lead Agency. The recommendations made in the CBHA must to be considered in the development of the child's child welfare case plan.

When the child welfare case manager determines that a Behavioral Health Multi-Disciplinary Team (BHMDT) is needed due to significant behavioral or emotional issues of the child; the case manager must convene a meeting of such a team. The team is to be composed of all behavioral health providers working with the child, the child (when appropriate), the child's parents and/or caregivers, the case manager, Guardian ad Litem (GAL), and any other individual who is currently involved in the care and guidance of the child.

Psychotherapeutic 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. Since April 2005, a mandatory pre-consent review by a child psychiatrist contracted by the Department is required prior to prescription of a psychotropic medication for any child between the ages of birth through five (5) years who is in the custody of the Department in out-of-home care.

In 2004-2005, the Department issued Implementation Guidelines for Substance Abuse and Mental Health Coordination and Integration with Child Welfare's new Community-Based Care (CBC) organizations. These guidelines ensure that the new community-based organizations and the district level substance abuse and mental health program offices work together to ensure the best outcomes for the children and families we serve. Circuit Substance Abuse and Mental Health Program Offices provide status reports to the Department's Mental Health and Substance Abuse Program Offices related to successes and challenges in collaboration during the CBC implementation. Policy Working Agreement (PWA) between Substance Abuse, Mental Health and Community-Based Care Program were executed

The Department has addressed the process of ensuring that children placed in the custody of relative and non-relative caregivers are quickly enrolled in Medicaid in order to fully access the needed services. One promising practice recently begun by Hillsborough Kids, Inc, the lead agency serving Hillsborough County Florida, is the development of the Relative Caregiver Resource Specialists. This individual works with the Child Protective Investigators (CPIs).

When a CPI places a child in shelter with a relative, the specialist, through home visits and wireless internet, assists the family in an immediate application for Medicaid. This process facilitates rapid access to Medicaid services such as the Child Health Check-up and the Comprehensive Behavioral Health Assessment.

For children who are not Medicaid eligible to receive mental health and medical services, Title IVE Waiver funds or general revenue funds can be accessed. Florida's legislature requires the Department's mental health program to serve at risk children and children who are emotionally disturbed. Title XXI (KidCare Program) and Temporary Assistance to Needy Families (TANF) programs provide alcohol, drug abuse and mental health services. The KidCare Program enables children of parents without health coverage to receive medical and mental health care at a minimum cost.

The Medicaid funded Child Welfare Prepaid Mental Health Plan (CWPMHP) has been implemented and places most children served by the Department into a statewide behavioral health prepaid plan, which is required to provide all medically necessary behavioral health services as listed in the Medicaid Community Behavioral Health Services and Limitations Handbook. This plan will ensure that the children served by the Florida child welfare system receive the mental health services they need.

Most children served by the child welfare system in Florida are Medicaid eligible. For the children who are not Medicaid eligible services are provided by other third party insurance or through other funding sources available to the CBC lead agencies. In addition to the requirement for a detailed behavioral health assessment for all children coming into shelter care, the Department has also developed a Psychotherapeutic Medication Consultation Line program. Part of this program is a mandatory pre-consent consultation for all children prescribed a psychotherapeutic medication between the ages of birth thru five years of age. This service is provided through a contract with the Department of Psychiatry at the University of Florida.

Sharing Medical Information, Including Updates

Health Florida's policy mandates development of a standardized record, the Child Resource Record, which is maintained for every child entering out-of-home care. The Child Resource Record must contain copies of the basic legal, demographic, available and accessible educational, and available and accessible medical, dental, vision, and psychological information pertaining to a specific child, as well as any documents necessary for a child to receive medical treatment and educational services. This record goes with the child to his/her placement and to every health appointment so it can be updated. The child's current health records, including the name of the physician and/or therapist, and a list of the child's medications and dosages must be furnished to the court in the

Judicial Review Social Study Reports (JRSSR) and be captured the Florida Safe Families Network (FSFN).

The Florida Children's Cabinet, comprised of Agency Head's for all of the child serving agencies across the state (Department of Children and Families, Department of Education, Department of Juvenile Justice, Agency for Workforce Innovation, Agency for Health Care Administration, Department of Health and Agency for Persons with Disabilities), Florida's Chief Child Advocate and chaired by the Lt. Governor of Florida, has also recognized the need to make available data more readily accessible. In so doing, the Children's Cabinet has adopted as one of its strategic initiatives a plan to integrate long-standing hierarchical agency specific data-systems, which maintain and archive a variety of client-specific information, so that information about mutually served clients can be more easily maintained. The Children's Cabinet is exploring strategies to develop software packages that can access free-standing agency data systems and query for available information pertaining to a shared client.

The Department of Children and Families, which administers state Child Welfare, Economic Self Sufficiency, Mental Health and Substance Abuse programs, is also exploring strategies to share available data about clients mutually served by different programs within the agency. Similar to the strategy being pursued by the Children's Cabinet, the Department is exploring strategies to develop a "data-mart" or an internal data sharing and client matching system so that encounter and services data for mutually served clients by different programs within the Department of Children and Families can be accessed when needed.

The Department of Children and Families also administers the Florida Safe Families Network (FSFN) which is the statewide automated child welfare information system. The design of FSFN allows authorized users access to any child welfare record within the system, however, some information screens are limited to certain users based on their level of security clearance. This feature creates a virtual record that multiple users can access and review. Furthermore, the Department has granted read-only access to Dependency Judges and Guardian ad Litemas so that they also have access to child's dependency case record. This design of the system allows for information sharing to interested parties in a much easier manner.

Community based care providers have also established a number of local partnerships with health and mental health providers to more readily facilitate the sharing of information and increase the integration of services provisions. Examples of such initiatives include:

OurKids, Inc., the CBC Lead Agency in Dade and Monroe Counties:

On January 2, 2007, OurKids, Inc. began tracking all of the initial medical screenings through the Medical Team Support Staff. Thirty day Comprehensive

Medical Examinations have been tracked for children in foster care as of July 1, 2007 by their Nurse Case Manager. This practice was incorporated into the system of care in order to ensure that the medical and physical health of the children is consistently met.

Our Kids, Inc. has begun to build a new system of medical care with recommendations from their stakeholders. Based on responses to a poll of recommended pediatricians, Our Kids have established a network list of providers. These physicians not only complete the initial screening, but can also serve as “medical home” providers for the child. As “medical home” providers, they ensure ongoing comprehensive primary care until permanency is established, and beyond, if desired. These physicians have been strongly committed to children in foster care throughout their careers.

ChildNet, the Community-Based Care Agency in Broward County:

Childnet has within its organizational structure a Medical Intake Placement Advocate person who performs functions vital to accessing health care for children. The staff member is responsible for scheduling and arranging all medical and health screenings for every new client that comes into care. ChildNet coordinates with Colonial Health Services for the provision of a 7-day-a-week prescription fill and home delivery of medication service for our children. ChildNet also continues to work closely with Broward's North Hospital District for a dental screening and check-up program and with Nova Southeastern University for a vision program that provides free eye screenings and visits to a pediatric optometrist where medically indicated. ChildNet proudly cites its creation of The William Dandy Clinic, a "one stop shop" medical center for children in care. The Clinic was established through a partnership with Children's Medical Services, the North Broward Hospital District, and the Ounce of Prevention Fund of Florida.

Prescription Medication

Florida Statute and Administrative Code have established the policies regarding the use of prescription medications. Included in Statute and Administrative Code are provisions regarding regular or routine care, or extraordinary procedures. Accordingly, requirements for the consent and authorization for treatment, including expressed and informed consent for extraordinary medical or mental health care (to include the use of psychotropic medications), is included.

The Department, working with subject matter experts and state and local stakeholders, has also initiated the Gabriel Meyers Workgroup, following a recent high profile child death. This case has prompted a review of policies and processes regarding the treatment, care and specifically use of prescription medications. Although the review specifically targets the prescribing and use of psychotropic medication, the medical, mental health and the quality of care and services is being assessed.

The Gabriel Meyers Workgroup has been charged by the Secretary of the Department of Children and Families to review the circumstances related to the child's death and identify procedure or systemic issues, for subsequent recommendations to improve the quality and consistency of child welfare practice as it relates to the use of psychotropic medication. The Gabriel Meyers workgroup has had a series of meetings through the spring 2009. A number of procedural changes have resulted from the lessons learned from this unfortunate child death. Similarly, a variety of training initiatives, such as direct-line training by Children's Legal Services to front-line child welfare staff and supervisors regarding the use of psychotropic medications, with particular focus on appropriate informed consent, are being developed. Training will include the documentation requirements and navigational instruction in the FSFN system. Additionally, the construction of two dedicated web pages with relevant information and resources has been developed. Links are provided below:

<http://www.dcf.state.fl.us/admin/GMWorkgroup/index.shtml>

<http://centerforchildwelfare.fmhi.usf.edu/kb/PsychMeds/Forms/AllItems.aspx>

Lessons learned and a number of related training workshops will be featured in the upcoming 2009 Dependency Summit, the largest child welfare conference in Florida with over 1700 attendees anticipated. Lastly, the Department of Children and Families' Family Safety Program Office will begin the development of more in-depth training workshop focusing specifically on the coordination and delivery of medical and mental health services with the child welfare system in the summer and fall of 2009.

Steps to Ensure Continuity of Health Services

Ensuring medical and mental health services is a key objective in Florida's Quality Improvement Plan, which was recently accepted by the Children's Bureau as Florida's Program Improvement Plan. Included within the PIP are action steps to increase dental health, physical and mental health services providers that accept Medicaid and others who are willing to provide services to needy children.

The Department of Children and Families – Family Safety Program also plans to develop a best practice training series on the Coordination of Services during FY 2009-2010. The "Coordination of Services" training series will use subject matter experts working along with instructional designers to develop 4 workshops in the series; (1) Coordination of child welfare services with medical and mental health care; (2) Coordination of child welfare with substance abuse services; (3) Coordination of child welfare with domestic violence services; and (4) Coordination of Economic services across providers: Using a multidisciplinary family teaming approaches.

These workshops will build upon the Family Centered practice model developed by the Department in partnership with state and local stakeholders, and focus on specific case planning, implementation and coordination strategies within and across the disciplines using a family-centered approach.

As discussed in the Introduction section of this Interim Health Care Services Plan, the Department's new health taskforce will address the health and mental health needs of children involved in the dependency system and will continue to meet regularly and establish sub-groups to advance each of the four major goals. The taskforce will continue to develop a Health Services Plan and implement strategies and objectives that will support the federal Fostering Connections Act and address health and mental health needs for children in Florida's child welfare system.

Title IV-E Waiver Demonstration

VIII. Title IV-E Foster Care Waiver

Florida received federal approval of the first statewide waiver providing flexibility for foster care funds in March 2006. The U.S. Department of Health and Human Services' Administration for Children and Families (ACF) authorized the five year waiver under Title IV-E of the Social Security Act, allowing Florida to demonstrate that flexibility in funding will result in improved services for families.

The waiver allows federal foster care funds to be used for any child welfare purpose rather than being restricted to out-of-home care as generally required under federal law. It also enables funds to be used for a wide variety of child welfare services including prevention, intensive in-home services to prevent placement of children outside the home, reunification and foster care.

According to the Department's "IV-E Waiver Demonstration Evaluation Semi-Annual Progress Report 4 FY07-08", there was a substantial reduction (by 7.6%) of the number of children who entered out-of-home care after receiving in-home services compared to the previous fiscal year. Furthermore, the proportion of children who were maltreated within six months after services were terminated substantially decreased compared to the previous year. It is possible that both of these positive findings may be related to the intensive in-home services and family engagement strategies that lead agencies have implemented since the introduction of the Title IV-E waiver. When permanency measures such as discharge from out-of-home care and length of stay were examined, performance was relatively flat and no substantive change compared to the previous year was observed. The statewide proportion of children placed in out-of-home care after being served at home is also decreasing.

The reduction in the proportion of children who entered out-of-home care after receiving services is consistent with the practice where the majority of community based care lead agencies have expanded their array of prevention and diversion services available to children and families that are involved in an allegation of abuse or neglect. Based on these two measures, it seems as if these preventive efforts aimed at providing supports and services to the families and keeping children safely at home have been successful.

Florida will receive federal funding during the course of a five year period based on what the state would have received under Title IV-E rules. This amount will increase by three percent per year over federal foster care funding in the federal fiscal year that ended September 30, 2005. The program puts funding incentives in line with the program goals of maintaining the safety and wellbeing of children and enhancing permanency by providing services that help families remain intact whenever possible.

The Waiver has afforded Florida the flexibility to refocus its efforts on prevention, while safely and effectively reducing the number of children who enter foster care.

The Department will continue its participation in the Waiver Demonstration Project through 2011 as currently authorized. The State of Florida plans to initiate discussions with its federal partners for the potential extension of the waiver. Initial indicators are that the waiver continues to be successful in meeting goals and reducing children in out-of-home care.

**Child Visits
&
Timely Home Studies Reporting &
Data**

IX. Child Visits

Several years ago the Department made it a priority that all children in out-of-home and in-home care are seen by their caseworker every 30 days. Florida Administrative Code establishes requirements and standards for content and quality of visits; visitation every 30 days as opposed to monthly; and types of visits including unannounced visits.

Florida received additional funds under Title IV-B, subpart 2 to support monthly caseworker visits with children who are in foster care. The state uses the additional funds to further enhance the quality and frequency of the visits with children. As noted above, the Department revised the *minimum* requirements for caseworker contacts with children in the Florida Administrative Code so that a face-to-face contact with the child occurs no less than once every 30 days. In some situations, the face-to-face contact with the child is once every seven days for a period of time such as when initially placed with a relative. Frequency of child contacts is based on many factors such as level of risk, presenting issues in the case, or current circumstances in the child's life. The additional funds provide the opportunity to contact a child more often in a setting that is most favorable for the child and for the caseworker to focus on pertinent decisions and allow the child to become involved in decisions. This also affords the flexibility for multiple staff and service providers involved with the child and family to make visits with the child and family, as appropriate or delegated in the case plan.

Recognizing that the federal 90 percent target must be achieved by October 1, 2011, Florida is proceeding with the following target timeframes:

- 2008 - 80% each month until September 30, 2008
- 2009 - 82% each month until September 30, 2009
- 2010 - 85% each month until September 30, 2010
- 2011 - 90% as of September 30, 2011

For the prior two fiscal years over 99% of the 45,000 children in care were seen each month. Based on revised federal direction, as reported in November 2008 the percentage of children seen each month in FFY 2008 is 90% (up from 83% in 2007), with 97% of those being seen in their home.

The Department in conjunction with community partners and stakeholders will accomplish the following:

1. Ongoing monitoring and sharing of federal measure performance data. The data is available on the Department's Dashboard. <http://dcfdashboard.dcf.state.fl.us/>
2. Emphasize through the pre-service curriculum on importance of the worker's relationship, frequent and quality contact for positive outcomes.

3. Offer web-based and classroom in-service training session regarding quality visits with children through use of the materials available through the national resource centers are available. Also, in-service regional training events on family centered practice will continue to address quality visits. (QIP, Goal 1, Strategy D, Action Step 2)
4. Revise the contract performance measures with the Lead Agencies. A second measure on percent of children under supervision who are required to be seen every 30 days, who are seen every 30 days, will be added to the contract template.
5. Continue to implement and revise accordingly the redesigned quality assurance system. The redesign of the QA system ensures uniform performance standards that measure the quality of service delivery in the local systems of care. The QA standards on visitation focus on frequency and quality of visits. Quarterly quality assurance reviews provide timely and meaningful information for business management and local areas to develop improvement actions based upon the findings.
6. Review quality assurance case review data on a periodic basis to determine on-going quality performance and provide information to Regional staff for practice improvements. Post QA reports and data on the Quality Assurance web site within the Center for Advancement of Child Welfare Practice web portal.
7. One highly visible process that demonstrates leadership commitment is the series of monthly senior management meetings at which various performance and process topics are reviewed and discussed. Guidance from these meetings plays a significant role in driving improvement.

Timely Home Studies Reporting & Data:

The totals below represent the number of home studies completed upon request from another state for placement of a child in Florida between October 1, 2006 and September 30, 2007.

Incentive met: Of 679 home studies requested by another state, Florida completed 90 or 13.5% of the home studies within thirty days or less from receipt.

Completed Successfully: Of 679 home studies requested by another state, Florida completed 348 (51.25%) of the home studies in more than thirty days but less than sixty days of receipt.

Sanctions: Of 679 home studies requested by another state, Florida took longer than 60 days to complete 241 (35.5%) of them.

There is no record of any requests received during the first 45 days for an extension from 60 to 75 days as permitted under the Safe and Timely Interstate Placement of Children between October 1, 2006 and September 30, 2007.

Incentive met:	90	(13.25%)
Completed Successfully:	348	(51.25%)
Sanctions:	<u>241</u>	(35.5%)
Total	679	

The totals below represent the number of home studies completed upon request received from another state, for placement of a child in Florida between October 1, 2007 and September 30, 2008.

Incentive met:	119	(9%)
Completed Successfully:	338	(25.7%)
Sanctions:	860	(65.3%)
Total	1,317	

There is no record of any requests received during the first 45 days for an extension from 60 to 75 days as permitted under the Safe and Timely Interstate Placement of Children between October 1, 2007 and September 30, 2008.

Adoption Incentive Payments

X. Adoption Incentive Payments

Florida continues to increase the number of adoption finalizations and according to the Adoption and Foster Care Reporting System (AFCARS) data, Florida exceeded its baseline year of FFY 03-04, and is eligible for and will be receiving an Adoption Incentive Award in 2009. It is anticipated that the award announcements will be made by the Children's Bureau in August or September 2009 with the funding to be received by the State in October 2009. At this time, Florida is establishing the allocation methodology for distribution to the community based care agencies as well as the reporting mechanism that will be needed. Although the incentive award is non-recurring funding, it is anticipated that a majority of the funding may be utilized for maintenance adoption subsidies for this upcoming fiscal year. Other services that will be provided with the funding include needed medical and mental health services that will not be covered under Medicaid, Children's Mental Health Services or local community resources, respite services, and other post adoption services. Many of our communities, especially in the rural areas, have limited Medicaid providers and community resources that have the needed experience and skills required to successfully work with our children/youth and adoptive families.

All of the anticipated Adoption Incentive Funds will support Florida's significant maintenance adoption subsidy budget which has been increasing each year because of the large numbers of adoptions completed each of the last 3-4 years. The budget office has established specific funding codes as "adoption incentive." These funds will be tracked as expenditures for the maintenance adoption subsidies.

Adoption Assistance

Florida Statute 409.166 (4) (b) provides that the Department provide adoption assistance to the adoptive parents, in the amount of \$5,000 annually, paid on a monthly basis, for the support and maintenance of a child until the 18th birthday of child or in an amount other than \$5,000 annually as determined by the adoptive parents and the Department and memorialized in a written agreement between the adoptive parents and the Department. The agreement takes into consideration the circumstances of the adoptive parents and the needs of the child being adopted. The amount of subsidy may be adjusted based upon changes in the needs of the child or circumstances of the adoptive parents. Statutory language was added to clarify that no changes may occur to maintenance adoption subsidies without concurrence of the adoptive families.

The Department may assist with medical assistance initiated after the adoption of the child for needed medical, surgical, hospital, and related services that is not covered by Medicaid, Children's Medical Services, or Children's Mental Health Services. Assistance may be initiated at any time but shall end on or before the

child's 18th birthday. A child who is handicapped at the time of adoption shall be eligible for services through the Children's Medical Services network if the child was eligible for such services prior to the adoption.

State Employee Adoption Benefit

As an incentive for State agency employees and personnel who work within the 67 school districts to adopt children in the foster care system Section 409.1663, Florida Statutes, created the State Employee Adoption Benefit Program. The State Employee Adoption Benefit program is funded through state revenues and provides eligible applicants with either \$10,000 for a special needs child or \$5,000 for a non-special needs child. For the state fiscal year 2009-2010, \$1.8 million has been appropriated for this program and the Department will be able to provide this lump sum payment to approximately 175 qualified applicants. This program is administered by the Adoption Unit of the Office of Family Safety with a 60-day open enrollment period in August and September of each year. The Dave Thomas Foundation awarded the Department the "best in government" in 2009 primarily because of this benefit program.

Office of Adoption and Child Protection

The Office of Adoption and Child Protection was established within the Executive Office of the Governor in July 2007. An Advisory Council of 32 members was established with the members representing child service and advocacy agencies, parents and community stakeholders. In addition, twenty local planning teams were established, one in each circuit, to assess the quality, quantity, and availability of community services related to promoting adoption of foster children and supporting adoptive families after adoptions were finalized. The Advisory Council developed a basic format for the local planning teams to utilize and provided a series of recommendations to be considered as the teams developed their local plans of action to improve promotion of adoption and support for adoptive families in each local community. The focus of both groups was to complete an 18 month plan, due to the Governor and the Legislature by December 31, 2008, that would be the precursor to a comprehensive Five Year Plan on child abuse prevention and permanency for children in foster care. The Office implemented a statewide adoption recruitment campaign. The "Explore Adoption" campaign was a success and the focus was on recruitment of adoptive parents for teens, sibling groups and medically involved children. The campaign was threefold: a media campaign with public service announcements for radio and television and a half hour documentary with adoptive parent interviews, an enhanced website for Florida's statewide public website of available children, and brochures and flyers. The four permanency goals established by the Council include:

- Continue the efforts of "Explore Adoption" recruitment campaign

- Establish a faith based initiative to promote adoption and support adoptive families
- Establish a statewide Florida Heart Gallery Association
- Establish a customer service protocol to assist and retain adoptive parents.

The Adoption Program Manager and Central Office data staff continues to be integral partners in providing adoption data, adoption research documents, policies and best practices to the **Office of Adoption and Child Protection**, local planning teams and the statewide advisory council. The Adoption Program Manager also serves as a member on the four workgroups related to the four permanency goals listed above.

Adoption Program

Training/Technical Assistance:

Ongoing training continues to be conducted by the Adoption Program Manager related to preparation of teens for adoption, subsidy negotiation and funding eligibility and the importance of maintaining siblings together, whenever possible. Adoption training continues to be inclusive of staff from the community based care agencies, Guardians ad Litem and child legal attorneys. As a result of the new federal law, Fostering Connections, an action plan for training staff and implementing the adoption related changes, especially the de-linking of AFDC to the funding for subsidies, is being finalized.

Specific training and technical assistance is also provided to the counselors assigned to the Longest Waiting Teens Project. Two regional trainings for adoption staff, including Guardians ad Litem and attorneys, are provided each year via a requirement in our 800-96-ADOPT contract. Dr. Denise Goodman and Pat O'Brien, national experts have been used to provide consultation and training.

A monthly conference call is held with adoption supervisors and specialists related to state or federal law updates, policy and procedural issues, Statewide Automated Child Welfare Information System (Florida's system is Florida Safe Family's Network (FSFN)), and need for training and technical assistance.

Recruitment Efforts:

- The Central Office provides financial assistance in the form of scholarships for 100 children per year to be recruited through the Children Awaiting Parents (CAP book). As other states, our available children are recruited thru our statewide website,

AdoptUSKids, and adoption.com. The inquiries from the three exchanges are handled by a contract for our 800-96ADOPT.

- The Adoption Unit conducts monthly conference calls that allows each agency to present one child or sibling group and one family for whom they do not have a match. This has been instrumental in providing a forum for networking and working with staff outside each local area.
- Two pilots for recruitment under the One Church One Child contract has been continued. One site is in Tampa and the other is in Jacksonville. An evaluation of the results will be conducted by September 2009.

Reunion Registry:

The Adoption Unit includes a staff person who is responsible for maintaining a registry of adult adoptees, adoptive parents and birth family members who register in hopes of a possible match and reunion. During the past year, an average of two matches occurred each month. In addition, over twenty requests a month are received from adult adoptees requesting non-identifying information about their birth family. Requests by circuit judges to unseal and provide identifying information to adult adoptees are also handled because of severe medical issues or the adoptee is in the military.

Interstate Compact for Adoption Medical Assistance (ICAMA)

The Adoption Unit also coordinates the establishment and maintenance of IVE Medicaid for Florida's adopted children who move to another state and for another State's adopted children who move to Florida.

Post Adoption Services:

A monthly conference call was implemented this year for post adoption services counselors. Most agencies have designated a full-time staff person to perform this function but two agencies continue to have a staff person part-time. Fortunately, two more adoptive parent support groups were created this past year and another group is in the formation/talking stage. Several new projects are being initiated this upcoming year in order to improve the quality and quantity of post adoption services across the state.

Ongoing Projects:

The Adoption Program Manager will continue to provide guidance, training and technical assistance in implementation of a statewide 12 month project, "Florida's 100 Longest Waiting Teens". The Project began in December 2008 and will be completed in December 2009. An analysis of the data regarding the 103 teens included in the project revealed:

- 57% or 54 teens were permanently committed to the Department over five years ago
- 55% are African-American
- 63% are males

The good news is that at the end of five months, twenty of the youth have been placed or finalized.

A train-the-trainer event occurred in May 2009 that certified twelve post adoption counselors as PAIRS trainers for adoptive parents. This training is specifically to assist adoptive couples in strengthening their marital relationships and communication skills. In addition, the relationship building and communication skills will also be utilized by the adoptive parents with their adopted children, especially the teens. Each trainer is planning to conduct two training sessions with a minimum of four couples over the next year. It is known that our adoptive families are at high risk for marital issues and this is a recognition of the need for services to help adoptive couples with the stress and challenges they must handle.

The Department has successfully negotiated a contract with Rutgers University to conduct a train-the-trainer event for up to twenty staff in their Adoption Competency Certification Program for mental health professionals. St. Petersburg College has agreed to be the educational entity for the certification program via their continuing education program. The certification of twenty Florida trainers will be completed in October 2009. After certification, each trainer will be required to certify up to twelve mental health professionals and 25 child welfare staff in adoption competency within one year. It is anticipated that Florida will have over 200 mental health professionals that are certified as adoption competent by November 2010.

Training

XI. Training

Department of Children and Families Training Plan 2010 - 2014

The Florida Department of Children and Families, Office of Family Safety, is responsible for the training policy, technical assistance as well as the implementation of several statewide training events. The office is also responsible for the oversight of content for three contracts with two state Universities, which involve pre-service curriculum development, trainer and child welfare staff certification through a Training Academy, and a web-based knowledge resource, Florida's Center for the Advancement of Child Welfare Practice.

The Department's commitment to the education, training and professional development of child welfare staff focuses on the following key areas:

- Pre-service training and certification programs;
- Advanced in-service training focused on program-specific systems of care;
- Supervisory training, focused on (a) management/leadership and (b) clinical supervision skills development;
- Emergent needs training;
- Foster and adoptive parent recruitment, preparation and on-going training; and
- Child Welfare Services Staff recruitment and retention programs.

In addition to building a sustainable partnership with child welfare stakeholders, the Department will continue to support the implementation of the Department's Quality Improvement Plan (QIP), through the development of mandatory performance improvement solutions designed to achieve the QIP outcomes and goals. The Child Welfare Training Programs will integrate strategies to enable child welfare staff to develop and refine the knowledge, skills, abilities and priorities that staff must possess and demonstrate on a regular basis in order to provide the level of care required by the Child and Family Services Review (CFSR).

This chapter describes the Department's Five-Year Training Plan, and reflects the current and future needs of the Department and child welfare stakeholders and partners. Planning is based on a continuous cycle of integrating needs assessment data and program evaluation results into the established critical education, training, certification and professional development needs of child welfare services staff. This process is designed to be flexible and responsive

within the framework of federal and state requirements and national best practices.

Child Welfare Training Program Goals

The Child Welfare Training Program is designed to achieve the following goals:

- Positively impact the quality of decisions made regarding children and families who require assistance from programs providing child welfare services;
- Positively impact the quality of care of children who must be removed from their homes due to abuse, abandonment or neglect;
- Support the state's achievement of the goals of the Federal Child and Family Service Review and Florida's Quality Improvement Plan;
- Support the Department's child protection staff, contracted Sheriff's offices and contracted community-based providers of child welfare services through the development of a single integrated pre-service curriculum that can be delivered to reflect the local culture of the state and the system of care of the employer;
- Provide quality information and resources to the child welfare workforce in a user-friendly and timely manner;
- Maximize federal financial participation funding through the appropriate design and delivery of the state's Child Welfare Pre-Service Curriculum Training Program.

The Training and Certification Rule

During 2008-2009, the Department, working in conjunction with its community-based partners, embedded the policy and procedure framework that has historically structured the state-wide training system into Florida Administrative Code, by developing the first "Training and Certification Rule." Rule promulgation is anticipated during 2009-2010 and will require a variety of targeted in-service instructional opportunities, as well as ongoing technical assistance and consultation on "Training Rule" related issues. Implementation will also more clearly delineate the process for becoming certified, and the functions and expectations of certified child protection professionals.

The purpose of the proposed Training and Certification Rule, 65C-33, Florida Administrative Code (F.A.C.), is to codify the training and certification process of Florida's child welfare services staff, by carrying out the provisions of Section 402.40, Florida Statutes, regarding child welfare training, and the provisions of Section 402.731, F.S., regarding child welfare certification. The rule is currently in the final stages of development and it is anticipated that it will be promulgated during the first quarter of FY 2009-2010. The proposed rule:

- Sets forth the minimum standards for Florida's Child Welfare Professional training and certification process;
- Establishes the position classifications and certification designations requiring Child Protection Professional certification;
- Defines terms relating to the training and certification of Child Protection Professionals and Child Welfare Trainers;
- Addresses additional training and certification requirements for Supervisors;
- Establishes Child Welfare Trainer certification requirements; and
- Sets forth continuing professional development training requirements for the recertification of Child Protection Professionals.

These minimum standards ensure that each participant has successfully attained the knowledge, skills, abilities and priorities necessary to competently carry out his or her child welfare work responsibilities.

The proposed rule also:

- Establishes that certification must be obtained within one (1) year of the individual's date of hire, or date of passing the pre-service post-test or waiver test, whichever is later, and sets forth the two-part certification process, consisting of successful completion of both the pre-service curriculum (or waiver test), and a Performance Assessment, comprised of a casework and interpersonal skills demonstration.
- Provides that certification is required for specific identified certification designations, the individuals so classified who provide direct client services or supervise individuals who provide such services.
- Excludes Specialists from mandatory certification requirements, however, such certification is optional; the Specialist certification designation includes individuals, regardless of position title, such as those whose job duties are similar to that of Program Specialists, Quality Assurance Professionals, Field Trainers, and Job Coaches.
- Sets forth the pre-test, post-test and waiver test protocols.
- Establishes guidelines for protected training caseloads, and requires that the employing agency develop a policy addressing the establishment of a training caseload range, specifying number and types of cases to be assigned to trainees for the first

30 calendar days following successful completion of pre-service training.

- Requires that each agency utilize a standardized, “core” Performance Assessment for certification of each certification designation, developed by the department (two components: Casework and Interpersonal Skills), to which each agency may add agency-specific elements which reflect the agency’s own System of Care and/or Quality Assurance measures.
- Sets forth the procedures for Performance Assessment test-case assignment and the criteria for serving as an Independent Evaluator.
- Establishes the competencies to be demonstrated and evaluated in each of the Child Protection Professional position classifications in order to become certified, including additional requirements for supervisor certification.
 - Requires supervisors to complete a Performance Assessment and also complete “Supervising for Excellence” or other Department-approved supervisory training in order to be certified.
- Reinstates the recertification process, and sets forth the requirements for recertification, which include obtaining and documenting 48 professional development (in-service) training hours every three (3) years.
 - In order to be eligible for recertification credit for any one (1) position classification or certification designation, an individual’s minimum of 48 professional development training hours must include a minimum of four (4) hours of professional ethics, a minimum of six (6) hours of legal, and a minimum of 24 hours of practice skills training.
 - Provides that individuals may achieve recertification in two or more position classifications and certification designations, if they meet the established 48 hours of professional development training hours for each separate certification; and
 - Establishes the requirements that (a) no more than 25% of the required 48 professional development training hours may come from college or graduate-level courses in which the individual is enrolled as a degree-seeking or non-degree seeking student, and (b) no more than 50% of the mandatory 48 professional development training hours may be credited from trainings which are required

by the department (including but not limited to SACWIS/FSFN trainings).

- Requires that SkillNET be the official tracking database system used by the Department and all agencies to document training.
- Establishes the protocol for certificate issuance upon an individual fulfilling the requirements for initial certification or recertification.
- Codifies the waiver process to be followed when an individual, by virtue of his or her certification status, educational credentials or employment experience, meets certain minimum educational and experiential criteria.
 - The proposed rule:
 - Establishes that, for any individual meeting the criteria, the employing agency may authorize a waiver test (and subsequent waiver plan upon successful completion of the test), or require the entire pre-service training and post-test, and addresses waiver plan guidelines;
 - Requires that the waiver test, when given, be administered within ten (10) business days of the individual's start date in the position into which he or she was hired, and provides that there is to be no preparation for the waiver test, other than in emergency staffing situations, and then only with the approval of the Office of Family Safety; and
 - Establishes the requirement that the waiver test may only be given once during any one period of employment.
- Identifies a process for decertification, setting forth the criteria by which an individual may be decertified for cause.
- Provides for "special circumstances" which may be accommodated by the employing agency, with regard to certification requirements.
- Establishes criteria to be eligible for application consideration as a Child Welfare Trainer.
 - The proposed rule:
 - Sets forth new certification criteria for Child Welfare Trainers to be completed within one (1) year of hire; and
 - Provides new requirements for Certified Child Welfare Trainers in order to achieve recertification every three (3) years.

- Establishes new guidelines for certification to train the Office of Family Safety-approved “Supervising for Excellence” curriculum required to certify supervisors.

Training Delivery System

All direct service Child Protection Professionals and Supervisors in the State of Florida must be certified.

Training funds are provided to each regional department, lead CBC agency and contracted Sheriff’s Office for the purchase and/or delivery of pre-service and in-service training. Trainers who are certified by the university Training Academy, who is a vendor under contract with the state to train and certify trainers who then are responsible for the delivery of pre-service curriculum to all newly-hired Child Protective Investigators and Child Protection Case Managers. The university curriculum design/development team is also a vendor under contract with the state to develop the one, single integrated Department-approved pre-service curriculum. All professional regardless of employing entity, experience the same pre-service training and testing requirements. Currently there are approximately 200 certified trainers statewide.

Locally, DCF Regions and circuits are provided funds for training Child Protective Investigators and other Child Welfare professionals employed by the Department. The Department’s Children’s Legal Services also provides specialized legal training to Department attorneys.

The Department’s Office of Family Safety also facilitates many additional training events and provides ongoing technical assistance, and promotes a variety of new projects. Regional trainings are scheduled twice a year and the Dependency Summit will continue to be an annual event. The Department will continue to provide training on various topic-specific issues through monthly statewide conference calls, and will continue to utilize technology through webinars, which are video teleconferencing on-line training opportunities made available through the Office of Family Safety, or the Center for the Advancement of Child Welfare Practice. Additionally the office will provide in-person training workshops on request, and disseminate relevant information regularly through the *Family Safety Training Bulletin*.

The Office of Family Safety has embraced the cross-training concept by sharing and utilizing resources both internal and external to the Department. The child welfare system is interrelated and shared by many stakeholders and cross-training of all parts of the system is both an efficient and effective way to learn. These shared training opportunities will be enhanced in the future.

Certification of Child Welfare Trainers

As part of a comprehensive system of child welfare training, Florida established the Child Welfare Training Academy, pursuant to 402.40, Florida Statutes. The Training Academy is responsible for both the training and certification of the Child Welfare Trainers who train Florida's child welfare pre-service curriculum, and for the administration of Florida's Child Welfare Professional Certification program for child welfare staff. In addition, the Academy hosts a website where the Department-approved pre-service curriculum is available for downloading, and where notices are posted on a regular basis for a variety of upcoming child welfare trainings.

The Academy is responsible for the administration of the trainer certification process, which requires trainer candidates to complete three Train-the-Trainer courses facilitated by three full-time Academy trainers. The three courses are:

- “Trainer Tools and Techniques,” which deals with trainer platform skill development;
- “Pre-service Training Curriculum Overview,” which covers a variety of selected modules of the curriculum and requires candidates to present module content. This presentation is videotaped, and trainer candidates receive feedback from their trainer candidate peers and an Academy trainer, regarding their ability to effectively demonstrate the skills taught during the “Trainer Tools and Techniques,” course;
- Florida Safe Families Network (FSFN), which trains navigation and functionality skills on Florida’s Statewide Automated Child Welfare Information System (SACWIS).

Upon successful completion of these courses and activities, the candidate is certified as a Child Welfare Trainer. Following certification, certified trainers are assigned to an Academy trainer for ongoing support through provision of classroom observations, in order to assess the trainer’s classroom instructional skills by using a tool that rates 22 core competencies demonstrated by effective trainers. In addition, consultations are provided on an ongoing basis, either through one-on-one interactions with Academy trainers, or through consultative small-group workshops facilitated by Academy trainers. A database tracking all trainer certification activities, training, and ongoing support is maintained by an Academy registrar.

Child Welfare Professional Certification

The Training Academy is also responsible for the administration of Florida’s Child Welfare Professional Certification program, whereby direct services staff and their supervisors are certified as Child Protection Professionals. Academy

registrars are involved in this process from the very beginning, starting with entering training calendars for each Region; scheduling statewide pre-service training cycles in the Department's SkillNET database; coordinating the registration of each pre-service training participant; tracking training participant attendance in each pre-service training; and establishing curriculum waiver, pre-test and post-test schedules.

Upon a Child Protection Professional's certification, Academy registrars are responsible for updating certification information in SkillNET, and for the tracking and distribution of congratulatory letters and certificates for all newly-certified Child Protection Professional staff.

Florida's "Center for the Advancement of Child Welfare Practice"

The Center for the Advancement of Child Welfare Practice is contracted by DCF with the University of South Florida. The Center's mission is to support and facilitate the identification, expansion, and transfer of expert knowledge and best practices in child welfare case practice, direct services, management, finances, policy, and organizational development to child welfare and child protection stakeholders throughout Florida.

Primary Objectives of The Center

- Ensure timely and consistent information and training to Florida's child welfare professionals emphasizing easy access 24 hours a day, seven days a week, resulting in one right answer accessible to all users statewide on demand;
- Link customers to resources, innovations, and evidence-based models and best practices throughout the country;
- Provide virtual meetings, live training and educational events, and on-line collaborative forums that facilitate communication and information sharing among Florida's child welfare professionals and related stakeholders such as foster parents, youth, and education professionals;
- Provide consistent and authoritative answers to frequently asked questions posed by the Center's customers and disseminate statewide in cooperation with the Family Safety Program Office.

The Center's website is:

<http://centerforchildwelfare.fmhi.usf.edu/Pages/Default.aspx>

2010 – 2014 Training Plans and Strategies

Each year the Department identifies education and training needs as a result of legislative changes, best practice and research information, evaluations and other feedback mechanisms. The Department will provide for emergent needs training, for all child welfare staff regardless of employer. The several known emergent needs trainings that will be provided during FY 2010-2014 includes:

- Family Centered Practice;
- Interagency coordination;
- Trauma Informed Care;
- Health Services information and Psychotropic Drugs;
- Child-on-child sexual abuse;
- Annual Legislative Updates;
- Fostering Connections federal legislation;
- Updated Foster and Adoptive Parent Training; and
- Cultural Competencies

The following are specific strategies that will be developed or implemented within the next five years:

Implement the Family-Centered Practice Training Series

Beginning in 2008, the Department, working in partnership with state and local subject matter experts and a team of instructional designers, began development of a week-long intensive training workshop entitled, "The Family-Centered Practice Training Series." Workshop content focuses on the theory, philosophy and paradigm-change related to a family-centered approach to services, as well as a number of engagement and family teaming strategies designed to improve the quality and consistency of practice. Implementation is scheduled for fall 2009, through a number of local train-the-trainer initiatives.

Implement the Child and Family Services Review: Quality Improvement Plan

The Department will integrate the training needs identified in Florida's Quality Improvement Plan. The goal of the Quality Improvement Plan is to strengthen pre-service training with an emphasis on two aspects: first, it is necessary to ensure that the curriculum is aligned with and supports Family-Centered Practice. This will be accomplished by reviewing the curriculum design, and revising as necessary to include general and specific Family-Centered Practice content and techniques. Second, the approach to field-based training will be

made more systematic and consistent across the state, with an emphasis on mentoring and supervision through reflective discussion. A critical aspect of both phases of pre-service training is to help ensure that staff be charged with assuming responsibility for cases too soon; the phasing in of actual case duties will also be more systematically defined.

Implement and Provide Ongoing Maintenance of Integrated Pre-Service Training Curriculum

Florida is concluding development of its Statewide Automated Child Welfare Information System (SACWIS), known as the Florida Safe Families Network (FSFN). During the past two years, numerous in-service navigational trainings have occurred across the state as the new FSFN components are deployed. The ongoing navigational training is currently being integrated into a single, core pre-service curriculum; roll-out of this fully integrated curriculum, utilizing the expertise of the contracted Training Academy, is anticipated for 2009-2010.

Develop an Advanced In-Service Curriculum Training Series on Effective Coordination of Services with Multiple Agencies

Modeled after the current Family-Centered Practice Training Series, the Department plans to undertake an in-service curriculum development initiative that focuses on enhancing the professional skills and abilities of child welfare and related stakeholder professionals, interagency coordination, and team-work efforts. This training series will include a number of related workshops that build upon a core foundational theme of effective family teamwork, but will also include specific focus on strategies to enhance partnership with mental health, substance abuse, domestic violence and other human services providers. It is anticipated that a team of subject matter and instructional design experts will support the Department in this upcoming initiative. This will include exploring a number of cross-training and collaborative initiatives.

Revise and Update the Foster and Adoptive Parents' Curriculum and Training, With Input From Community-Based Care Agencies and Foster and Adoptive Parents

The Current Florida MAPP can be the basic guideline and provide the content framework for the revised training. Emphasis is to ensure that child-specific needs are addressed in the design, and that mechanisms are in place for accountability so that parents are receiving necessary training to help meet identified needs.

Enhance On-Line Learning Opportunities for Delivery of Required or Essential Instructional Content

The Department will use current initiatives already underway through a partnership between the Department and the University of South Florida's "Center for the Advancement of Child Welfare Practice," as a model for on-line instructional learning. Opportunities to enhance the breadth and scope of on-line learning, as both a primary and supplementary instructional approach, will be considered. Core content in the required pre-service curriculum will be reviewed for relevancy for instruction through an on-line approach.

Other Proposed Projects

Explore Additional Partnerships With the University Community: Schools of Social Work

The Department, working in partnership with the Consortium of state Schools of Social Work, will explore opportunities to either establish or enhance child welfare-related curricula in Bachelor's and Master's level social work programs. The use of the Title IV-E tuition waiver will continue to be maximized and additional strategic partnerships with schools of social work, in order to better prepare new (or returning) child welfare professionals who are entering the workforce to have additional skills, developed through their educational programs.

Expand Upon Pre-Existing Training-Related Workgroups, Subject Matter Instructional Design Teams, Advisory Groups, or Other Committees With Training-Related Oversight, to More Clearly Identify a Key Team to Provide Ongoing Guidance on Training Issues

A key pre-existing training advisory committee that provided much input and guidance into the current training system's structure is no longer active, creating a void in strategic leadership for the statewide vision and expectation for child welfare training. This will also include exploring a number of cross-training and collaborative initiatives

Develop or enhance current training information: Technology Platform

The current system used for tracking child welfare pre-service and in-service training as it relates to obtaining and maintaining child welfare certification is SkillNET. This is an antiquated system, built in a software language that is not consistent with the Department's current Information Technology platform. This results in costly and time-consuming maintenance efforts for basic status tracking information. The Department will explore opportunities to develop alternate training tracking systems, through either modification or enhancement of existing

IT systems, development of a new information technology system, or the creation of other tracking and monitoring mechanisms.

Training Funding

The Department allocates approximately \$13.4 million (\$7.7 Federal and \$5.7 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office. Funds are for the purposes of providing child welfare services staff with the mandated pre-service, advanced and in-service training that reflects the agency's system of care and meets both agency and individual training needs. Additionally, the Department utilizes training funds from other grants such as the Children's Justice Act in order to meet the specific training needs that support the goals and objectives of the grant program.

Community Based Care Lead Agencies are restricted to using these funds for child welfare education and training services only. To ensure appropriate expenditure of these funds, each agency receiving training funds is required to submit a bi-annual "In-Service Training Report" on May 15, and August 15 every year.

Child Welfare Training Programs

Pre-Service and In-Service Training in the State of Florida:

All Child Welfare Professionals in the State of Florida must be certified. Prior to the state's privatization to Community-Based Care (CBC), there was one central training organization that was responsible for both pre-service and in-service training. Since about 2005, however, training funds have been distributed to regional department, sheriff offices and lead CBC agencies for the purchase and/or delivery of pre-service and in-service training. Each agency employs trainers who are certified by the university Training Academy; these certified trainers are responsible for the delivery of pre-service curriculum to all newly-hired Child Protective Investigators and Child Protection Case Managers. The university curriculum design/development team is also a vendor under contract with the state to develop the one, single integrated Department-approved pre-service curriculum. Currently, there are approximately 200 certified trainers statewide.

Pre-Service Training (Phase I):

The pre-service training begins with a pre-test (to gauge the basic knowledge of incoming hires) and orientation. Both job classifications get trained together for some of the training, and then there are separate "tracks" that are more position-specific. For both tracks, the pre-service curriculum lasts about 6 weeks and

includes classroom instruction, on-line learning, and also a field component. Although there are typically quizzes throughout the training, there is a post-test at the conclusion of the training which each trainee must pass in order to progress to the next step. Once the trainee passes, he or she may begin to carry a caseload under supervision.

Performance Assessment (Phase 2):

After approximately 6-9 months from the date of passing the post-test, the individual is eligible for certification, which includes having the supervisor and an independent evaluator review one of the individual's case records ("test case") in order to gauge statutory compliance, appropriateness of decision-making and success in applying learned skills to casework requirements. At this time, the supervisor and independent evaluator must also assess the individual's interpersonal skills, where they accompany the candidate to a home visit, in order to observe the individual's ability to interact with clients in a professional manner. If, based upon the findings of both the individual's supervisor and the independent evaluator (who is a certified individual at the level of supervisor or higher, who is not in the candidate's chain of command), the individual has successfully completed both the casework portion and the interpersonal skills portion of this "Performance Assessment," the individual becomes certified. Current policy requires that an individual become certified within one year from the date of hire, or the date of having passed the post-test, whichever is later.

Recertification (In-Service Training):

Once an individual becomes a Certified Child Protection Professional, his or her certification is valid for a period of three (3) years. The requirement for recertification is for the individual to remain in good standing, and for him/her to complete a minimum of 48 hours of in-service, professional development training over the three-year period. An individual's minimum of 48 professional development training hours must include a minimum of four (4) hours of professional ethics; a minimum of six (6) hours of legal; and a minimum of 24 hours of practice skills training in order to be recertified.

Core Competencies:

In 2005, The Department conducted a study in collaboration with the Florida International University, the University of Central Florida, the University of South Florida and the Child Welfare Education Committee. The purpose of the study was to compare the Department's established core competencies against incumbent child welfare services staff, supervisors and administrator's perceived importance, frequency and difficulty of each core competency.

Currently there are 142 core competencies that all child welfare services staff must possess, regardless of job assignment. Competencies support the following areas:

- Foundation of Child Protection
- Legal Foundations
- Cultural Competence
- Communication and Interviewing
- Child Development: Physical, Mental and Education
- Abuse: Sexual, Physical, Mental, Substance
- Child Safety: Risk Assessment, Intake and Ongoing Assessment
- Prevention
- Legal Requirements and Counselor Tasks for Removal and Emergency Placement
- Family Centered Intervention and Case Planning
- Case Planning: On-going Assessment, Treatment Strategies, and Intervention
- Permanency Planning: Reunification, Termination of Parental Rights and Adoption, Long-term Foster Care, Emancipation
- Case Closure
- Documentation
- Teamwork, Collaboration and Interdisciplinary Services
- Data Systems and Quality Assurance
- Financial Aspects of Child Welfare Services
- Personal Development and Safety

Advanced and In-Service Training:

The Department allocates funds to Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, and Department regions/circuits providing direct services. Funds are provided directly to these offices for the purposes of providing child welfare services staff with the advanced and in-service training that reflects the agency's system of care and meets both agency and individual training needs.

Agencies are restricted to using these funds for child welfare education and training services only. To ensure appropriate expenditure of these funds, each agency receiving training funds is required to submit a bi-annual "In-Service Training Report" on May 15, and August 15 every year.

Supervising for Excellence (SFE):

During 2009, the Department, working in partnership with state and local subject experts and a team of instructional designers, began the process of updating the required Supervising for Excellence training for all newly hired/appointed supervisors, so that the content more clearly frames the role and expectations of a supervisor as a mentor and teacher. Concurrently, this update to the curriculum also conveys the critical link between effective supervision and quality assurance systems, as the Department's recently-developed regional quality assurance model builds upon the role of supervisors as a key front-line measure for ensuring quality of practice. Other revisions to the curriculum include integrating the Department's Family-Centered Model of Practice. Implementation is scheduled for 2009-2010.

Retention and Recruitment

CPI Hiring Process

The 2003 "*Retention of Protective Investigators and Protective Investigative Supervisors*" (Interim Project Report 2003-110) examined the problem of Child Protective Investigator (CPI) turnover and how to improve the design of a characteristic-based assessment for the Child Protective Investigator to help identify the best fit for the position, thereby increasing the likelihood of retention.

As a result, of the report and subsequent legislation, the Protective Investigator Retention Workgroup (PIRW) was formed under the direction of the Department. The purpose of the PIRW was to examine Child Protective Investigator (CPI) selection and retention issues. The product of the PIRW was a comprehensive set of recommendations to provide for greater efficiencies and effectiveness in the practice and operation of the Child Protection System. Recommendations the PIRW made to the Department included:

- Adopt the minimum education and experience requirements and an enhanced screening and hiring process for PIs and PI Supervisors;
- Employ techniques that will help in assessing the right candidate for the CPI position.

The new hiring process was implemented in 2005 and was updated in 2009. A Train-the-Trainer system provides a process to train supervisors and other managers. The information and process is a web-based system.

Leadership Training

The Child Welfare Leadership Academy (CWLA) is designed to develop the skills of current and emerging leaders within the child welfare community. Participation is open to the Department's child welfare staff, Community-Based Care Lead

Agencies and sub-contracted providers, Sheriff's Offices, and other stakeholders within the child welfare community. The CWLA opportunity is provided to a single group of approximately 30-40 participants per year, and occurs over a nine-month period.

This program works to help develop new child welfare leaders by providing additional skills that will, hopefully, keep the best and brightest within the child welfare system. Examples of the types of training provided within the CWLA Program are:

- Quality Assurance Systems
- Training Systems
- State and Federal Legislation Process
- Florida's Legislative Process
- Systems of Care
- Child Welfare Funding Sources
- Leadership training
- Business Planning

Child Welfare Pre-Service Curriculum and Learning Objectives

Orientation (.5 Training Day)

Learning Objectives:

- Identify components of the Child Welfare Pre-Service Training;
- Recognize the child protection case flow process as it relates to the court system;
- Describe the relationship between the seven outcomes and implementing quality case management;
- Summarize major job responsibilities of the program area assigned by the agency employer;
- Identify how job tasks interact with the case flow process and other ongoing agency services;
- Determine how to deal with resistant, hostile or threatening family members;
- Describe strategies and techniques for counselor/investigator field and office safety;
- Explain the agency's protocol for new employees;
- Identify local services/contracted providers used by agency for services for the child, family and caregiver;

- Describe the agency procedure for field training;
- Explain the Department's certification process and requirements.

Legal I: Legal Basis for Child Protection (1 Training Day)

Learning Objectives:

- Describe primary legal references in Florida's dependency cases;
- Describe main principles of federal laws that impact child protection;
- Identify the Legislature's goals for dependent children;
- State Florida's statutory definitions of abandonment, abuse, neglect and harm;
- Identify the elements of abandonment, abuse and neglect;
- Describe how counselors and investigators can avoid exposure to liability claims;
- Recognize the legal consequences of falsifying records;
- Identify who has access to dependency case records;
- Identify records that may be shared with children;
- Apply confidentiality requirements to common casework tasks.

Child Welfare Standards/Values/Practice (Online/.3 Training Day)

Learning Objectives:

- Recognize ethical principles and standards related to child protection;
- Recognize how an investigator/counselor's personal values can influence perceptions and decisions;
- Describe the value conflicts inherent in child welfare practice;
- Differentiate between characteristics of race, ethnicity and culture;
- Explain the concept of cultural competence;
- Describe the role of cultural competence in child welfare practice.

Effects of Abuse/Neglect on Child Development (Online/.5 Training Day)

Learning Objectives:

- Describe child and family behaviors related to separation and placement;
- Recognize ways to properly plan and execute placements to minimize the trauma and long term negative consequences for the child and the family.

Legal II: The Court Process (1 Training Day)

Learning Objectives:

- Describe the structure of Florida's courts;
- Determine when to use the authority of the courts;
- Determine when voluntary services can be offered without court involvement;
- Define evidence in child protection cases;
- Identify four types of evidence;
- Describe evidence collection and documentation;
- Explain the standard of proof required by evidence in child protection legal cases.
- Define in legal terminology "dependent child";
- Describe the importance and purpose of petitions in juvenile dependency cases;
- Identify the sequence, purpose, time frames and standard of proof required for each hearing;
- Describe the roles and responsibilities of the investigator, counselor, child welfare attorney and other participants in the dependency process;
- Identify investigator/counselor responsibilities to review and prepare files before court;
- Recognize appropriate courtroom demeanor;
- List the elements of providing effective court testimony and being a credible witness.

Maltreatments (4 Training Days)

Learning Objectives:

- Describe the Abuse Hotline procedures and reporting requirements;
- Name and analyze the specific elements of a Hotline Intake;
- Identify the Allegations Matrix's uses, benefits, organization and information;
- Identify the contributing dynamics to child abuse and neglect in families;
- Describe ways to look further into situations to identify the warning signs of abuse and neglect;

- Describe the Decision-Making Model;
- Identify physical abuse indicators;
- Link the identification of indicators with investigative decision-making;
- Decide what evidence/information to gather and document to determine whether or not abuse/neglect has occurred;
- Identify indicators of Shaken Baby Syndrome;
- Describe the dynamics of child sexual abuse using five phases;
- Describe physical, behavioral and emotional signs of child sexual abuse;
- Identify the indicators of mental injury;
- Describe the types of mental injury.
- Define substance abuse and terms related to it;
- Define “disease” as related to substance abuse and describe its characteristics;
- Recognize the progression/stages of substance abuse;
- Describe behavioral indicators of substance abuse;
- Define and identify risk factors;
- Describe the protective factors;
- Define neglect;
- Identify indicators for each type of neglect;
- Recognize the indicators of neglect that represent a risk for significant impairment;
- Distinguish between chronic and situational neglect;
- Describe the effects of neglect on toddlers, early school-aged children, and adolescents;
- Define failure to thrive;
- Identify indicators of domestic violence;
- Recognize the effect of domestic violence upon a family;
- Recognize the relationship between domestic violence and child abuse;
- Relate domestic violence behavior to the neglect of a child;
- Analyze the term “safety planning” and its effects on the adult victim, the child and the worker;
- List the essential elements of a good safety plan;
- Describe techniques used to create safety plans with children;

- Explain the purpose of injunctions under s.741.30.F.S.

Assessment (1.5 Training Days)

Learning Objectives:

- Identify the types of assessments conducted by counselors;
- Recognize documents used to record and report assessment information;
- Determine the difference between safety assessment and risk assessment;
- Describe how assessment relates to safety and decision making;
- Describe the relationship of assessment to safety and case planning activities.
- Explain the characteristics of quality case notes;
- Identify strengths and needs in documentation;
- Describe how documentation benefits court proceedings;
- Recognize the components of documentation: relevant, factual, quantitative, and objective;
- Create accurate case notes that follow the guidelines and are relevant, factual, quantitative and objective;
- Identify the types and purpose of staffing;
- Describe how to prepare for and conduct staffing;
- Describe the basic factors that are addressed in a family assessment;
- Identify strengths and needs of a family;
- Recognize caregiver factors that impact child safety;
- Describe how to assess the home environment;
- Describe the child factors that affect child safety;
- Identify the statutory requirements for a family assessment.

Interviewing (1.5 Training Days)

Learning Objectives:

- Determine the relationship between interviewing skills and interview outcomes;
- Examine the use of authority during an interview;

- Describe three core conditions necessary for building a trusting relationship: authenticity/genuineness, respect, and empathy;
- Recognize techniques for facilitating an interview: exploring, focusing, and directing;
- Describe the 5 stages of the interview process: preparation, engagement, the interview, closing and documentation;
- Determine ways to keep the interview on track;
- Identify interviewee behaviors that challenge the interview: resistance, manipulation, hostility and anger;
- Describe considerations for interviews in special situations;
- Compare and contrast child and adult interviews;
- Explain how to engage and interview the child;
- Describe developmental considerations for child interviews;
- Identify considerations for child interviews in child sexual abuse cases.

Investigative Response (2.5 Training Days)

Learning Objectives:

- Identify the different types of intakes received at the Hotline;
- Identify information sources and records to check prior to commencement;
- Use the Allegation Matrix to define a specific allegation and maltreatment type;
- Evaluate prior intake and investigation information and determine its relevance to the current investigation;
- Determine who to notify to coordinate investigate activity;
- Address personal safety concerns prior to initial contact;
- Develop a plan for the investigation;
- Define the purpose of the investigation and the responsibilities of the PI;
- Name statutory requirements for the first contact;
- Name investigative tasks during the initial contact;
- Identify investigative tasks following initial contact;
- Identify the benefits and limitations of risk assessment;
- Identify risk factors in a family that elevate the level of risk to the child;
- Determine a safety plan for a family based upon current risk factors;

- Identify the purpose and uses of the Safety Assessment;
- Identify the categories and organization of the Safety Assessment tool;
- Evaluate assessment and evidence documentation;
- Gather and document assessment information and evidence for alleged maltreatments;
- Name the components of the Investigative Summary;
- Name requirements for investigation closure.

Family Preservation (Online/.3 Training Day)

Learning Objectives:

- Understand how family preservation services fit in the overall continuum of services;
- Describe Federal laws that resulted in family preservation services;
- Know how family preservation services were implemented in Florida;
- Know the eligibility requirements and goals of Florida's Family Builder Program;
- Define family and family systems;
- Recognize the keys to successful family functioning: Roles, Communication and Boundaries;
- Know the concepts of a strengths-based approach;
- List the seven values of Family Preservation Services;
- Know how to incorporate the seven values into casework practice;
- Recognize the benefits of a strengths-based approach when working with families.

Removal and Placement

Learning Objectives:

- Describe the purpose and timeframes for dependency court hearings and petitions;
- Describe probable cause/grounds for removal;
- Identify requirements for reasonable efforts;
- Describe the purpose and use of injunctions to prevent removal of the child;
- Name investigator/counselor tasks prior to a relative placement;

- Explain the components of the diligent search process;
- Determine whether or not evidence is sufficient for dependency;
- Name the conditions for voluntary placements;
- Identify circumstances that do not require reasonable efforts;
- Identify legal requirements for filing the TPR petition;
- Identify court-determined placement requirements for dependent children;
- Describe the importance of choosing the most appropriate placement setting to meet a child's individual needs;
- Indicate required documentation for the child's resource record (CRR);
- Describe behaviors of children and families related to separation and placement;
- Identify possible emotional responses of parents whose children are in licensed care;
- List ways to prepare and support the child, the biological family, and the caregivers for the placement;
- Identify ways to complete casework activities to engage the parent at the time of the placement;
- Recognize ways to properly plan and execute placements to minimize the trauma and long-term negative consequences for the child, family, and the caregiver.

Case Planning (2.5 Training Days)

Learning Objectives:

- Recognize the dual and sometimes conflicting roles of the counselor;
- Identify the consequences of using authority in child protective services;
- State the importance of regular, comprehensive case planning;
- Identify the role and responsibility of the counselor in developing a productive working relationship with clients;
- Be aware of the cultural components affecting case management;
- Recognize factors to consider in the case assessment process;
- Use the family assessment to identify problems and causes, and to assess strengths and needs;
- Identify statutory requirements for the case plan;
- Identify the components of the case planning process;

- Describe the mechanics of writing a case plan;
- Apply case planning methodology and statutory requirements to draft a case plan;
- Describe steps a counselor must take when a caregiver is unwilling or unable to participate in a case plan;
- Describe how to integrate the child's mental health needs with other interventions and services of the case plan;
- Name case planning issues related to domestic violence;
- Identify the basis for concurrent case planning;
- Describe key concepts of concurrent case planning;
- Determine when to use concurrent case planning.

Ongoing Assessment/Permanency (3.5 Training Days)

Learning Objectives:

- Relate the case plan to ongoing case supervision tasks;
- Identify requirements and counselor tasks for case supervision;
- Describe the importance of ongoing assessment;
- Determine how to prepare for and conduct contacts with the child, parent(s), caregiver, and service providers;
- Name supervision tasks for cases requiring ICPC (Interstate Compact for the Placement of Children);
- Identify the purposes of visitations;
- Identify the three visitation phases;
- Describe how to prepare a visitation plan;
- List ways to support parents and children to promote successful visitation;
- Assess case plan progress with the family and service providers;
- Describe strategies to assist families with case plan progress;
- Review, renegotiate, and update case plans;
- Recognize requirements for administrative, citizen, and judicial reviews;
- Evaluate a JRSSR for meeting legal requirements;
- Recognize the importance of case reviews to monitor progress and to modify the case assessment, goals, objectives, and tasks as needed;
- Identify common behaviors of children in foster care;

- Identify methods counselors can use to assist biological and foster care parent(s);
- Describe ways to prepare and support substitute caregivers;
- Recognize permanency issues for children;
- Describe the eligibility requirements and benefits of the Independent Living program;
- Determine how to prepare for and conduct a permanency staffing;
- Recognize permanency planning as an aspect of comprehensive planning;
- Identify the criteria for reunification;
- Name post-placement supervision tasks following reunification;
- Identify the necessary tasks related to termination of services;
- Identify case closure requirements.

Special Placements (.3 Training Day)

Learning Objectives:

- Identify basic requirements for the sending and receiving state under the ICPC to include jurisdiction, home study, and financial responsibility;
- Describe the three basic mandates of the Multiethnic Placement Act (MEPA) of 1994;
- Explain child protection protocol on Indian reservations under the Indian Child Welfare Act (ICWA);
- Determine placement options for children with complex medical problems;
- Identify the requirements and considerations for keeping siblings together;
- Recognize placement needs and risk factors when determining placements for victims or perpetrators of sexual abuse;
- Identify requirements for placement in residential treatment facilities;
- Name the criteria for placement into residential group care;
- Name the requirements for licensed capacity/waivers for licensed out-of-home care.

Adoptions (.5 Training Day)

Learning Objectives:

- Identify standards and values embraced by adoption professionals;

- Identify the legal base of the adoption program;
- Identify the guidelines for adopting a child in the State of Florida;
- Identify the legal steps of adoption from goal change to finalization;
- Summarize the adoption process;
- Examine the components of a child study and an adoptive home study;
- Identify confidentiality requirements for adoption records.

Decision Making (.5 Training Day)

Learning Objectives:

- Describe sound investigative and assessment procedures;
- Explain how assessment affects decision making;
- Make informed decisions based upon assessment of information;
- Analyze a case using the decision-making process.

Putting It All Together (.5 Training Day)

Learning Objectives:

- Determine case management requirements and best practice tasks throughout the case flow process from investigation to permanency;
- Determine timeframes for court hearings and petitions, and for completion of all court documentation;
- Make decisions for child safety, well-being, and permanency.

As cited previously, training on navigation and functionality of Florida's SACWIS system, the Florida Safe Families Network (FSFN), is currently being integrated into this existing child welfare pre-service curriculum, and is anticipated to be deployed during the first quarter of FY2009-2010. In this way, newly-hired child welfare practitioners will be able to participate in and benefit from a single, seamless, fully-integrated core curriculum which provides them with all of the basic tools necessary to successfully meet the safety, permanency and well-being needs of the children and families they serve during their tenure as child welfare professionals in Florida.

In-Service Training

During FY2008-2009, the 22 Community-Based Care Lead agencies conducting child welfare/child protection services in the State of Florida reported the provision of a total of 266 in-service trainings for their child welfare staff. Similar

trainings have been provided by multiple agencies; the titles of all reported in-service trainings conducted by lead agencies, and the number of agencies that provided the trainings are included below:

In-Service Training Title/Subject	#	In-Service Training Title/Subject	#
Domestic Violence	11	Performance Measures	2
Drug ID/Endangerment	9	Depression and/or Status Loss	2
Substance Abuse	9	Failure to Thrive	2
Legal/Legislative Updates	8	Baker/Marchman Acts	2
Sexual Abuse (varied)	8	What do Parents Learn in Parenting Classes	2
ICPC	8	Understanding Juvenile Justice	2
Family Team Conferencing	8	Child Death Invest. & Reviews	2
Advanced Interviewing Skills/Motivational Int.	8	Communication Skills	2
Cultural Sensitivity & Competency	7	Exit Interviews	2
Diligent Search	7	Safety Planning	2
Master Trust/Fee Waiver	7	Case Planning/ Updates	2
Risk Assessment	6	Targeted Case Management	1
Advanced FSFN	6	Family Assessment	1
Advanced Documentation	6	Managing Anger Toward Clients	1
Missing Children	5	Helper/Kemp Dynamics of Abuse	1
Court Etiquette	5	What You Need to Become a Supervisor	1
Suicide Prevention	5	Balance Personal & Professional Life	1
POS, POTS, FLEX or Contingency Funds	5	Alternative Response System	1
Psychotropic Meds	5	Supervised Visits of Sexual Abuse	1
Stress Management	4	Team Building	1
ID of Physical Abuse	4	Red Flag Protocol	1
Medical Foster Care/ Medical Neglect	4	Community Provider Services	1
TANF & Medicaid	4	Critical Thinking	1
Diversity of Staff	3	Resource Development	1
Diversity of Clients	3	Policy Training	1
Dealing with Autism	3	ODD/Conduct Disorder	1
Recognizing Self Injurious Behaviors	3	Resiliency for Children	1
Trauma & the Brain	3	True Colors	1
Advanced Testifying Skills	3	Infant Mental Health	1
Child Psychological Maltreatment	3	Interagency Cooperation	1
Munchausen Syndrome by Proxy	3	Child Support	1
Working w/ Law Enforcement	3	Mediation	1
Child Resource Record	3	ADD/ADHD	1
Adoptions/Adoption Exchange	3	School Partnerships	1
Quality Home Visits	3	Youth in Partnership	1
Crisis Intervention/De-escalation Tech.	2	Gangs	1
Home Studies/Process	2	Preparing the TPR Packet	1
Confidentiality	2	Independent Living Basics	1
Relative Caregiver Supports	1	Identification & Treatment of Panic	1

		Disorders	
FDLE Process	1	Identification & Treatment of Emotional Abuse	1
LOC/Suitability Assessments	1	Identification & Treatment of Dissociative Disorders	1
Local Resources: Varied	1	Post Traumatic Stress Disorders	1
Permanency Options	1	Behavior Modification	1
Rilya Wilson Act	1	ESE and IEP Process in Public Schools	1
Treating & Identifying Gender Identity Disorder	1	Sleep Disorders & Night Terrors	1
Victim Advocacy	1	Supervised Visitation Training	1
Normalcy Training	1	Interdependent Living Training	1
Employee Safety	1	Identification & Treatment of Borderline Personality Disorders	1
Mandatory Reporting	1	Drug Dependent Newborns	1
Human Trafficking	1	Employee Burnout	1
Identification & Treatment of Eating Disorders	1	Video Addiction	1

In addition to the in-service trainings conducted by Community-Based Care agencies which provide child welfare/child protection services, the five Sheriff's Offices which conduct child abuse investigations also provided their staff with in-service training during FY2008-2009. As with the agencies providing case management services, many of the 47 trainings conducted by the Sheriff's Offices addressed much of the same (or similar) information.

In-Service Training Title/Subject	#	In-Service Training Title/Subject	#
Legal/Legislative Updates	3	Employee Safety	1
Advanced Documentation	2	Field Compassion and Empathy	1
Advanced Interviewing Skills/ Motivational Interviewing	2	Gangs	1
Bridges out of Poverty	2	Healthy Start Services	1
Domestic Violence	2	Human Trafficking	1
Time Management	2	ICPC	1
Bloodborne Pathogens	1	ID of Physical Abuse	1
Child Death Investigations & Reviews	1	Internet Child Exploitation	1
Child Passenger Safety	1	Interviewing Victims of Sexual Abuse	1
Collaborating with DJJ	1	Mandatory Reporting	1
Civil Liability	1	Meth Labs	1
Community Provider Services	1	Quality Assurance Reviews	1
Confidentiality	1	Rev. Max./Rel. Caregiver	1
Conflict Resolution	1	Risk Assessment	1
Court Etiquette	1	Safety Planning	1
CPR	1	Sexual Abuse (varied)	1
Cultural Sensitivity & Competency	1	Stress Management	1
Death Scene Reenactment/Sudden	1	Supervised Visits of Sexual Abuse	1

Infant Death			
Driving Range Course	1	TANF & Medicaid	1
Drug Test Procedures	1	Team Building	1

It is anticipated that both the Community-Based Care lead agencies with whom the Department contracts to provide child welfare case management services and the Sheriff's Offices under grant agreement with the Department to provide child welfare investigative services, will continue to provide their personnel with many and varied in-service training opportunities, in order to enhance the continuing and on-going professional development of their child welfare staff. In addition to these in-service trainings, other trainings are available and provided.

Foster and Adoptive Parent Training

Since the transition to Community-Based Care service provision, s.409.175(14), Florida Statutes, and 65C-13.024, Florida Administrative Code (May 2008), requires that licensed foster parents must be provided with 21 hours of pre-service training through a Department-approved curriculum. Individualized training may be completed with the approval of the lead agency. If individualized training is done, the certified trainer is responsible for complying with the requirements set forth for pre-service training in Section 409.175(14)(b), F.S. Currently, the Florida Model Approach to Partnerships in Parenting (Florida MAPP) is the approved curriculum of the Department. Prior to renewal of Foster home licenses, parents must complete 8 hours of in-service training, which is the responsibility of the Community-Based Care agency to provide. Adoptive parents must also successfully complete an approved adoptive parent training, as required in Administrative Rule 65C-16.005.

Model Approach to Partnerships in Parenting

The Model Approach to Partnerships in Parenting (MAPP) curriculum includes training for prospective foster and adoptive parents, as well as a Train-the-Trainer curriculum, that is delivered to teach Department and contracted child welfare services providers the skills and knowledge necessary to lead a MAPP parent group.

MAPP Leader Training

Course Description: The Model Approach to Partnerships in Parenting (MAPP) Leader Training is the national curriculum to teach agency foster care and licensing staff how to provide MAPP training to all prospective foster and adoptive parents. This course provides staff with the knowledge, skills and abilities required to successfully lead a MAPP Parent Group Training Series.

Course Goals:

- Guide foster and adoptive parent applicants through complex issues challenges that they will face;
- Help parents decide if their expectations and abilities match the realities of foster and adoptive parenthood;
- Help parents and the agency build the basis of teamwork toward permanence for children and their families.

Learning Objectives:

Meeting One: Welcome to the Program:

- Explain the purpose of this program;
- List the twelve skills of successful foster and adoptive parents;
- Explain how foster/adoptive parenting strengths and needs will be assessed;
- Explain how partnership will affect mutual selection;
- List common reasons children are referred to the agency;
- Describe how feelings and behaviors relate for children who are referred to the agency;
- State two child welfare laws that have impacted child welfare nationwide and explain their most important areas of emphasis;
- Compare and contrast the roles of birth parents, adoptive parents, and foster parents;
- In a given family scenario, identify the strengths and needs of the birth parents and the child;
- Identify your strengths and needs as a potential foster/adoptive parent.

Meeting Two: Where the MAPP Leads: A Foster Care and Adoption Experience:

- Identify the partnership roles, needs, and emotions of birth parents, workers, adoptive parents and foster parents during placement, visits and reunification;
- Experience the series of events that lead to a child's removal from the birth family;

- List the various permanent placement options: family reunification, adoption by a foster family, adoption by new family, and independent living;
- Assess personal strengths and needs in helping a child move from temporary placement to a permanent family.

Meeting Three: Losses & Gains: The Need to Be a Loss Expert:

- Describe how it feels to experience loss;
- Define what it means to be a loss expert;
- Identify examples of maturational loss and situational loss;
- Explain how to turn a given loss into a gain;
- List two models of grieving;
- Given the case of a child at a particular age with a particular loss situation, explain how to help the child through the grieving process;
- Explain how foster and adoptive parents can prepare for developmental grieving;
- Explain how prospective parents' loss issues might affect fostering or adopting;
- List at least three loss-related factors to consider before making a decision to foster or adopt.

Meeting Four: Helping Children with Attachments:

- Describe the relationship between meeting needs (the Cycle of Need) and building attachment and trust;
- Determine ways that abuse or neglect may affect normal child growth and development;
- Determine the impact of a child's separation from one set of parents on the ability to attach to another set of parents;
- Employ parenting strategies that build positive attachments with children;
- Support positive attachments between children and birth parents, foster parents, adoptive parents, and workers;
- Assess personal expectations of foster or adoptive children's ability to attach;
- Assess ability or willingness to parent a child with possible attachment problems and developmental delays.

Meeting Five: Helping Children Learn to Manage Their Behaviors (Part I):

- Identify your role in helping children learn behaviors that are healthy, socially acceptable, and meet their needs;

- State two parenting tools that can help you manage children's behavior: Avoid Coercion & Punishment and Stay Close;
- Identify behaviors you would like to change or maintain and describe them specifically and in positive terms;
- Explain the differences between reactive and proactive parenting in terms of their focus, use of consequences, and effects on children/youth;
- State the eight most common coercives used by parents;
- State the reasons why coercion and punishment are not effective methods for helping children learn behaviors that promote healthy growth and development;
- Describe key points of the agency's discipline policy, including that physical punishment, inflicting pain, discomfort or humiliation is prohibited;
- Identify the coercive used in a given parent/child interaction;
- Explain how proactive parenting affects a child's self-concept through the cycle of need.

Meeting Six: Helping Children Learn to Manage Their Behaviors (Part II):

- State the benefits of using the Stay Close tool for both parents and children/youth;
- Identify the best times to use the Stay Close tool;
- Recognize junk behavior;
- Identify correct use of each Stay Close step;
- Demonstrate each Stay Close step;
- Describe how to proactively arrange consequences to encourage appropriate behavior and discourage inappropriate behavior;
- Describe what to do when harmful behavior happens.

Meeting Seven: Helping Children With Birth Family Connections:

- Define terms: identity, self-concept, connections, culture, race and ethnicity;
- List one or more ways to maintain a child's cultural identity;
- Explain why children need and want information about their adoption and birth connections at each stage of development;
- Identify four connections which children may risk losing when they enter foster care or adoption: family, school, friends, and cultural connections;

- Explain why visits with birth families and previous foster families are important to foster/adoptive children;
- List three guidelines for successful birth parent visits;
- Describe ways to support visits and maintain connections between children, birth families and previous foster families.

Meeting Eight: Gains & Losses: Helping Children Leave Foster Care:

- Identify qualities of effective teams and partnerships;
- Describe the role of foster and adoptive parents as team members with the agency, including their role in concurrent planning and family conferencing;
- Describe the role of foster and adoptive parents as partners with birth parents;
- Apply strategies for helping children and youth transition from foster care;
- Explain the factors to consider when making an adoption decision;
- Determine a prospective adoptive family's strengths and needs with regard to adoption;
- Identify ways to prevent a disruption or dissolution, given the cause of the disruption or dissolution;
- Determine a prospective foster family's strengths and needs with regard to teamwork with the agency and supporting permanency goals.

Meeting Nine: Understanding the Impact of Fostering or Adopting:

- Describe the five characteristics of a family system: boundaries, rules, roles, decision making/power distribution, and communication processes;
- Describe ways in which fostering/adopting will impact your family, marriage, and/or relationships with birth children;
- Identify the purpose of an EcoMap;
- Develop an EcoMap to assess a family's strengths and needs;
- Identify potential health and safety steps to take to protect a new child who is placed into foster or adoptive care;

- Identify typical family activities and tasks that take place on a daily basis and describe ways to integrate the new foster/adoptive child into your daily life;
- Determine strengths and needs in integrating a foster/adoptive child into the family.

Meeting Ten: Endings and Beginnings:

- Identify specific strengths and needs in becoming foster parents, adoptive parents, foster/adoptive parents, or child welfare volunteers;
- Describe two ways foster/adoptive parents can participate actively as a partner in permanency planning;
- Describe the characteristics (i.e., behaviors, siblings, disabilities, and/or special needs) of a child that they could best parent, given their strengths and needs;
- For those participants who have decided not to foster or adopt right now, identify what has helped them make that decision;
- Identify specific strengths and needs of the entire Group Preparation and Selection Program.

Federal Funding Training and Technical Assistance

The Department provides training and technical assistance to child welfare staff. The purpose of the training/technical assistance is to teach about the relationship between federal funding and quality case management. The objective is to help workers improve (1) their knowledge of the laws and regulations governing major federal grant programs that are used to fund the child protection system budget; and (2) their ability to correctly apply these rules. The training/technical assistance focuses on key policy points and procedural information for assembling required documentation, for screening and determining eligibility, and for coding and recording eligibility information into Florida's SACWIS system, the Florida Safe Families Network (FSFN). Department and Community-Based Care staff must be able to gather thorough and accurate information, analyze it, and record it in FSFN. The training/technical assistance is delivered through one-on-one or classroom sessions, webinars, conference calls, and/or electronic mail correspondence.

Training: Two (2) federal funding courses (listed below) are available to staff, as are ad hoc, specifically-targeted trainings through monthly conference calls.

Technical Assistance: Upon request: in person, through telephone calls and/or electronic mail.

Federal Funding Courses:

Title IV-E Foster Care Maintenance Training

The Title IV-E Foster Care Maintenance training focuses on the Title IV-E foster care eligibility and case file documentation requirements - removal home, deprivation factors, financial need, judicial/court order language, eligible placements. Factors of continued eligibility and reimbursability are presented. Participants are informed of the requirement for timely and accurate input of FSFN codes for Title IV-E eligible children. At the end of the training session, participants review a "real" case file and complete a monitoring exercise to ensure that the eligibility factors are met and all documentation is contained in the file.

Since October 2006, an additional module teaches about the simplified eligibility procedures while Florida is under the Title IV-E foster care waiver. The focus of the module is the agreement between Florida and the Federal Department of Health and Human Services, also known as "Waiver Authority."

Learning Objectives:

- Identify all partners that need to work together in determining eligibility for Title IV-E foster care funding;
- Identify the role and responsibilities of each of the Title IV-E foster care partners;
- Explain the Title IV-E Foster Care eligibility requirements;
- Apply the specific Title IV-E foster care requirements to determine initial eligibility and ongoing reimbursability;
- Identify all documentation required in the case record for Title IV-E foster care eligibility;
- Explain the changes that must be reported to the local revenue maximization unit.

Adoption Assistance Training

The Adoption Assistance training focuses on the three funding sources for Adoption Assistance in Florida: Title IV-E, TANF, and state funds. This session focuses on the unique eligibility requirements for each of the funding sources and the case file documentation requirements. Case examples are used throughout the session. Participants are informed of the requirement for timely and accurate input of FSFN eligibility codes.

The goal of Adoption Assistance training is to inform counselors about eligibility and documentation requirements for the three funding sources for Adoption Assistance in Florida.

Learning Objectives:

- Determine if a child meets the entry criteria for an adoption subsidy;
- Apply for the appropriate adoption subsidy: Title IV-E, TANF, or state funds.

The Department, through its current existing and projected training initiatives, is committed to ensuring that the identified initial, emergent, and ongoing training needs of child welfare/child protection professionals and partners in the State of Florida are met in an appropriate and positive manner. This will be accomplished through the provision of timely, relevant, accessible, effective and beneficial instruction designed to promote and enhance the quality of investigative and case management service delivery to, and interactions with, the children and families we serve.

Quality Assurance System

XII. Quality Assurance System

Regional Quality Management Model

After intensive collaboration among leadership, mid-management and direct service staff from the Department and the community based care agencies, a comprehensive regional quality management model was implemented throughout the state in July 2008. The model provides:

- clear assignment of organizational roles and responsibilities;
- directives to take immediate action as issues are identified;
- assignment of responsibility, authority, and accountability at the local level with support from the state office; and,
- ongoing assessment of progress towards meeting state and federal expectations for child safety, permanency, and wellbeing.

The regional model also includes:

- Uniform performance standards that measure the quality of service delivery in the local systems of care.
- Quarterly quality assurance reviews that provide timely and meaningful information for business management.
- A random sample of 25 cases per community based care agency per quarter.
- Regional discretion to select additional special populations or topics for review.
- Placeholders for the Secretary of the Department to mandate statewide special reviews in a program component of his/her choice during the fiscal year.
- Involvement of Children's Legal Services through standards to assess lead agencies' efforts to partner with Children's Legal Services in achieving positive outcomes for children.
- Training for quality assurance reviewers to ensure inter-rater reliability and analytical skills and capacities to conduct reviews consistently and with integrity across the state.
 - Supervisory training that supports the role of supervisors as the front line of quality for service delivery. As discussed in Goal 2, the supervisors' Mentoring and Modeling Discussion Guides (one for protective investigation, one for case management) are key tools for supervisors in developing as well as assessing the quality of front line practice. This curriculum is also being incorporated into the broader Supervising for Excellence training Plans.

Resources that are earmarked to conduct quality assurance activities are supervised and based within regions and community based care agencies. The Family Safety Program Office maintains three positions that develop review protocols, lead reviews, aggregates and analyzes data, and provides technical assistance to the field on an ongoing basis.

Special Quality Assurance Reviews are requests for reviews that are performed beyond planned monitoring activities. These reviews may include high profile, high risk or critical cases. Included in these reviews are child deaths which are alleged to be the result of abuse or neglect or child deaths that occur while a child is the subject of an open investigation, or currently under supervision by the Department or its providers.

The findings from the 2008 Child and Family Services Review validated that this new system shows great promise as an ongoing approach to describing the expectations for quality of services, and to understanding the performance achievements or gaps affected by management choices and other factors. The various data outputs of the Regional Quality Assurance Model will be the basis for measuring the progress of the Quality Improvement Plan.

The Regional Quality Management Model recognizes that data driven decision making and evidence based practices are fundamental to the planning, development, and implementation of effective initiatives. In that vein, the State developed a web based quality assurance reporting system for receiving, maintaining and aggregating data gathered through the various review processes.

Additionally, leadership and other stakeholders continue to work on improving the State's performance measurements system so that measures and subsequent related data more accurately describe the state-of-the-state in delivering quality services to children and families. This group will continue to provide methodological and technical assistance to Department and community based care agency staff during implementation of the Quality Improvement Plan.

Quality Improvement

One major component of continuous quality improvement is the way in which an organization communicates expectations, learns about the effects of its actions, and decides on new or modified activities to implement. Florida will have these structured mechanisms at the community and the state level. Most areas already have well established processes or groups that oversee and make changes as needed, but these will be enhanced or validated as they relate to this overall quality improvement. One highly visible process that demonstrates leadership commitment is the series of monthly management meetings at which various performance and process topics are reviewed and discussed. Guidance that results from these meetings will play a significant role in driving the "plan do check act" cycle throughout the Quality Improvement Plan's timeframe.

The authority and responsibility for ensuring operational decisions support the achievement of the QIP will be vested in the local partners. A similar function at the state level will ensure that the qualitative and quantitative data is consistently provided, analyzed, and reviewed among the key stakeholders. Such quality tools as quality assurance and progress reports, performance measure data, and documentation of initiatives will be developed or expanded.

In addition, continuity of the knowledge base and the demonstration of commitment at the highest levels that are also critical to continuous quality improvement will be focused through a stakeholder subcommittee of the Task Force on Fostering Success¹⁴, an interagency group chaired by former Secretary Robert A. Butterworth. The Task Force's mission is to "...promote the integration of mental health and substance abuse services into child welfare, promote information sharing between agencies and service providers and continue to identify gaps in Florida's child protection system which can be corrected by legislative, policy or procedural changes." This mission is complementary to the goals of the QIP, and provides a forum within which the Quality Improvement Plan will receive high level visibility and leadership direction in coordination with the Department's executive management. The Task Force subgroup will provide review and comments on Quality Improvement Plan products, and serve as the conduit of communication between the Department and its partners, and the Task Force, about quality improvement activity and progress.

¹⁴ <http://www.Department of Children and Families.state.fl.us/admin/childSafety/index.shtml>

Disaster Plan

XIII. Disaster Plan

Florida has fully privatized its child welfare case management services. This has created 22 lead agencies, each of which has locally driven Continuity of Operations Plans and Child Welfare Disaster Plans. The Disaster Plans address how the lead agency, along with any subcontracted case management agencies, will assist families in maintaining uninterrupted services if displaced or adversely affected by a disaster.

In case of a disaster, one of the aftermath activities of local agencies responsible for case management services is to quickly begin to contact families that care for children under state custody or supervision. During these contacts, the child's case manager (primary case manager) explores if there are any services to the child interrupted by the disaster. The case manager will explore with the family expected duration of interruption, alternative service providers, transportation considerations, etc.

In addition, local agencies are making determinations as to the extent of damage and interruption of services. If the agency identifies that certain services to children may be interrupted, such as speech therapy, mental health services, educational supports like tutoring, etc., they will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors make the staff aware of the alternative services available.

If a family relocates within the state due to a disaster, the child's primary case manager will request, through the Courtesy Supervision mechanism, that a secondary case manager be assigned in the new county. The secondary case manager will be responsible for conducting visits, identifying new needs based on the relocation, providing stabilization services to the family, and completing referrals that would ensure the child is provided services for previously identified needs. The primary and secondary worker would also work with each other and with the local providers in their respective areas to ensure that new providers have current, relevant information as to the child's needs and status in service provision prior to leaving their originating county.

If the family relocates out of state, the primary worker will immediately notify the Florida Interstate Compact on the Placement of Children Office and will forward a packet of information to be sent to the receiving state so that notification and a request for services can be made. The packet will include a Child Social Summary that will contain information as to service needs and will request that once a local case manager is assigned, that case manager make contact with the child's Florida case manager to discuss service needs. The receiving State's case manager will be asked to effect continued services to address the child's previously identified needs as well as any new needs identified in their own contacts with the family.

In May 2006 the Department of Children and Families published the Continuity of Operations (COOP) Plan. The Plan establishes policy and guidance to ensure the execution of our mission essential functions in various emergency situations, to include natural disasters, accidents, technological emergencies and military or terrorist related incidents. The COOP integrates the various programs under the department. Along with the integrated COOP Plan, each community based care lead agency has a disaster preparedness Plan to address child welfare specific activities throughout the state in such emergency situations.

The Florida Interstate Compact on the Placement of Children Office (ICPC), located in Tallahassee, also plays a key role during times of emergency. In this ever mobile society, services are provided for many children for whom family members reside in other states. There are over a thousand Florida dependent children placed with parents, relatives and other caregivers in sister states at any given time, as well as over a thousand children placed in Florida who come to Florida from other State's child welfare systems. The ICPC Office serves as the central point of contact for state-to-state communications regarding the welfare of these children.

The ICPC Disaster Preparation and Response Plan (DPRP) aims to provide case managers who have children in other states or who are providing services to children from other states a single point of contact for communications. The primary point of contact in the ICPC Office will be the ICPC Administrator.

Local and National Attention

The Florida ICPC Office will work directly with central ICPC offices in other states to send and receive information and documents, as customary. If the central ICPC office in another state is unable to communicate, the Florida office will work with Office of Family Safety equivalent in that state as well as the American Public Human Services Association to identify alternate means of communication.

Relocation of Families Across State Lines

During Hurricanes Katrina and Rita, Florida experienced the temporary and permanent relocation of many families that were being serviced by the child welfare program of their respective home state. Currently, ICPC does not address emergency or disaster related movement of dependent children. ICPC Administrators in states receiving these children works together to review current law and identify avenues to allow the provision of services and supervision in such emergency situations. It has been determined that these types of movements could receive immediate ICPC approval, services and supervision under Regulation 1.

Regulation 1 provides a notification and approval mechanism for situations in which a family caring for a dependent child in one state wishes or needs to move to another state. Regulation 1 allows for the dependent child to move with the family rather than having to wait in his or her home state while the family relocates and

goes through the home study and approval process, which can often take months. Regulation 1 applies to all placements: parents, relatives, licensed care and adoptive settings.

It is of the utmost importance that states receiving these children notify the state of origin and request all documentation that can be obtained regarding the child's medical, behavioral and educational history, reasons he or she came into care, family history, case plan, information on visitation allowances and limitations, contact information for siblings and other significant persons in the child's life, etc. Evidence of the suitability of the current caregivers, particularly the home study, background checks and information on training and education provided should also be obtained as quickly as possible.

**Child Abuse Prevention
and
Treatment Act
(CAPTA)**

XIV. Child Abuse Prevention and Treatment Act (CAPTA) Plan

The Department of Children and Families continues its commitment to the prevention of abuse, neglect and abandonment by implementing strategies that support goals for all levels of prevention (primary, secondary and tertiary). Additionally, Florida's Child Abuse Prevention and Treatment Act (CAPTA) State Plan will support the Florida Child Abuse Prevention and Permanency Plan (formerly known as the State Plan for the Prevention of Abuse, Abandonment and Neglect of Children) and the Child and Family Services Plan for 2010-2014. Florida's CAPTA Plan will also utilize information and recommendations from the designated citizen review panels.

Targeted Service Program Areas

The Department of Children and Families has integrated its goals and strategies in the service area of Case Management including ongoing case monitoring, and delivery of services and treatment provided to children and their families. The goals and strategies appear in two official Plans: Section IV of the Child and Family Services Plan for 2010-2014, and the Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010¹⁵ as described under Coordination below. The CFSP Goal 1 with its five objectives is primarily aimed at improving safety, relating to various aspects of prevention, intake, screening, assessment, and investigation. Technology is also addressed in Goal 1.

Florida will target two additional service program areas during 2010-2014 planning period:

- Intake, assessment, screening, and investigation of reports of abuse and neglect (106 (a) (1))
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (106 (a) (5))

Florida will commit annually to report on additional progress as it relates to the eleven other CAPTA program areas.

Coordination and State Activities

In accordance with Chapter 39.001, Florida Statutes, the Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010 provides plans of action for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families. This plan reflects Florida's

¹⁵ <http://www.flgov.com/pdfs/ChildAdvocacy/flplcapp122008.pdf>

commitment to engage state agencies and local communities in a collaborative effort to prevent child abuse, abandonment and neglect; promote adoption; and support our adoptive families. The plan articulates the goals and action steps that address specific prevention and permanency needs of families, children, teachers, school personnel, and law enforcement personnel. Primarily, these goals serve to guide an 18-month planning effort in identifying and developing strategies to move Florida forward. This is especially important as Florida faces the downturn in the economy.

The goals and objectives pertaining to the CAPTA Plan are consistent with the Child and Family Services Five-Year Plan (CFSP), 2010-2014. In Section IV of the CFSP, goals relating to safety, family centered practice, and service array have been defined to complement the CAPTA Plan goals.

It is paramount that children are, first and foremost, protected from abuse and neglect. The Florida Department of Children and Families continues to be the designated agency for administering CAPTA grant funds. The Department is also the designated agency for the Community-Based Child Abuse Prevention (CBCAP) federal grant and the Children's Justice Act (CJA) grant. Program oversight includes technical assistance to the field for implementation of evidenced-based best practices and for the development of systemic approaches to outcome improvement at both the state and local community levels.

This continuity in lead agency designation facilitates and promotes achievement of the following defined statewide objectives:

- Prevent children from experiencing abuse or neglect.
- Ensure the safety of children through improved investigative processes.
- Ensure the safety of children while preserving the family structure.

The State continues to develop, strengthen and support child abuse and neglect prevention and intervention services in the public and private sectors to prevent the occurrence and reoccurrence of child abuse and neglect.

This five year CAPTA plan supports the activities outlined in Florida's Quality Improvement Plan¹⁶ (QIP), and based on the second round CFSP results; the Department's Strategic Direction 2009 - 2011 developed for Secretary George Sheldon, and the agency's Long Range Program Plan for Fiscal Years 2009-2010 through 2013 - 2014. as well as a number of other meaningful reform efforts such as the Florida Child Abuse Prevention and Permanency Plan: January 2009- June 2010.

For example, the QIP's Goal 1: Strengthen policy and improve practice to ensure safety of children is directly linked to the prevention goal as stated in the 18-

¹⁶ Florida's Program Improvement Plan as required by the federal Child and Family Services Review process,

month Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010. Prevention Goal 1 is to reduce by June 30th, 2010 the child abuse rate from the fiscal year 2007-08 statewide rate of 28.8 to 27.5 per 1,000 children.

In accordance with state law (s. 39.001, Florida Statutes), the Office of Adoption and Child Protection steered the creation of an 18-month Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010. The plan provides plans of action for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families. This plan reflects Florida's commitment to engage state agencies and local communities in a collaborative effort to prevent child abuse, abandonment and neglect; promote adoption; and support our adoptive families. Utilizing the Florida Child Abuse Prevention and Permanency Plan, Florida supports the exploration of feasibility of developing programs or initiatives such as the following:

- Blueprint for Strengthening Families Initiative
- Whole Child Connection
- Faith Prevention Initiative Blueprint
- Positive Parenting Program
- Healthy Families Florida
- Short Term Home Visiting

Another stated goal is to improve *Service Array* and utilization of prevention and diversion programs. Specifically, the objective is to reduce the number of out-of-home placements to focus on in-home services, prevention and diversion referrals. Strategies are to:

- Conduct gap analysis of prevention service needs
- Increase the number of safety plans implemented
- Increase the use of family support and family preservation services
- Increase diversion referrals through use of ARS and other diversion program

Description of Services and Training

Prevention Services Network

Community-Based Child Abuse Prevention Program (CBCAP)

Florida receives the Federal Community-Based Child Abuse Prevention Program (CBCAP) grant award of about \$1.45 million based on Florida's child population, with matching funds through the state's Tobacco Settlement Trust Fund. Close to \$1 million of the allocated funds supports continuation of three programs and a continuing contract with the Ounce of Prevention Fund of Florida, Inc. for activities related to the annual child abuse prevention campaign.

The Department contracts with a set of core programs for services to complement the existing network of primary, secondary, and tertiary prevention programs. The Office of Adoption and Child Protection supported continued provision of these contracted resources for families in communities across the state.

While child abuse prevention and family support programs administered under the CBCAP funds broadly focus on the provision of support and services to promote positive parenting and healthy family functioning and family self-sufficiency, a variety of service models are funded:

- Family resource centers,
- School/community partnerships,
- Intensive home visiting, and,
- School-based prevention and services for children.

Statewide and regional projects use various approaches, such as public awareness and community education initiatives, training for professionals, and support of statewide resources for family violence prevention. Funded programs provide direct services to an estimated 10,000 children, caregivers, and other family members. Child abuse and family violence prevention education efforts and training reached over 7,500 children, parents, community members and professionals. Florida funds community-based services that target child abuse and neglect prevention statewide that address the needs of our multi-ethnic and multi-cultural state population.

Intake, assessment, screening, and investigation of reports of abuse and neglect

Intake

The identification of children who may be victims of abuse or neglect is a critical component of child welfare program responsibilities. Florida provides readily available information about mechanisms to report suspected child abuse on its public web site (<http://www.dcf.state.fl.us/abuse/>), including a guide for online reporting, the Hotline phone number and fax number, and materials for mandated reporters.

Assessment, Screening, and Prevention Referrals

Florida recognizes that incidents with serious safety concerns should receive complete and appropriate child protective investigations. However, some situations reported to the Department are more appropriately addressed by a less adversarial assessment of needs and offer of services outside of the child welfare system. Engaging families in a less threatening way, when the situation

does not warrant a formal investigation, increases the likelihood a family will acknowledge problems and agree to receive recommended services.

Intake through the Florida Abuse Hotline includes identifying such circumstances when a call does not rise to the level of a protective investigation but may be addressed through “prevention referral.” This practice is designed to give the Department an opportunity to help communities identify and provide services for families in order to avoid formal entrance into the child welfare system. The Department tracks such prevention referral activities and will continue to closely monitor the effects. Plans to implement a similar process with respect to children in juvenile justice facilities are underway. Currently, these calls do not always meet statutory criteria. An electronic “DJJ Prevention” referral will be forwarded to the Department of Juvenile Justice to identify and investigate non-abuse and neglect complaints within their facilities.

Alternative Response System

Alternative or differential response models provide for a family-centered approach to child maltreatment cases that align with legislative mandates in section 39.001(1), Florida Statutes, to “engage families in constructive, supportive, and non-adversarial relationships.” Florida has completed an Alternative Response System (ARS) pilot project in three pilot sites (Duval, Bay, and Seminole Counties) from April thru October 2008. An evaluation summary was completed at the end of the pilot and a final recommendation was made to expand the use of ARS.

Human Trafficking

The victims of human trafficking have often fallen through the cracks since they do not always meet statutory definitions of child abuse and neglect. Florida’s statutory framework has been revised so that the Department can address the needs of these child victims. Specifically, s. 787.06(1)(d), F.S., states “It is the intent of the Legislature that the Department of Children and Family Services and other state agencies cooperate with other state and federal agencies to ensure that victims of human trafficking can access social services and benefits to alleviate their plight.” The child protection statute, s. 39.301(1), F.S., allows the Department to become involved when “a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.” Similarly, s. 39.301(2)(b), F.S., defined suspected or known child trafficking as a form of “criminal conduct” requiring notification of law enforcement by the Department.

In 2008, the Department in partnership with the Florida Immigrant Advocacy Center developed a training curriculum entitled “*Protections for Child Victims of Human Trafficking*”. This training provides information about trafficking and how

to recognize child victims. The training is delivered to all Child Protective Investigators and Case Manager through various in-service training events.

Child on Child Sexual Abuse

The Secretary's Task Force on Fostering Success recognized the need for additional information on the subject of child on child sexual abuse. The Department has committed to a review of policy and practice and to develop reforms on this subject. The first activity is a needs assessment to examine the breadth and scope of child-on-child sexual abuse for children involved in the Dependency System. Assessment includes factors relating to the context, frequency, impact, treatment effects and recovery from such abuse. Along with assessment, the Department will review evidenced based strategies. Recommendations for additional policy, training, and other actions will follow.

Finally, as in many other states, Florida's child welfare system has a disproportionate representation of African American children. The Task Force on Fostering Success has identified this as a priority issue for Florida's child welfare system.

Case Management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families

Quality case management is critical to ensuring child abuse prevention and treatment achieves positive outcomes for children and families. Case management activities include ongoing case monitoring, identification of needs and potential services to meet those needs, and coordination of service delivery.

The Department's 2012 Strategy, safely reducing children in foster care, incorporates strategies that divert children from the system and maintains them in their own home. It also includes services to prevent re-entry into the system once permanency has been achieved. Case management is critical to both of these facets.

Many programs throughout the state provide services to prevent re-entry, for example, Family Support Teams, The Nurturing Program, The Family Integrity Prevention Program, mobile response teams for after-hour crisis intervention, Healthy Families, Behavioral Analysis Programs and Healthy Opportunities for Parenting Excellence (HOPE). Several Neighborhood Partnerships programs located across the state focus on strength-based localized case management utilizing the Family Team Conference Model. Also, Family Intervention Specialists assist families with substance abuse issues.

In support of the 2012 Strategy, community based care lead agencies are building the professional skills of case management staff, particularly to enable better engagement of families in the decision making process. Many of the

agencies report using family conferencing models, and additional family centered practice components will continue to be enhanced through the state's Quality Improvement Plan as described in Section IV.

Florida's Citizen Review Panels

The Department has designated three entities as Citizen Review Panels. Each of these meet the requirements of the Child Abuse Prevention Treatment Act: The currently designated panels are:

- Task Force on Fostering Success (formerly the Task Force on Child Protection),
- Independent Living Services Advisory Council ,and
- Florida Child Abuse Death Review Committee.

For additional information and activities of these three panels refer to their annual reports included in Appendix C.

The Task Force on Fostering Success

The Task Force was established in July 2007 by then Secretary of the Department of Children and Families, Bob Butterworth, to examine child protection issues that were brought to light during media coverage of the Courtney Clark case. This 23 member panel, comprised of child protection professionals and other child welfare stakeholders, initially focused attention on the gaps that exist in the system when responding to and locating missing children. With extensive public comments and analysis of current case practice, the panel recommended administrative, policy, legislative, education, and training efforts to be undertaken to ensure the safety of Florida's children. The Task Force is an ongoing advisory group that meets as a full group through select committees.

Independent Living Services Advisory Council

The Independent Living Services Advisory Council (ILSAC) is legislatively mandated under s. 409.1451(7), Florida Statutes. The ILSAC functions include reviewing and making recommendations concerning the implementation and operation of the independent living transition services, but also touches upon many broader aspects of foster care.

Council members have a variety of experiences and are from diverse backgrounds, including former foster care young adults. The 40 member panel meets quarterly. Each year, the council prepares and submits an annual report to the Florida Legislature and the Department of Children and Families on the status of the services being provided, including successes and barriers to these

services. The annual report provides recommendations for improvements to the services for Florida's children and young adults.

The Florida Child Abuse Death Review Committee

The Florida Child Abuse Death Review Committee was also established by the Florida Legislature in 1999 under s. 383.402, Florida Statutes. The committee uses an 18-member state panel and locally developed multi-disciplinary teams to conduct detailed reviews of the facts and circumstances surrounding child abuse and neglect deaths in which a verified report of abuse or neglect is accepted by the Florida Abuse Hotline Information System. The purpose of the committee is to develop data-driven recommendations for reducing preventable child deaths due to abuse and neglect by caregivers.

Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols

The Department is heavily invested in developing and updating technology to support child protection services, from intake through investigation and case services. Technology enhances worker efficiency and effectiveness, as well as providing enhanced management decision making.

Florida Safe Families Network (FSFN), is Florida's SACWIS system. When complete, it will be a fully integrated case management and reporting system, designed to support local service delivery improvements, and report outcomes for children and families. The system will enable service providers and case workers to collaboratively work toward providing children with safe, stable, and well-matched placements. The system's data reporting capabilities will help DCF track its progress against goal achievement by compiling and reporting data for comparison, analysis, and outcome evaluation. It will provide an automated case record to follow each child. FSFN will allow integration of interdependent child welfare business processes across the Department, regions, sheriff offices, and outsourced providers. Completing the implementation of FSFN will enable a statewide framework for child welfare practices aligned with policy and law.

The process of designing, developing, and implementing the statewide automated system has been the impetus for greatly expanded collaboration and consensus building around the child welfare continuum of care. By conducting a detailed analysis of the legal and policy requirements for investigations, case management, legal, and other components of the continuum of care, Florida's community and state partners have built a more effective support system for achieving their mutual goal of quality services for children and families

Florida provides technological support and documentation for safety, risk, and service needs assessment through Florida Safe Families Network (FSFN). A number of templates that support making decisions about safety are available for

use by investigators and caseworkers. These include initial in home and institutional safety assessment, safety plan, and use of the out-of-home plan.

The wealth of data available to workers and supervisors provides challenges as well as opportunities. Analyzing data and applying information to assure consistent, thorough, and timely assessment and decisions about child safety will be an ongoing quality improvement effort.

The amount of information on each child or family although readily available has been suggested to be workload intense both at the entry and retrieval levels. Improvement to the system will be continuous in order to balance the workload with the quality of service provided and between efficiency with effectiveness of the system

Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange

Modernization of the Interstate Compact on the Placement of Children (ICPC) is another technology effort. Since Florida's population is highly mobile, and many families have origins or connections in other states, the Interstate Compact process is an important part of Florida's efforts to identify and take advantage of opportunities for children's lifelong connections and stability. The ICPC processing system within the State of Florida began a conversion to electronic transmittal and web based data transmission in the spring of 2008. The goal of the modernization project was to eliminate transmittal of paper ICPC files through the mail, reduce the number of persons who handle a file, and shorten the time spent in the approval process. The assignment of cases by state has resulted in personal relationships being developed between Florida ICPC specialists and their counterparts in other states. Staff has also gained additional knowledge of the laws and regulations of their assigned states.

ICPC modernization converted the existing tracking system to a paperless file system. The process now scans all incoming and outgoing documents and creates various data entry screens to capture and store information on each case. One of the best features of the system is the generation of automatic e-mail reminders and notices for critical dates in the ICPC process.

The ICS database can be accessed by the courts, community based care lead agencies, guardians ad litem, and department attorneys. These stakeholders can view the master ICPC file and determine case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida.

Collaboration with national partners to promote the replication of this system would eliminate the delay caused by mailing documents, losing documents, disagreements

over the content of documents, and dates of receipt. With a means for national electronic transmission and an electronic tracking system, transparency in the ICPC process could provide uniform consideration of ICPC requests, more accountability, and quicker permanency for children across the nation. Eventually, providing linkage to various FSFN functionality such as case management and legal documentation will fully embed ICPC activity in a seamless technology support for good case practice.

Training

Please refer to Section XI for an in-depth description of training to be provided under the grant to support direct line and supervisory personnel in report taking, screening, assessment, decision making, and referral for investigating suspected instances of child abuse and neglect; and the training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect.

Assurances

Please refer to Section XVIII for the assurances completed and signed by the Governor of Florida as required in section 106(b)(2)(A) and (B).

Substantive Changes

There are no substantive changes in Florida Statutes that adversely affect the State's eligibility for the CAPTA State grant. Some statutory changes enhance the scope of background checks, as described below.

Criminal Background Checks

Since the previous five year plan, the Department has made significant changes to the practice of criminal background checks. The Crime Intelligence Unit completes criminal history checks for the purpose of investigations to include subjects of the investigation for both child and adult abuse reports. The criminal history became available to field staff real time using a system called Phoenix on-line. This criminal history is purged after one business day in accordance with FDLE Policy. This information provides the investigators with the knowledge of criminal history for the subjects in the abuse report in an effort to protect the protective investigator and Florida's most vulnerable citizens.

The Crime Intelligence Unit continues to complete criminal history checks for the purpose of investigations for child reports to include subjects of the investigation and other adult household members. Florida implemented the Adam Walsh Child Protection and Safety Act of 2006 in February 2007, which authorized the Department to search the National Crime Information Center (NCIC) for subjects of the abuse report for the purpose of child protective investigations. Criminal

history is completed by individual subjects using demographic information searching the following systems

- Florida Crime Information Center (FCIC) for subjects 12 years and older
- National Crime Information Center (NCIC) for subjects 12 years and older
- Department of Juvenile Justice (DJJ) for subjects ages 12 to 26
- Florida Department of Corrections (DOC) for subjects 12 years and older
- Florida Sexual Predator Website for subjects 12 years and older

The Department completes emergency placement criminal history checks for the purpose of placement of a child within 72 hours of the actual placement being made. Some technology supports offered by the law enforcement community facilitate screening, specifically the use of Live Scan for fingerprint capture and submission.

Part C

The Child Abuse Prevention and Treatment Act (CAPTA) has a significant requirement for States to have provisions and procedures for the referral of children under the age of three who are involved in substantiated cases of child abuse or neglect for developmental assessments and early intervention services under Part C of the IDEA [42 U.S.C. 5106a, Sec. 106 (b)(2)(A)(xxi)].

A CAPTA workgroup was convened to address and implement federal requirements. Representatives from the Department of Children and Families, Offices of Family Safety, Children's Mental Health, Substance Abuse and the Department of Health's offices of Children's Medical Services, Maternal and Child Health, Prevention and Intervention and Early Steps along with Florida Head Start and the Florida Center for Prevention and Intervention and Infant Mental Health have worked diligently to draft an interagency agreement regarding referrals to the Early Steps program. The early intervention services funded through Part C are provided by the Department of Health. Continuing discussion occurred about ensuring all children that should be referred for screening, are in fact, referred and received any services indicated by the screening. The Early Steps program is designed to ensure that children under the age of three who are involved in substantiated cases of child abuse or neglect and are potentially eligible for early intervention services are referred to the local Early Steps office within their region when warranted.

Local Early Steps programs screen all children referred by the Department or its community based care lead agencies. When a child is referred to Early Steps from a child welfare case worker, the information on the outcome of the child's screening and any recommended services on the child's individualized family

support plan will be forwarded by the Early Steps service coordinator to the lead agency for consideration in development of the child's case plan.

Local agreements between local Early Steps programs and their associated lead agency define processes for information exchange. Plans are underway to conduct a survey of local Early Steps programs to assess the number of signed interagency agreements. Another product in development is a list of Early Steps players by community. Additional technical assistance to local partners will be provided as needs are identified.

Request for Funds

Please refer to the CFS-101, Part I and Part II as the Department's official request for FY 2010 funds and the estimate of expenditures in Section XVI.

**John H. Chafee Foster Care
Independence Program (CFCIP)
and
Education and Training Vouchers
(ETV)**

XV. John H. Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV)

Service Description

While the Chafee Foster Care Independence Program (CFCIP) is in place to help ensure that young people involved in the foster care system get the tools they need to make the most of their lives, Florida continues to strengthen services for young adults exiting foster care at age 18. The program by design is to assist youth to transition to self-sufficiency. They may have opportunities for additional education or training, housing assistance, counseling and other services. Florida is utilizing the Medicaid option by providing Medicaid coverage to all young adults exiting out of foster care until his or her 21st birthday. Current practices have resulted in a steady improvement, over the last three years, in the number of youth aging out of Florida's foster care system with an appropriate permanency Plan.

Florida has designed an array of services to support older foster youth and former foster youth with the goal that these youth become independent self-supporting young adults. These services are funded through a web of federal grants, general revenue dollars, and national, state and community private funds.

Florida monitors Title IV-B Chafee Foster Care Independence (CFCIP) to ensure that the State's allotment spent on Room and board for eligible youth does not exceed 30% of the allotment. Section XVI, Budget Request and Summary, contains the signed certification, CFS-101, Parts I and III.

Section 409.1451(5), Florida Statute, provides the authority for services to young adults formerly in foster care. Eligibility for services is described in each of the three sections of law including Road to Independence, Aftercare and Transitional Support. Each of these eligibility types includes a provision for room and board assistance. Florida provides a substantial amount of state funding to match and augment the Chafee and Education Training Voucher Funds. Much of the state funding is made available to provide room and board for former foster youth through the provisions in state law above. In addition, the Department and community-based care providers work with Florida housing agencies and developers to provide low cost housing services.

Throughout the state of Florida, there have been increased supports for having youth representation at the table. Former Secretary Butterworth and Secretary George Sheldon have been leaders and standard bearer for this philosophy and is setting the example of youth representation at the table through their inclusion in a number of task groups and teams organized by the Department.

Based on eligibility, young adults exiting foster care in Florida may now receive services until age 23 and this includes an "open door" policy where young adults

after reaching age 18 may receive services for a period and return for additional services if needed after initial termination. One significant service for this group is the Road to Independence Program, which requires fulltime attendance in secondary or postsecondary education and provides a financial award based on the living and educational costs of each participant. Other services such as After Care Support and Transitional Support Services do not require school attendance once determined eligible based on need. Aftercare Support provides services, which assist young adults who were formerly in foster care in their efforts to continue to develop the skills and abilities necessary for independent living. Skills and abilities include but are not limited to mentoring and tutoring, mental health services and substance abuse counseling, life skills classes, (including credit management and preventive health activities), parenting classes, job and career skills training, counselor consultations, temporary financial assistance, and financial literacy skills training. Transitional Support provides services to young adults who have a Plan for self-sufficiency and includes financial, housing, counseling, employment, education, mental health, disability, and other services. These transitional support services may continue only as long as the young adult demonstrates that the services are critical to his or her efforts for self-sufficiency.

Another promising practice is the increasing awareness of the importance of the youth's perspective in child welfare decision making. Youth have made the most progress in "teaching" child welfare staff and managers about the benefits of inclusion and engagement of youth. An example is the active group of youth formerly in foster care known as Youth SHINE. They have provided effective advocacy for children in foster care in multiple settings, including the legislative process.

Program Design

Chafee Program mandates are contained in Section 409.1451(1-3), F.S. In addition to Florida law, Department of Children and Families references the federal policy documents, best practice materials, and consultation with stakeholders and the National Resource Center for Youth Development to implement the Chafee program.

Florida's Youth Ages 13-17

Current program as specified in Florida law for Youth Ages 13-17 includes:

- Assessments
- Service array of life skills classes, educational support, employment training, counseling and support services
- Educational and career goal setting starting at age 13

- Annual independent living staffings for youth age 13 –14 (Specifies youth involvement)
- Independent living staffings every six months for youth age 15-17 (Specifies youth involvement)
- Special judicial review specific to transition within 90 days after the 17th birthday and at 17 years 6 months
- Removal of the age of disability before the age of 18 in order to open a bank account
- Expansion of Medicaid benefits to all youth exiting licensed care until age 21

Additional program activities include:

- Operation Full Employment to hire youth from foster care in various positions within state agencies and other partner agencies;
- Internship and apprenticeship activities for youth in foster care and formerly in foster care;
- Creation of a “Special Project Coordinator” to design a statewide job readiness program database for young adults formerly in foster care to facilitate employment opportunities; and
- Implementation of the Florida Youth Leadership Academy.
- As of July 1, the Independent Living Transitional Services Checklist Survey is required each year, forty-five days after the youth’s birthday.

Future program initiatives for youth ages 13-17 include:

- Continued collaboration with the Independent Living Advisory Council made up of representatives from a variety of agencies including workforce, education, child advocates, foster parents and youth. This board serves to strengthen independent living services in Florida.
- Provide assistance to youth as they prepare and enter post-secondary training and educational institutions.

Florida’s Young Adults 18-22

Current program as specified in Florida law for Young Adults 18-22 includes:

- The Road to Independence Program
- Transitional Support Services

- Aftercare Support Services
- Tuition and fee exemptions
- Medicaid for youth exiting foster care until age 21.
- Extended court jurisdiction until age 19 for youth that submit a petition to the court
- Youth exiting foster care are eligible to remain in their foster homes or another licensed home arranged by the department after reaching age 18
- Requires the department to advertise the Road To Independence program to specific parties including the youth in care and those involved in education and guidance
- Florida in coordination with Florida's Children First! created a pamphlet on Independent Living services in the state of Florida in an easy to read format to ensure the adults were aware of services and their rights.
- Case management services as requested.
- Implementation of legislation that removes disability of nonage for youth in foster care for the purpose of leasing residential property or setting up utilities prior to reaching age 18.

Additional program activities include:

- Assistance in locating and applying for other scholarships and grants
- Coaching and guidance
- As of July 1, the Independent Living Transitional Services Checklist Survey is required each year, forty-five days after the young adult's birthday.

Consultation and Collaboration with Tribes: Chafee is available to any child in care in Florida, regardless of heritage. The Florida tribes have not expressed an interest in these benefits as both tribes are wealthy. The Seminole tribe has confirmed that their youth do receive significant financial stipends as a benefit of tribal enrollment. They are financially independent as a result.

The Seminoles are working with the National Indian Child Welfare Association to re-vamp their Family Services Department. The Department suggested they discuss Chafee funds with NICWA. The Department has communicated its ongoing commitment to working with the tribe.

Educational and Training Vouchers Program (ETV)

The Educational and Training Vouchers Program (ETV) is a program for youth defined as aging out of foster care. ETV provides resources specifically to meet the education and training needs of youth aging out of foster care. Funding is used to support post secondary educational and training for youth as they transition to adulthood after the age of 18. This program makes available vouchers of up to \$5,000 per year per youth for post secondary education and training for eligible youth. The Florida Department of Children and Families is responsible to administer and works in collaboration with other entities to provide this program to designated youth. Florida remains committed to strengthening its post-secondary educational assistance program efforts to achieve the purpose of the ETV program. Progress towards improved outcomes and a more comprehensive, coordinated, effective child and family services continuum is evident in the strategies in place. The Education Training Vouchers (ETV) funds are primarily used to fund the Road to Independence Program. The Road to Independence (RTI) program is available to eligible students formerly in foster care to provide support for them to attain education and vocational training to achieve independence. The monthly award is based on the living and educational needs of the young adult with a maximum award based on federal minimum wage. Although, the RTI monthly stipend is available to high school students who have aged out of foster care, ETV funds only funds the stipend provided to students in post secondary education. Florida Statutes now allow foster youth exiting foster care after the age of 16 by adoption or permanent guardianship to be eligible for the Road to Independence Program.

Specific Accomplishments

Governor Crist, Former Secretary Butterworth, Secretary George Sheldon, and legislators from both sides of the aisle have been staunch supporters of the focus on Independent Living Services for youth in foster care and those young adults formerly in foster care.

Florida is also fortunate to have several advocacy groups that promote opportunities for youth that have aged out of the foster care system. This includes the Florida YouthShine who is comprised of youth who were formerly in the foster care system. There are several local organizations as well as a statewide Youthshine. Section 409.1450, Florida Statute, provides for the Independent Living Services Advisory Council (ILSAC).

ILSAC for the purpose of reviewing and making recommendations concerning the implementation and operation of the independent living transition services advise the department on actions that would improve the ability of the independent living transition services to meet the established goals. The advisory council shall keep the department informed of problems being experienced with the services, barriers to the effective and efficient integration of services and support across systems, and successes that the system of independent living transition services has achieved.

Florida has recorded an increase in the number of young adults participating in services after reaching age 18. These services are available to young adults requesting support in their own efforts to achieve self-sufficiency and assist the youth in their transition and preparing them for educational and career training once they reach adulthood. The Road to Independence stipend is also available to individuals adopted or placed with a permanent guardian from foster care after the age of 16.

Implementation of the Florida Youth Leadership Academy began in 2008, continues in 2009 and is anticipated to become an ongoing opportunity for older youth in the foster care system. This Academy is designed to build youth leaders by providing skills training and an opportunity to partner with an adult sponsor who is a graduate of the Child Welfare Leadership Academy. The program design calls for twenty young adults involved with the Department to participate in a nine month training program in order to facilitate development of their leadership skills as they meet at least monthly with their mentor. This program is a collaboration by Department of Children and Families, , Connected by 25, Jim Casey Youth Opportunities Initiative and the Child Welfare Leadership Program Alumni Association.

The two federally recognized American Indian tribes located Florida, the Seminole and the Miccosukee, were notified of the Planning for the development of the 2005-2009 Chafee State Plan but were not in attendance. A third tribe, the Poarch Band of Creek, located in southern Alabama but with many members residing in Florida, were also notified.

Because of the high visibility of the independent living and the foster care programs, more stakeholders are aware of the needs of teens in foster care and youth transitioning out of the foster care system. These stakeholders are powerful voices to require individualized case plans and service delivery to teens to best meet their needs. Former Secretary Butterworth and Secretary George Sheldon have actively engaged the private philanthropic community by adopting a set of values that invite private partners to the table and values their input. They have reached out to the community with a commitment to transparency and openness at finding new and improved ways of doing business.

The Robert A. Butterworth Endowment was established and designed to provide financial assistance to youth formerly in foster care. This funding will assist selected youth achieve their educational and career goals. Donations made by individuals, organizations and companies will continue Secretary Butterworth's commitment to supporting youth aging out of Florida's foster care system. When youth leave foster care at age 18, they must navigate the adult world without the support and guidance of a family.

Additionally a subcommittee focused on independent living under the Florida Supreme Court Steering Committee on Families and Children in the Court was created. This committee concluded its work in late 2007. Florida has increased the

total number of stipend recipients to approximately 1,500 monthly. Although these numbers do not reflect just those receiving ETV funds, it does show a rise in the number of students receiving the RTI stipend. ETV funds are also available to part time students enrolled in post-secondary education.

As part of the development of the outcome measures for the Community based care Lead Agencies, the Department has implemented the “Independent Living Transitional Services Critical Checklist” (available at: <http://www.Department of Children and Families.state.fl.us/indliving/>) in coordination with the Independent Living Services Advisory Council (ILSAC). In partnership with the Community based care agencies, the Department has collected data on youth skills and development for youths in foster care, ages 13 through 17, and young adults formerly in foster care, ages 18 through 22, in the areas of:

- Life Skills
- Housing
- Education
- Employment
- Department of Correction or Juvenile Justice Case plan, Aftercare, and Transitional Services

This collection of data was an unprecedented achievement. Over 8,800 surveys were completed and the data were collected for an analysis at a statewide and Community based care lead agency level for youths in foster care, ages 13 through 17, and young adults formerly in foster care, ages 18 through 22. As of July 1, 2008, the Independent Living Transitional Services Checklist Survey is required to be completed annually, within forty-five days of the youth or young adult’s birthday, to collect data on progress and outcomes for the Department and Community based care providers.

The Child Welfare Leadership Program (CWLP) and Connected by 25 (Cby25) partnered to create the Florida Youth Leadership Academy for children in care. Connected by 25 is a community initiative that engages youth, public/private partners, and policy makers to improve outcomes for foster youth through investments in services and programs. Their mission is to ensure that foster care youth are educated, housed, banked, employed and connected to a support system by age 25.) A critical element of the Youth Leadership Program design is to obtain the expertise and input of the youth in foster care and youth formerly in foster care.

Preparation to Implement National Youth in Transition Database (NYTD): The Department has established a workgroup to oversee the implementation of NYTD. This group includes child welfare, training, and technology staff as well as members of the state Independent Living Advisory Council. Youth representatives and advocates are part of this council. This effort is coordinated with Florida's

participation on the APHSA NYTD national workgroup. Deputy Secretary Don Winstead is the leader for this workgroup. Our goal is to utilize lessons learned from Florida's implementation of the independent living services checklist. In 2009, over 8000 surveys were collected from youth and compiled. This initiative has provided our state with valuable insights into implementation of NYTD. Key tasks have been developed in the following areas: SACWIS system enhancements, educating stakeholders, training, and reporting. We are fortunate to have the strong support of the Chair of the Independent Living Services Council also an employee of the Eckerd Family Foundation. Eckerd works closely with the Jim Casey Youth Opportunities Initiative. This relationship provides additional support of this important project.

Planned Activities

In an effort to effectively respond to the issues and concerns raised by Florida's Youth SHINE, the Family Safety Quality Assurance developed a threefold approach to evaluate the program. The first level of review will be a process to review Aftercare Services, Transitional Support Services, and Road to Independence Scholarship Services. This process review includes a System of Care Survey and interviews with young adults who are receiving these services.

B. Collaboration

Service Collaboration Activities

Frequently Asked Questions for Youth Transitioning to Adulthood

Florida Children's First, Inc., in partnership with many youth and stakeholders, developed the "Frequently Asked Questions for Youth Transitioning to Adulthood" brochure for dissemination to all youth age 15 and above in state custody, young adults formerly in foster care, and any former foster youth inquiring about services. Enough brochures were disseminated to the Community based care Lead Agencies to provide to the above described population plus an additional 20% to provide to the staff working with this population.

Independent Living Services Advisory Council

Mandated by Florida Statute, the Independent Living Services Advisory Council consists of representatives from a wide variety of agencies and organizations. Representation includes Department of Education, Agency for Workforce Innovation, Florida Network for Youth, Department of Juvenile Justice, the Office of Homelessness, Housing Authority, Department of Children and Families, youth, foster parents, business community, Guardian ad Litem, providers of transitional living services, foster parents, and other child advocacy organizations.

The purpose of the council has been to assess the independent living program and services and make recommendations to the Department and the legislature for change. Rather than operating as a part of the department this council's leadership

has come from outside the department and created the independent group specified in law that is committed to improving services for adolescents in foster care.

The advisory council has been in existence in some form since October of 2002. This has created an environment in which the department has been able to collaborate and maintain contacts with people from other agencies. Central Office staff has been involved in workgroups with workforce organizations, children, and adult mental health groups.

Statewide Interagency Agreement

In March 2007, the Department engaged in a working statewide interagency agreement with Agency for Workforce Innovation and Department of Education. Please refer to the Attachment entitled: *Agreement among the Florida Department of Children and Families and the Florida Department of Education and the Florida Agency for Workforce Innovation*. The Department continues to work with the state agencies to improve services to youth. The State of Florida is also a participant of the Department of Labor's Shared Youth Vision. The Department is a committee member of the statewide board.

Independent Coordinator Meeting

In March 2008, the statewide Independent Living Coordinator Meeting convened in conjunction with the Agency for Workforce Innovation, Workforce Florida, and Florida's Regional Workforce Boards. Efforts will continue for scheduling the statewide Independent Coordinator Meetings in conjunction with the Agency for Workforce Innovation, Workforce Florida, and Florida's Regional Workforce Boards.

Ongoing Collaborative Activities

- Continue the collaborations mentioned above.
- Continue to support the work of the Independent Living Services Advisory Council. Meetings are Planned quarterly.
- In May 2009 the Department began participating in the Independent Living Policy Drafting Committee for Our Kids. The purpose of this committee is to revise and create policies and procedures for the Independent Living Program for youth aging out of foster care.

C. Program Support

Florida continues to promote the development and maintenance of relationships between foster teens and adults. This continues to be an area that can be improved. Several of the local Independent Living programs have instituted mentoring programs. Some examples are career mentoring, youth mentoring and established mentoring programs such as Big Brothers/Big Sisters. Youth are also

encouraged to participate in extracurricular and community activities placing them in situations to meet people and develop relationships.

Deliberate efforts need to be included in case planning and services to provide children in foster care with opportunities to meet people and develop positive and lasting relationships.

Training Activities

The Department continues to facilitate quarterly leadership meetings for statewide independent living staff. These leadership meetings include trainings on assisting youth with transition to adulthood, statewide resource availability, immigration issues, proposed bill updates, life skills assessments (Daniel Memorial and Ansell-Casey), needs assessment, services manual training, budget issues and other topics. Also discussed during these meetings were programmatic training and issue clarification and implementation of new statutory revisions. During these meetings discussions focus on best practices and ideas for assisting youth in developing and maintaining long term relationships.

The 2008 Dependency Summit sponsored enabled Young adults currently in or formerly in foster care presented and participated in sessions at this conference. Titles included the following:

- Normalcy for Children in Licensed Care
- Youth in Court: Why They Need To Be There And How To Make It A Positive Experience
- Perspectives of Teens in Care

Statewide training for independent living coordinators are scheduled regularly. In the past presentations have been provided by the Office of Program Policy Analysis and Government Accountability, Connected by 25, Department of Education, Department of Juvenile Justice, advocate attorneys and various others.

In addition, the Department have conducts regional trainings for child welfare staff twice a year. These training sessions provide full day trainings in multiple cities across Florida. Trainers were tapped from the law enforcement, legal advocacy, statewide providers and federally funded national resource centers. Issues impacting youth in the foster care system and exiting the foster care system were part of the agenda.

During the year, community based care lead agency contract managers receive additional training and technical assistance through conference calls and video teleconferences. Central office staff also provides onsite technical assistance to questions by telephone and email to service providers, community and other agencies.

The Department will continue its training efforts through the facilitation of quarterly leadership meetings; the provision of web based information, training materials, and other documents; the provision of training and/or materials on revised administrative rule, as applicable; the provision of training and/or materials on statute revisions, and coordination of trainings through the National Resource Center for Youth Development.

Programmatic Oversight

The Department's oversight of the Independent Living Program was a two part system. The Department's Contract Oversight Unit is responsible for monitoring the compliance of Community based care agencies with s. 409.1451, F.S. and 65C-31, Florida Administrative Code. With the exception of OurKids of Miami-Dade/ Monroe, Inc. (Circuits 11 and 17) and ChildNet, Inc (Circuit 17), the Contract Oversight Unit conducts annual monitoring of the Independent Living Program in conjunction with the Quality Assurance Unit in an integrated review (OurKids and ChildNet were monitored by an independent contractor as mandated under Chapter 2006-30, Laws of Florida). The Contract Oversight Unit selects youth eligible to receive Independent Living Services and young adults formerly in foster care who are receiving services and conducts a file review to determine that the requirements of Florida Statute and code were met.

Quality Assurance teams monitor the compliance of Community based care providers with Independent Living standards using a three tier review process.

The Family Safety Quality Assurance system used by the Department continues to require assessment of Independent Living services. The current quality assurance Plan requires an integrated review of cases with Independent Living services requirements as part of the overall case reviews.

In accordance with Chapter 2006-30, Laws of Florida, a programmatic monitoring pilot has been established in the following communities: OurKids of Miami-Dade/ Monroe, Inc. (Circuits 11 and 17) and ChildNet, Inc (Circuit 17). Chapin Hall Center for Children, a research and development center of the University of Chicago is under contract through 2009 to provide programmatic monitoring. Chapin Hall's responsibilities are to: analyze and recommend new outcome measures and monitoring tools to best determine quality of performance of lead agencies, compare pilot performance to that of other lead agencies, and to report to state leaders and alliances.

Currently an Independent Living Specialist is funded in the headquarters' Family Safety Program Office. Budget staff is available to provide assistance as needed. This staff person provides technical assistance and training to Community based care lead agency Independent Living Coordinators. A one to two day training event is held each quarter, as financially feasible. Onsite technical assistance visits are scheduled as requested and as staff resources are available. The Family Safety

Program Office staff also provides technical assistance to the Contract Oversight Unit in the monitoring of the Community based care lead agencies.

Family Safety Program Office staff collaborates with members of the Independent Living Advisory Services Council and other stakeholders to augment the capacity of the headquarters Family Safety Program Office to provide best practice and policy training. Connected by 25, the Eckerd Family Foundation, and *Florida's Children First!* representatives along with federal representatives and staff from other state agencies have provided training and technical assistance to Community based care lead agencies.

The Office of Family Safety monitored the percentage of Chafee and Education Training Vouchers spent by each of the Community based care lead agencies and are available to answer questions on a statewide and lead agency level in terms of fiscal expenditures, and the number of young adults formerly in foster care receiving payments using the Interim Child Welfare Services Information System (ICWSIS). Fiscal monitoring of the Community based care lead agencies occurs and was provided by an independent contractor.

Independence Program Improvement Strategies

The Department continues its pledge and commitment towards fostering strengthened services for young adults exiting foster care at age 18 as evidenced in the implemented strategies listed below.

- Florida's Youth SHINE advocacy group made up of young adults formerly in foster care who advocate for improvements in the foster care system.
- The statewide office works with Connected by 25, whose mission is to connect youth in foster care with adults in their community by the age of 25. They are a partner agency for the Florida Youth Leadership Academy.
- Consultation with the National Resource Center for Youth Development for training and technical assistance in delivering life skills and developing outcome measures.
- Annual completion of the Florida "Independent Living Transitional Services Critical Checklist Survey" to determine if services are being provided.
- Development of a threefold approach to evaluate the Independent Living Program across Community based care Lead Agencies in response to concerns raised by Florida's Youth SHINE.

Plans for future enhancements include continuation and refinement of programs to provide assistance for youth to receive education, training and services necessary to obtain employment.

Budget Request and Summary

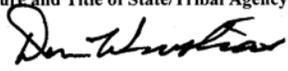
XVI. Budget Request and Summary

CFS-101, Part I
 U.S. Department of Health and Human Services
 Administration for Children and Families

Attachment D
 OMB Approval #0980-0047
 Approved through July 31, 2011

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2010, October 1, 2009 through September 30, 2010

1. State or Indian Tribal Organization (ITO): Florida	2. EIN:59-3458463
3. Address: Florida Department of Children & Families 1317 Winewood Boulevard Tallahassee, Florida 32399-0700	4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	\$15,348,265
a) Total administration (not to exceed 10% of estimated allotment)	\$1,534,826
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	\$14,480,512
a) Total Family Preservation Services	\$3,705,292
b) Total Family Support Services	\$3,254,282
c) Total Time-Limited Family Reunification Services	\$3,351,180
d) Total Adoption Promotion and Support Services	\$3,465,810
e) Total for Other Service Related Activities (e.g. planning)	\$100,000
f) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)	\$603,949
7. Total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	\$859,864
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)	\$85,986
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ 0, PSSF \$ 0, and/or MCV 0.	
b) If additional funds become available to States and ITO, specify the amount of additional funds the State or Tribes requesting: CWS \$ <u>Equitable share available</u> , PSSF \$ <u>Equitable share available</u> , and/or MCV \$ <u>Equitable share available</u> .	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	\$1,329,020
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	\$7,067,742
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$2,120,323
11. Estimated Education and Training Voucher (ETV) funds	\$2,376,666
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	\$0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	\$0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	\$ Equitable share available
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	\$ Equitable share available
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 20 10.	
Signature and Title of State/Tribal Agency Official  Don Winstead, DCF Deputy Secretary	Signature and Title of Central Office Official

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

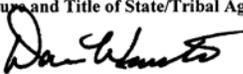
State or Indian Tribal Organization (ITO) Florida For FFY OCTOBER 1, 2009 TO SEPTEMBER 30, 2010

SERVICES/ACTIVITIES	TITLE IV-B			(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED	(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
	(a) Subpart I- CWS	(b) Subpart II- PSSF	(c) Subpart II- MCV *								
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		3,254,282		1,329,020				22,066,407	76,341	Reports of Abuse/Neglect All Eligible Children	Statewide
2.) PROTECTIVE SERVICES								89,757,870	21,422	All Eligible Children	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)	4,365,291							1,235,097	11,243	All Eligible Children	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	8,926,021							12,277,201	6,251	All Eligible Children	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	1,653,554							5,165,185	2,574	All Eligible Children	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. placement)		100,000									
7.) FOSTER CARE MAINTENANCE:											
(a) FOSTER FAMILY & RELATIVE FOSTER CARE											
(b) GROUP/INST CARE											
8.) ADOPTION SUBSIDY PMTS.								17,449,594	5,411	All Eligible Children	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.								34,144,169	2,721	All Eligible Children	Statewide
10.) INDEPENDENT LIVING SERVICES								51,730,558	28,704	All Eligible Children	Statewide
11.) EDUCATION AND TRAINING VOUCHERS					6,990,742					Eligible 18-20	
12.) ADMINISTRATIVE COSTS	403,399	603,949			77,000	2,376,666		1,262,771	1,409	Eligible 18-20	
13.) STAFF & EXTERNAL PARTNERS TRAINING								124,931,642	168,255,608		
14.) FOSTER PARENT RECRUITMENT & TRAINING								5,119,181	5,119,181		
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING								1,304,355	625,762		
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING								394,739	189,375		
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING				859,864						All Eligible Children	
18.) TOTAL	15,348,265	14,480,513	859,864	1,329,020	7,067,742	2,376,666	235,074,238	447,759,053			

* States Only, Indian Tribes are not required to include information on these programs

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2009, October 1, 2008 through September 30, 2009

1. State or Indian Tribal Organization (ITO): Florida		2. EIN:59-3458463	
3. Address: Florida Department of Children & Families 1317 Winewood Boulevard Tallahassee, Florida 32399-0700		4. Submission: <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds		\$15,348,265	
a) Total administration (not to exceed 10% of estimated allotment)		\$1,534,826	
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.		\$14,480,512	
a) Total Family Preservation Services		\$3,705,292	
b) Total Family Support Services		\$3,254,282	
c) Total Time-Limited Family Reunification Services		\$3,351,180	
d) Total Adoption Promotion and Support Services		\$3,465,810	
e) Total for Other Service Related Activities (e.g. planning)		\$100,000	
f) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)		\$603,949	
7. Total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)		\$859,864	
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)		\$85,986	
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:			
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ 0, PSSF \$ 0, and/or MCV 0.			
b) If additional funds become available to States and ITO, specify the amount of additional funds the State or Tribes requesting: CWS \$ Equitable share available, PSSF \$ Equitable share available, and/or MCV \$ Equitable share available.			
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		\$1,329,020	
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		\$7,067,742	
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$2,120,323	
11. Estimated Education and Training Voucher (ETV) funds		\$2,376,666	
12. Re-allotment of CFCIP and ETV Program Funds:			
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		\$0	
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program		\$0	
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		\$ Equitable share available	
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program		\$ Equitable share available	
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 20 09 .			
Signature and Title of State/Tribal Agency Official		Signature and Title of Central Office Official	
 Don Winstead, DCF Deputy Secretary			

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO) Florida For FFY 2009 OCTOBER 1, 2008 TO SEPTEMBER 30, 2009

SERVICES/ACTIVITIES	TITLE IV-B		(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED Individuals Families	(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
	(a) Subpart I- CWS	(b) Subpart II- PSSF								
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		3,235,979	1,329,020				32,196,052	74,484	Reports of Abuse/Neglect All Eligible Children	Statewide
2.) PROTECTIVE SERVICES	8,841,212						70,586,793	22,656	All Eligible Children	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)		3,600,178					1,200,059	11,891	All Eligible Children	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	5,016,582	3,334,637					8,351,219	6,611	All Eligible Children	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	1,230,334	3,707,247					36,688,252	2,780	All Eligible Children	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)										
7.) FOSTER CARE MAINTENANCE										
(a) FOSTER FAMILY & RELATIVE FOSTER CARE										
(b) GROUP/INSTR CARE										
8.) ADOPTION SUBSIDY PMTS.										
9.) GUARDIANSHIP ASSIST. PMTS.										
10.) INDEPENDENT LIVING SERVICES				6,997,742			16,722,553	1,582	Eligible 18-20	
VOUCHERS					2,376,666		646,852	1,507	Eligible 18-20	
12.) ADMINISTRATIVE COSTS	260,137	602,471		70,000			129,667,377			
13.) STAFF & EXTERNAL PARTNERS TRAINING							1,702,875			
14.) FOSTER PARENT RECRUITMENT & TRAINING							720,383			
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING							1,030,000			
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING							329,028			
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			859,864							
18.) TOTAL	15,348,265	14,480,512	1,329,020	7,067,742	2,376,666	227,654,518	463,194,908		All Eligible Children	

* States Only, Indian Tribes are not required to include information on these programs

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2007: October 1, 2006 through September 30, 2007

1. State or Indian Tribal Organization (ITO): FLORIDA		2. EIN:59-3458463		3. Address: Florida Department of Children & Families 1317 Winewood Boulevard Tallahassee, Florida 32399-0700				
4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision		Description of Funds	Estimated Expenditures	Actual Expenditures	Number served		Population served	Geographic area served
					Individuals	Families		
5. Total title IV-B, subpart 1 funds			\$15,930,592	\$15,930,592	34,661		All Child Welfare Clients	Statewide
a) Total Administrative Costs (not to exceed 10% of Federal allotment)			\$209,874	\$12,860				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)			\$16,131,048	\$16,058,441	34,661		All Child Welfare Clients	Statewide
a) Family Preservation Services			\$4,007,762	\$3,927,695				
b) Family Support Services			\$4,169,072	\$4,093,078				
c) Time-Limited Family Reunification Services			\$3,523,831	\$3,382,998				
d) Adoption Promotion and Support Services			\$4,330,383	\$4,270,605				
e) Other Service Related Activities (e.g. planning)			\$0	\$0				
f) Administrative Costs (FOR STATES: not to exceed 10% of total allotment after October 1, 2007)			\$100,000	\$384,065				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)			\$0	\$0				
a) Administrative Costs (not to exceed 10% of Federal allotment)			\$0	\$0				
8. Total Chafee Foster Care Independence Program (CFCIP) funds			\$7,566,271	\$7,566,271				
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)					806		Eligible 18 thru 22 year old youth	Statewide
9. Total Education and Training Voucher (ETV) funds			\$2,269,881	\$2,263,563			Eligible 18 thru 22 year old youth	Statewide
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2008.			\$2,594,545	\$2,594,545	757		Eligible 18 thru 22 year old youth	Statewide
Signature and Title of State/Tribal Agency Official		Date		Signature and Title of Central Office Official		Date		
Don Winstead				Don Winstead, DCF Deputy Secretary				

	Estimated Award	% of Estimated	Actual Award	% of Actual	Difference**
FFY 2007 Title IV-B, Part II					
Family Preservation Services	4,007,762	24.85%	3,927,695	24.46%	-0.39%
Family Support Services	4,169,072	25.85%	4,093,078	25.49%	-0.36%
Time-Limited Family Reunification Svcs	3,523,831	21.85%	3,382,998	21.07%	-0.78%
Adoption Promotion and Support Svcs	4,330,383	26.85%	4,270,605	26.59%	-0.25%
Administration	100,000	0.62%	384,065	2.39%	1.77%
Total	16,131,048	100.00%	16,058,441	100.00%	

**The actual grant award was .45% less than the original estimate provided for Title IV-B, Part II.

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Child Protection Initiatives

XVII. Child Protection Initiatives

The Department of Children and Families commitment to primary prevention is evident through its partnership with the Healthy Families Florida program. Healthy Families Florida is a statewide, nationally accredited, voluntary home visiting program that is proven to prevent child abuse and neglect before it ever starts. The program is modeled after Healthy Families America, an evidence-based initiative of Prevent Child Abuse America. Healthy Families America is recognized by the U.S. Office of Juvenile Justice and Delinquency Prevention as an “effective prevention program, demonstrating empirical findings using a sound conceptual framework and an evaluation design of high-quality.” Healthy Families is also acknowledged as a successful and proven program by the Rand Corporation, a non-profit institution that addresses the challenges facing the public and private sectors around the world.

The program equips parents and other caregivers with the knowledge and skills they need to create stable home environments free from child abuse and neglect so their children can grow up healthy, safe, nurtured and ready to succeed in school and in life.

Trained home visitors provide parents and other caregivers with information, guidance and emotional and practical support by:

- Modeling positive parent-child interaction to enhance their child’s development.
- Providing education on child health and development and the importance of immunizations and well-baby check-ups.
- Teaching about safe and unsafe sleeping environments for infants, coping with crying and other prevention topics.
- Conducting child screenings for developmental delays.
- Connecting families to medical providers and making referrals to other community services.
- Teaching how to recognize and address child safety hazards in and around the home, in the car, in and around water and in other environments.
- Helping to develop appropriate problem-solving skills and identify positive ways to manage stress.
- Promoting personal responsibility for their future and the future of their families by helping them to set and achieve goals, such as furthering their education and acquiring stable employment.

Healthy Families services are available in all of Florida’s 67 counties. During the 2007-2008 fiscal year, Healthy Families Florida served 13,460 families with 21,647 children.

Healthy Families will play a significant role in accomplishing Prevention Goal 5 in the Florida Child Abuse Prevention and Permanency Plan. The objective stated in that Plan is that by June 30, 2010 the State of Florida will have continued its level of support for Healthy Families Florida and developed a plan for increasing its availability and capacity to provide home visitation for families at high risk of abuse or neglect and in need of parenting education and support over five year period.

Assurances

XVIII. Assurances.....

Strategy Measurement Plan and Quarterly Status Report

Goals:

1. **Develop and Phase-In Family Centered Practice (Strategies A - E)**
2. **Strengthen Policy and Improve Practice to Ensure Safety of Children (Strategy A)**
3. **Improve Service Array (Strategies A – B))**
4. **Ensure Continuous Quality Improvement: Focus on results for children and Families (Strategy A)**
5. **Strengthen the Child Welfare Training System (Strategy A)**

Type of Report: QIP Quarterly Report: _____

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Permanency 2; Well-being 1	
Strategy A: Develop Family Centered Practice Model				Applicable CFSR Items: 12, 13, 14, 15, 16, 17, 18, 19, 20	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
1. Develop and send policy statement on family centered practice model to regional directors, CBC CEOs, and Circuit Administrators	State Director, Office of Family Safety Assistant Secretary for Operations	Copy of policy model statement and dissemination memo	Quarter 1	Draft under review	
2. Develop and deliver introductory training on family centered practice targeting judges and court staff at the 2009 Dependency Improvement Summit	Office of Court Improvement Court Collaborative	Summit agenda	Quarter 2		
3. Distribute the training curriculum from the 2009 Summit to judges not in attendance	Office of Court Improvement	Email with the curriculum	Quarter 2		

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Permanency 2; Well-being 1	
Strategy A: Develop Family Centered Practice Model				Applicable CFSR Items: 12, 13, 14, 15, 16, 17, 18, 19, 20	
4. Inform the judiciary of family centered practice initiatives through the use of fact sheets accompanying case law updates	Office of Court Improvement	Fact Sheets	Quarter 2 and ongoing		
5. Identify and distribute courtroom practices that promote family centered practice	Office of Court Improvement and OCI panel	Practice document and communication to courts	Quarter 4		

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Permanency 2; Well-being 1	
Strategy B: Implement Family Centered Practice in Innovation Sites				Applicable CFSR Items: 12, 13, 14, 15, 16, 17, 18, 19, 20	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
1. Announce the three innovation sites	State Director, Office of Family Safety Assistant Secretary for Operations	Announcement	Quarter 1		
2. Provide Leadership Development Training on Family Centered Practice for regional directors, circuit administrators, CBC CEOs, and key community partners such as the judiciary in innovation sites.	State Director, Office of Family Safety	Copy of leadership training presentation materials; and copy of training attendance	Quarter 1		
3. Develop and deliver in-service training on family centered practice, for investigators, case-workers, supervisors, managers and Children’s Legal Services in innovation sites.	State Director, Office of Family Safety	Copy of Training curricula Copy of training agenda	Quarter 2		
4. Develop and provide training on family centered practice for caregivers and service providers.	State Director, Office of Family Safety	Copy of training material and agenda	Quarter 2		

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Permanency 2; Well-being 1	
Strategy B: Implement Family Centered Practice in Innovation Sites				Applicable CFSR Items: 12, 13, 14, 15, 16, 17, 18, 19, 20	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
5. Review progress on family centered practice in innovation sites with agency leadership, provide additional supports if necessary, and modify model, as appropriate.	State Director, Office of Family Safety Regional Directors, Circuit Administrators CBCs	Copy of data Copy of QA reports including stakeholder input Copy of modifications to model	Quarter 3		
6. Establish baselines and set targets for measuring family centered practice in innovation sites.	State Director, Office of Family Safety	Baselines, targets	Quarter 4		
7. Develop and disseminate lessons learned document statewide	State Director, Office of Family Safety	Copy of lessons learned document Email disseminating document	Quarter 4		
8. Establish plan to phase-in implementation of family centered practice model statewide.	State Director, Office of Family Safety	Copy of implementation plan	Quarter 4		

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Permanency 2; Well-being 1	
Strategy C: Improve and Expand Family Centered Practice Statewide				Applicable CFSR Items: 12, 13, 14, 15, 16, 17, 18, 19, 20	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
1. Provide Leadership Development Training on Family Centered Practice for regional directors, circuit administrators, and CBC CEOs.	State Director, Office of Family Safety	Copy of leadership training presentation materials; and copy of training agenda	Quarter 4		
2. Provide family centered practice in-service training to front line case staff and supervisors, and managers for implementation of family centered practice.	State Director, Office of Family Safety	Copy of training materials	Quarter 4		
3. Provide family centered practice principles to the Office of Court Improvement	State Director, Office of Family Safety	Copy of transmission	Quarter 1		
4. Provide training and/or technical assistance to the judiciary on court strategies addressing case plan process and components including a focus on family centered practice	Office of Court Improvement and OCI panel	Workshop materials Training/Technical Assistance agenda	Quarter 3		

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Permanency 2; Well-being 1	
Strategy C: Improve and Expand Family Centered Practice Statewide				Applicable CFSR Items: 12, 13, 14, 15, 16, 17, 18, 19, 20	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
5. Compile practice tools relating to caregiver and child involvement in court proceedings, and disseminate statewide for local use.	State Director, Office of Family Safety Director of Children's Legal Services Office of Court Improvement (OCI)	Copy of tools/written guidelines Dissemination email	Quarter 4		
6. Develop and disseminate tools for the judiciary to increase child participation in court	Office of Court Improvement	Fact Sheets Email	Quarter 1		

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Foster Parent Training	
Strategy D: Improve Placement Stability and Foster Parent Recruitment and Retention				Applicable CFSR Items: 34	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
1. Automate the Interstate Compact processes to support the timely and lasting placement of children.	State Director, Office of Family Safety	Copy of informational materials	Quarter 2	Complete	
2. Deliver expectations for quality family visits via conference call or videoconference with Family Safety and community based care managers statewide.	State Director, Office of Family Safety	Copy of agenda and other informational materials	Quarter 3		
3. Conduct special statewide quality assurance review focusing on placement stability	Family Safety Quality Assurance Manager, Regional Quality Assurance Managers	Copy of final report	Quarter 2		

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Foster Parent Training	
Strategy D: Improve Placement Stability and Foster Parent Recruitment and Retention				Applicable CFSR Items: 34	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
4. Request technical assistance from the National Resource Center for Child Welfare Data and Technology to assist Florida in conducting data analysis and assessing trends and or/issues that are contributing to instability in children's placement.	State Director, Office of Family Safety	Copy of technical assistance materials	Quarter 1	Complete. Technical assistance request submitted on 5/15/09.	
5. Develop and implement statewide action plan to address root cause(s) for placement instability based on steps 3 and 4 above.	State Director, Office of Family Safety	Action Plan on Placement Stability	Quarter 3		
6. Request that National Court and Child Welfare Collaborative provide technical assistance for the state collaborative on court room practice and placement stability	Office of Court Improvement State Director, Office of Family Safety Children's Legal Services	Copy of signed agreement with NCCWC	Quarter 1	Completed.	

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Foster Parent Training	
Strategy D: Improve Placement Stability and Foster Parent Recruitment and Retention				Applicable CFSR Items: 34	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
7. Provide training/technical assistance to foster parents to help them better understand the dependency court system and empower them to properly advocate for children and assist in maintaining family connections.	State Director, Office of Family Safety	Florida Statewide Association of Foster Parents Statewide Meeting agenda	Quarter 3	Jennifer Renna with the National Resource Center on Legal and Judicial Issues is partnering on this action step.	
8. Develop and disseminate learning tools for judiciary use regarding re-entry, placement disruption, and court notification of placement changes.	Office of Court Improvement	Copy of tools Email	Quarter 5		
9. Provide guidelines for development and revisions to local recruitment and retention plans for foster and adoptive homes, and other placement resources. (See narrative for details)	State Director, Office of Family Safety	Copy of guidelines Memo	Quarter 3		
10. Provide training and technical assistance to lead agencies to recruit quality foster families to meet the needs of children in care.	State Director, Office of Family Safety with regions, circuits, CBCs	Copy of training materials and agenda	Quarter 4		

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Foster Parent Training	
Strategy D: Improve Placement Stability and Foster Parent Recruitment and Retention				Applicable CFSR Items: 34	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
11. Issue statewide memorandum regarding local plans to implement or expand the 24-hour availability of supports for foster parents, relatives, and other caregivers in order to avoid disruptions in placement and expectations on normalcy for licensed caregivers.	State Director, Office of Family Safety	Copy of memo	Quarter 3		

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Permanency 1; Case Review System	
Strategy E: Improve Appropriateness of Permanency Planning Goals				Applicable CFSR Items: 7, 10, 25, 28, 29	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
1. Request technical assistance from the National Resource Center for Family-Centered Practice and Permanency Planning on identifying best practices, including evidence-based practice related to permanency and concurrent planning.	State Director, Office of Family Safety	Copy of materials	Quarter 3	Complete. Technical assistance request submitted on 5/15/09.	
2. Gather and disseminate best practices relating to permanency and concurrent planning for local use.	State Director, Office of Family Safety	Memo	Quarter 4		
3. Develop and implement a process for direct access into the Child Support information system to assist with diligent search activities.	State Director, Office of Family Safety with Dept of Revenue, Child Support Enforcement	Copy of memo to the field	Quarter 1	Complete. Memo to field December 18, 2008.	
4. Develop and disseminate best practice guide for identifying and locating parents and relatives for use by front-line staff, attorneys, and the court.	State Director, Office of Family Safety	Copy of Guide Memo	Quarter 5		

Goal 1: Develop and Phase-In Family Centered Practice				Applicable CFSR Outcomes or Systemic Factors: Permanency 1; Case Review System	
Strategy E: Improve Appropriateness of Permanency Planning Goals				Applicable CFSR Items: 7, 10, 25, 28, 29	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
5. Develop and deliver statewide training on family finding.	State Director, Office of Family Safety	Copy of training agenda	Quarter 1	Complete. The three trainings occurred in Tallahassee, Orlando and Miami on June 2, 4 and 6, 2008 respectively. Kevin Campbell was the trainer.	
6. Incorporate a “prompt” for judges and magistrates about the appropriateness of the permanency goal in the judicial review checklist in the permanency section of the benchbook	Office of Court Improvement	Revised checklist	Quarter 5		
7. Provide training or technical assistance to the judiciary on court strategies that address barriers to timely termination of parental rights	Office of Court Improvement	Training agenda Training materials	Quarter 3		
8. Develop, pilot, and modify court adoption model based on national and statewide best practices.	Office of Court Improvement OCI Panel	Adoption Model Pilot Counties	Quarter 5		
9. Disseminate court adoption model statewide for local use.	Office of Court Improvement	Adoption Model Email	Quarter 6		

Goal 2: Strengthen Policy and Improve Practice to Ensure Safety of Children				Applicable CFSR Outcomes or Systemic Factors: Safety 2	
Strategy A: Sustain and Augment the Rigorous Application of Key Child Safety Processes.				Applicable CFSR Items: 3, 4	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
1. Implement the safety plan and assessment features in FSFN. (See narrative for description of safety plan and assessment features.)	State Director, Office of Family Safety	Copy of FSFN information materials Copy of data reports	Quarter 1 and ongoing		
2. Develop and distribute requirements for maintaining certified second party reviewers.	State Director, Office of Family Safety	Copy of requirements Copy of Memo	Quarter 1		
3. Deliver in-service training session on “2nd Party Reviews” (via Webcast) and post the recorded webcast to the USF Center for Child Welfare web site.	State Director, Office of Family Safety	Copy of training materials Web cast link	Quarter 2		

Goal 2: Strengthen Policy and Improve Practice to Ensure Safety of Children				Applicable CFSR Outcomes or Systemic Factors: Safety 2	
Strategy A: Sustain and Augment the Rigorous Application of Key Child Safety Processes.				Applicable CFSR Items: 3, 4	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
4. Develop supervisory discussion guides: “Mentoring And Modeling Through Qualitative Discussion Guide” for protective investigation and case management. (See narrative for details on supervisory discussion guide)	State Director, Office of Family Safety	Copy of guide (web link),	Quarter 1	Complete. http://centerforchildwelfare.fmhi.usf.edu/kb/data per/qualasr.aspx	
5. Provide train-the-trainer sessions on supervisory discussion for local in-service training of supervisors..	State Director, Office of Family Safety	Copy of training curriculum (web link)	Quarter 1	Complete. http://centerforchildwelfare.fmhi.usf.edu/kb/data per/CWQualTraining.aspx?PageView=Shared	
6. Deliver training on domestic violence topics at regional or statewide training events on coordinated Community Response.	State Director, Office of Family Safety With Domestic Violence, Director of Children’s Legal Services	Copy of training materials	Quarter 3		

Goal 2: Strengthen Policy and Improve Practice to Ensure Safety of Children				Applicable CFSR Outcomes or Systemic Factors: Safety 2	
Strategy A: Sustain and Augment the Rigorous Application of Key Child Safety Processes.				Applicable CFSR Items: 3, 4	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
7. Request technical assistance from the National Resource Center on Substance Abuse and Child Welfare to review the various assessments of family and child factors, and determine efficient processes for early and ongoing identification of needs and supports	State Director, Office of Family Safety Chief of Substance Abuse and Mental Health	Technical Assistance documentation; for example, minutes, agenda, reports, other informational material	Quarter 1	Complete. Technical assistance request submitted 5/15/09.	
8. Compile and disseminate tools that support judges in assessing safety and risk	Office of Court Improvement (OCI)	Copy of tools E-Mail	Quarter 3		

Goal 3: Improve Service Array				Applicable CFSR Outcomes or Systemic Factors: Well-Being 2; Service Array	
Strategy A: Individualize Services for Family Members to meet their Specific Needs and Enable Families to Nurture their Children				Applicable CFSR Items:21, 35, 36, 37	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
1. Develop and disseminate memorandum outlining leadership intent regarding reducing the use of shift care for all children and eliminating it for children 5 and under.	State Director, Office of Family Safety	Copy of memo Copy of Secretary's Strategic Direction (web link)	Quarter 1	Complete http://www.dcf.state.fl.us/opengov/docs/Web_Strategic%20Intent%20CY2008_%20Jan08.pdf	
2. Expand Operation Full Employment for youth in foster care, to support youth in their transition to independence.	State Director, Office of Family Safety	Copy of memo	Quarter 1	Complete. Memorandum issued on 2/26/09	
3. Develop and disseminate memorandum outlining when a multidisciplinary team staffing occurs, and other requirements for analyzing family needs and linking families with appropriate services in a timely manner.	State Director, Office of Family Safety with Chief of Substance Abuse and Mental Health	Copy of memo	Quarter 2		

Goal 3: Improve Service Array				Applicable CFSR Outcomes or Systemic Factors: Well-Being 2; Service Array	
Strategy A: Individualize Services for Family Members to meet their Specific Needs and Enable Families to Nurture their Children				Applicable CFSR Items:21, 35, 36, 37	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
4. Submit annual report to Governor, Speaker of the House, Senate President on actions taken to the recommendations in the 2008 ILSAC report relating to services for youth transitioning to adulthood.	State Director, Office of Family Safety	Copy of report	Quarter 4		
5. Conduct a survey of youth age 13 – 23 relating to transitioning to adulthood, etc.	State Director, Office of Family Safety regions, circuits, CBCs	Copy of Survey, Copy of survey results	Quarter 2		
6. Identify and post best practices relating to service supports (in-home and reunification) and placement stability for local use.	State Director, Office of Family Safety with Regions, circuits, CBC, Youth SHINE, Youth Law Center	Copy of best practice lists (web link)	Quarter 4	Quality of Practice Reference Material http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/qi.aspx	

Goal 3: Improve Service Array				Applicable CFSR Outcomes or Systemic Factors: Well-Being 2; Service Array	
Strategy A: Individualize Services for Family Members to meet their Specific Needs and Enable Families to Nurture their Children				Applicable CFSR Items:21, 35, 36, 37	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
7. Negotiate and execute Interagency Agreement between Department, Agency for Workforce Innovation, and Department of Education. that focuses on the respective responsibilities for furnishing educational and vocational services and supports for children served by Florida Child Welfare agencies throughout the State of Florida. Such services require the coordinated flow of information across multiple child-serving agencies to ensure that policy, procedure, service delivery and resource development are provided in a manner that maximizes the likelihood of positive outcomes.	State Director, Office of Family Safety and Executive Management	Executed Interagency Agreement	Quarter 5		

Goal 3: Improve Service Array				Applicable CFSR Outcomes or Systemic Factors: Well-Being 3	
Strategy B: Improve Coordination of Physical Health Care, Dental Health Care, and Substance Abuse and Mental Health Services for Children in out-of-home care.				Applicable CFSR Items: 22, 23	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
1. Develop and distribute website address with names of providers for medical, dental and behavioral health including Medicaid and Children’s Medical Service providers.	State Director, Office of Family Safety	Website available, Copy of notification to the field	Quarter 2		
2. Develop and distribute guidelines for the application processes for Medicaid, KidCare, Healthy Kids, and related medical/ financial/ employment services.	State Director, Office of Family Safety With ACCESS	Guidance memo	Quarter 1	Complete December 2008.	
3. Develop and disseminate guidelines for use by front line staff, supervisors, managers, children’s legal services, and judiciary on the timely delivery, continuity of care, and developmentally appropriate behavioral health care for children in out of home care.	State Director, Office of Family Safety With SAMH	Copy of guidelines	Quarter 5		

Goal 3: Improve Service Array				Applicable CFSR Outcomes or Systemic Factors: Well-Being 3	
Strategy B: Improve Coordination of Physical Health Care, Dental Health Care, and Substance Abuse and Mental Health Services for Children in out-of-home care.				Applicable CFSR Items: 22, 23	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
4. Develop and distribute materials for CPIs, case managers, foster parents, caregivers, and judiciary on dental and physical health needs of children, to include identifying appropriate services.	State Director, Office of Family Safety OCI	Copy of materials	Quarter 7		
5. Facilitate a planning meeting with national expert to improve healthcare service delivery.	State Director, Office of Family Safety AHCA	Copy of Materials (Agenda and Meeting Notes)	Quarter 1	Complete. Meeting held 2/5/09.	
6. Collaborate with judges from Florida's model court to modify, if needed, the checklist for the mental health of the child and create a checklist on the mental health of the parents (with emphasis on dual diagnosis) for statewide distribution.	Office of Court Improvement	Checklists E-Mail	Quarter 3		

Goal 4: Ensure Continuous Quality Improvement: Focus on results for children and families.				Applicable CFSR Outcomes or Systemic Factors:	
Strategy A: Create and implement ongoing quality assurance and quality improvement systems that identify effective practices and areas in need of improvement, and monitor progress on local and state improvement efforts and outcomes.				Applicable CFSR Items:	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
1. Plan, design, and implement a statewide quality assurance system.	Family Safety Program Office	Copy of QA framework, tools, training materials, (web link)	Quarter 1 and ongoing	Complete. See http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/qualasr.aspx	Rolled out July 1, 2008
2. Develop qualitative assessment standards and interpretive guidelines for child protective investigations and case management reviews.	Family Safety Program Office With regions, circuits, and CBCs	Copy of QA Standards, tools, (web link)	Quarter 1	Complete. See http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/qualasr.aspx	June 2008
3. Develop supervisory discussion guides to generate reflective, critical case discussions between the supervisor and the investigator or case manager.	Family Safety Program Office With regions, circuits, and CBCs	Copy of guides, training agenda, materials, (web link)	Quarter 1	Complete. See http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/qualasr.aspx	May 2008

Goal 4: Ensure Continuous Quality Improvement: Focus on results for children and families.				Applicable CFSR Outcomes or Systemic Factors:	
Strategy A: Create and implement ongoing quality assurance and quality improvement systems that identify effective practices and areas in need of improvement, and monitor progress on local and state improvement efforts and outcomes.				Applicable CFSR Items:	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
4. Develop curriculum and provide training for quality assurance reviewers.	Family Safety Program Office With regions, circuits, and CBCs	Copy of training materials, (web link)	Quarter 1	Complete. See http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/qualasr.aspx	June – August 2008
5. Develop curriculum and provide training on qualitative supervisory discuss guides.	Family Safety Program Office With regions, circuits, and CBCs	Copy of guides, training agenda, materials, (web link)	Quarter 1	Complete. See http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/qualasr.aspx	July – September 2008
6. Conduct regular statewide quality assurance managers meetings and monthly conference calls.	Family Safety Program Office With regions, circuits, and CBCs	Copy of meeting agenda and materials (web link)	Quarter 1 and ongoing	Complete. See http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/qualasr.aspx	

Goal 4: Ensure Continuous Quality Improvement: Focus on results for children and families.				Applicable CFSR Outcomes or Systemic Factors:	
Strategy A: Create and implement ongoing quality assurance and quality improvement systems that identify effective practices and areas in need of improvement, and monitor progress on local and state improvement efforts and outcomes.				Applicable CFSR Items:	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
7. Develop regional quarterly review framework to include sampling methodologies, procedural directives, reporting templates, and interview guides.	Family Safety Program Office With regions, circuits, and CBCs	Copy of QA framework, templates, (web link)	Quarter 1	Complete. See http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/qualasr.aspx	June 2008
8. Conduct annual review of QA system status, and make ongoing refinement of design, changes to standards, conduct additional training as needed.	Family Safety Program Office	Copy of QA material on system changes (web link)	Quarter 4		
9. Design, develop, and implement the statewide QA data and reporting system.	State Director, Office of Family Safety with Office of Information Services	Web link - QA data and reporting system	Quarter 4		
10. Track the QIP and related performance measures (including QA data, performance data indicators), and progress on action steps, in the QI action plans. Revise plans as needed.	Region QA and program staff, CBCs, Sheriff's Office(s)	QA findings, performance data	Quarter 1 and ongoing		

Goal 4: Ensure Continuous Quality Improvement: Focus on results for children and families.				Applicable CFSR Outcomes or Systemic Factors:	
Strategy A: Create and implement ongoing quality assurance and quality improvement systems that identify effective practices and areas in need of improvement, and monitor progress on local and state improvement efforts and outcomes.				Applicable CFSR Items:	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
11. Create and distribute monthly scorecard of critical data indicators related to practice and performance.	Performance Measurement Workgroup, with State Director, Office of Family Safety and Information Services	Copy of Scorecard	Quarter 2		
12. State process: State level review of local progress reports, executive management team participation, with inter-program involvement (SAMH, ACCESS, DV, etc.) at least quarterly	Office of the Secretary and State Director, Office of Family Safety	Copy of meeting materials for example, minutes, agenda, reports, other informational material	Quarter 1 and ongoing		

Goal 4: Ensure Continuous Quality Improvement: Focus on results for children and families.				Applicable CFSR Outcomes or Systemic Factors:	
Strategy A: Create and implement ongoing quality assurance and quality improvement systems that identify effective practices and areas in need of improvement, and monitor progress on local and state improvement efforts and outcomes.				Applicable CFSR Items:	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
13. Executive leadership conduct reviews with local leadership regarding regional status on critical measures and directs quality improvement response as necessary.	Assistant Secretary for Operations with State Director, Office of Family Safety CLS and region directors	Copy of meeting materials; for example, minutes, agenda, reports, other informational material	Quarter 2 and ongoing		
14. Provide regular quality improvement plan information to the Task Force on Child Protection and other stakeholders, such as youth groups, foster parent associations, etc.	State Director, Office of Family Safety, Regions, Circuits, CBCs	Copy of QIP materials (posted to the Center for the Advancement of Child Welfare Practice Website)	Quarter 2 and ongoing		

Goal 4: Ensure Continuous Quality Improvement: Focus on results for children and families.				Applicable CFSR Outcomes or Systemic Factors:	
Strategy A: Create and implement ongoing quality assurance and quality improvement systems that identify effective practices and areas in need of improvement, and monitor progress on local and state improvement efforts and outcomes.				Applicable CFSR Items:	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
15. Work with ACF regional office regarding technical assistance from Children’s Bureau and National Resource Center for Organizational Improvement relating to performance measurement and quality management.	State Director, Office of Family Safety with regions, circuits, and CBCs	Copy of meeting materials; for example, minutes, agenda, reports, other informationa l material	Quarter 1	In process. First meeting on 2/23/09. Technical assistance request submitted 5/15/09.	

Goal 5: Strengthen the Child Welfare Training System				Applicable CFSR Outcomes or Systemic Factors:	
Strategy A: Develop a front-line workforce that is prepared to perform quality child welfare work				Applicable CFSR Items:	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
1. Develop minimum standard templates for Field Based Performance Assessments, that include evidence of supervisory mentoring	State Director, Office of Family Safety	Copy of standards	Quarter 3		
2. Review pre-service training curriculum and revise to include normalcy.	State Director, Office of Family Safety With youth input	Copy of training curriculum	Quarter 4		
3. Develop guidelines for standardized pre-services training content to include suggested timeframes for balancing classroom and field based instruction.	State Director, Office of Family Safety	Copy of guidelines for training	Quarter 5		
4. Develop and disseminate a progressive, phased-in, mentoring and shadowing, field-based experience component for newly hired staff.	State Director, Office of Family Safety	Copy of training component document	Quarter 7		
5. Evaluate current contractual structure for curriculum development and Training Academy (training the trainers).	State Director, Office of Family Safety	Copy of updated contract	Quarter 8		

Goal 5: Strengthen the Child Welfare Training System				Applicable CFSR Outcomes or Systemic Factors:	
Strategy A: Develop a front-line workforce that is prepared to perform quality child welfare work				Applicable CFSR Items:	
Action Steps	Office and Lead Person Responsible	Evidence of Completion	Quarter Due	Quarterly Update	Quarter Completed
6. Review and revise as needed pre-service training curriculum to be consistent with and support family-centered practice.	State Director, Office of Family Safety	Copy of training curriculum	Quarter 8		

**State Chief Executive Officer's Assurance Statement for
The Child Abuse and Neglect State Plan**

As Chief Executive Officer of the State of Florida, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

1. provisions or procedures for reporting known or suspected instances of child abuse and neglect (section 106(b)(2)(A)(i));
2. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(A)(ii));
3. the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms (section 106(b)(2)(A)(iii));
4. procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(A)(iv));
5. triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(A)(v));
6. procedures for immediate steps to be taken to ensure and protect the safety of the abused or neglected child, and of any other child under the same care who may also be in danger of abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(A)(vi));
7. provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(A)(vii));
8. methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--
 - a. individuals who are the subject of the report;
 - b. Federal, State, or local government entities, or any agent of such entities, as described in number 9 below;
 - c. child abuse citizen review panels;
 - d. child fatality review panels;
 - e. a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and

- f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(A)(viii));
9. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from abuse and neglect (section 106(b)(2)(A)(ix));
10. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(A)(x));
11. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (section 106(b)(2)(A)(xi));
12. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(A)(xii));
13. provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings-
 - a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
 - b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(A)(xiii));
14. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(A)(xiv));
15. provisions, procedures, and mechanisms -
 - a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
 - b. by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (section 106(b)(2)(A)(xv));
16. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--
 - a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child or such parent;

- b. to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) or another child or such parent;
 - c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
 - d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi));
17. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 16 above, conviction of any one of the felonies listed in number 16 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii));
18. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(A)(xviii));
19. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(A)(xix));
20. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(A)(xx));
21. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi));
22. **not later than June 25, 2005 (2 years after the enactment of Public Law 108-36)**, provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(A)(xxii));
23. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
 - a. coordination and consultation with individuals designated by and within appropriate health care facilities;
 - b. prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and

- c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (section 106(b)(2)(B)); and
- 24. authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (section 113).

Signature of Chief Executive Officer: _____



Date: 6/29/09

Reviewed by: _____

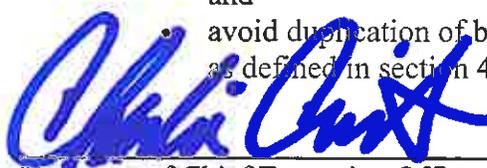
(ACF Regional Representative)

Dated: _____

**State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Florida, I certify that the State has in effect and is operating a Statewide program relating to Foster Care Independent Living and that the following provisions will be implemented as of September 30, 2003:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
 - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
 - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(3)(b)(J).



Signature of Chief Executive Officer

6/29/09

Date

Title IV-B Child and Family Services Plan: Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B sections 422(b)(10), 422(b)(12), section 422 (b) (14), section 432(a)(4), 432 (a)(7) and 432(a)(9). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that it will participate in any evaluations the Secretary of HHS may require.
2. The State assures that it will administer the CFSP in accordance with methods determined by the Secretary to be proper and efficient.
3. The State assures that it has a plan for the training and use of paid paraprofessional staff, with particular emphasis on the full-time or part-time employment of low-income persons, as community service aides; and a plan for the use of non-paid or partially paid volunteers in providing services and in assisting any advisory committees established by the State.
4. The State assures that standards and requirements imposed with respect to child care under title XX shall apply with respect to day care services, if provided under the CFSP, except insofar as eligibility for such services is involved.
5. the State assures that it is operating, to the satisfaction of the Secretary:
 - a statewide information system from which can be readily determined 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;
 - a case review system (as defined in section 475(5) for each child receiving foster care under the supervision of the State;
 - a service program designed to help children-where safe and appropriate, return to families from which they have been removed; or be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement; and
 - a preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families; and
 - The State assures that it has implemented policies and administrative and judicial procedures for children abandoned at or shortly after birth that are necessary to enable permanent decisions to be made expeditiously with respect to the placement of such children.
6. The State assures that plans will be developed for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.
7. The State assures that it will collect and report information on children who are adopted from other countries and who enter State custody as a result of the disruption of an adoptive placement, or the dissolution of an adoption. Such information will include the reasons for disruption or dissolution, the agencies who handled the placement or adoption, the plans for the child, and the number of children to whom this pertains.
8. The State assures that no more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs and that the remaining

expenditures shall be for programs of family preservation services, community-based family support services, time-limited reunification services and adoption promotion and support services, with significant portions of such expenditures for each such program.

9. The State assures that Federal funds provided to the State for title IV-B, Subpart 2 programs will not be used to supplant Federal or non-Federal funds for existing services and activities.
10. The State assures that, in administering and conducting service programs under this plan, the safety of the children to be served shall be of paramount concern.

Effective Date and State Officials Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Don Whistler
Title: ja SECRETARY
Agency: Florida Department of Children & Families
Dated: 6/4/2009
Reviewed by: _____

(ACF Regional Representative)

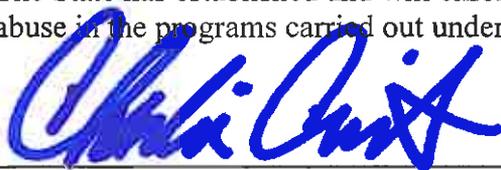
Dated: _____

Title IV-B Child and Family Services Plan: Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B sections 422(b)(10), 422(b)(12), section 422 (b) (14), section 432(a)(4), 432 (a)(7) and 432(a)(9). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that it will participate in any evaluations the Secretary of HHS may require.
2. The State assures that it will administer the CFSP in accordance with methods determined by the Secretary to be proper and efficient.
3. The State assures that it has a plan for the training and use of paid paraprofessional staff, with particular emphasis on the full-time or part-time employment of low-income persons, as community service aides; and a plan for the use of non-paid or partially paid volunteers in providing services and in assisting any advisory committees established by the State.
4. The State assures that standards and requirements imposed with respect to child care under title XX shall apply with respect to day care services, if provided under the CFSP, except insofar as eligibility for such services is involved.
5. the State assures that it is operating, to the satisfaction of the Secretary:
 - a statewide information system from which can be readily determined 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;
 - a case review system (as defined in section 475(5) for each child receiving foster care under the supervision of the State;
 - a service program designed to help children-where safe and appropriate, return to families from which they have been removed; or be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement; and
 - a preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families; and
 - The State assures that it has implemented policies and administrative and judicial procedures for children abandoned at or shortly after birth that are necessary to enable permanent decisions to be made expeditiously with respect to the placement of such children.
6. The State assures that plans will be developed for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.
7. The State assures that it will collect and report information on children who are adopted from other countries and who enter State custody as a result of the disruption of an adoptive placement, or the dissolution of an adoption. Such information will include the reasons for disruption or dissolution, the agencies who handled the placement or adoption, the plans for the child, and the number of children to whom this pertains.
8. The State assures that no more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs and that the remaining

9. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
10. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].



Signature of Chief Executive Officer

6/29/09

Date