

Annual Progress and Services Report

2026

June 30, 2025

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



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Introduction

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

The Department is composed of five program offices that provide a variety of services to individuals, families, and children:

- The Office of Child and Family Well-Being (OCFW)
- The Office of Community Services (OCS)
- The Office of Substance Abuse and Mental Health (SAMH)
- The Office of Economic Self-Sufficiency (ESS)
- The Office of Quality and Innovation (OQI)

Each office meets the critical needs of the people we serve and addresses families with complex and overlapping needs. Based on the prevalence of mutually served customers and the understanding that addressing their comprehensive needs results in improved and sustained outcomes, Florida recognizes the continued need for systems integration and stakeholder collaboration.

As we proudly present our first APSR for 2025 following the approval of the 2025–2029 CFSP, we recognize that all our efforts to achieve the goals presented in the plan will be supported by the partnerships described and the continued coordinated efforts across all stakeholders involved in Florida’s child welfare system.

SECTION 1: Vision and Collaboration

Collaboration with Stakeholders and System Partners

Child and Family Well-Being Council

The Child and Family Well-Being Council includes representatives of a variety of stakeholder groups throughout Florida and is a collaborative partner for the APSR development. Florida has provided the Council with regular updates on the Child and Family Services Review and provided opportunities for stakeholders to join in on writing and responding to surveys. The Council continues to advance the Department’s vision and strategy to invite multiple stakeholder groups, including non-traditional stakeholders, parent and lived experience voices, and sister agencies to the same discussions.

During fiscal year 2024-2025, the Child and Family Well-Being Council held public meetings each quarter, with the final quarterly meeting planned for June 2025. These meetings have furthered the collaboration between the Department, youth, families, and key stakeholders by creating a space for feedback and implementation support to take place. The Youth Subcommittee has also met quarterly and provided feedback on the implementation of the 2025-2029 CFSP. This dedicated platform allows Florida to keep youth and young adults with lived experience at the forefront of policy and practice decisions.

Collaboration with Tribes

The Tribes meet virtually bi-monthly, annually in person, and as-needed in between, to address any issues of an urgent

nature. Further, they participate as active team members with both the Office of State Courts and the Department's Office of Substance Abuse and Mental Health. Ongoing discussion on the progress the 2025-2029 CFSP implementation occur at each subsequent meeting to provide updates on the status goal progress. This collaboration assisted the development of this APSR and to allows the Tribes the opportunity to discuss any new activities completed to address issues experienced during the reporting year.

Collaboration with State Courts, Legal Communities, and Judicial Partners

Collaboration between the Office of State Courts Administrator and Florida's legal and judicial communities is critical to planning, creating, and implementing plans, including the 2025-2026 CFSP and the current PIP. To engage these partners the Office of Child and Family Well-Being, in conjunction with community stakeholders, conducts monthly meetings with Florida's Office of State Courts Administrator's Office of Family Court and Dependency Court Improvement Project (DCIP). Additionally, the Annual Joint Planning Meeting brings partners from the legal and judicial communities to inform the planning and execution of crucial state plans. These discussions create an opportunity to share and discuss emerging issues, DCIP activities, and needs for joint input on initiatives, topics, and goals. Input sessions were hosted by the Department to inform the 2026 APSR based on the feedback of partners from the state courts and the legal and judicial communities.

Other Collaboration Efforts

The following key initiatives have been implemented to further the collaboration with communities and individuals served by the Department:

- **Community Engagement and Advisory Councils:** Community Advisory Councils ensure that input is representative of those that live in the community. These groups provide feedback on policies, programs, and practices to ensure alignment with the needs of those in the community.
- **Targeted Outreach Programs:** Local community providers work directly with individuals in need and provide services based on the need of each community they serve. This includes outreach to typically underserved communities to remove barriers to access, such as providing resources in multiple languages.

Prevention Partnerships

During fiscal year 2024-2025, the Department collaborated with various state and community stakeholders to administer other statewide prevention and family preservation programs that address child abuse and neglect. These include the following partners:

The Ounce of Prevention Fund of Florida Inc. (The Ounce) is a private, nonprofit corporation with the mission of identifying, funding, supporting, and evaluating innovative prevention and early intervention programs that improve the health, education, and life outcomes of Florida's at-risk children and families. The Ounce serves as the state chapter liaison for Prevent Child Abuse America (PCA). Statewide prevention services are provided by maintaining a charter agreement with PCA.

The Florida Department of Health (DOH) chairs the Statewide Child Abuse Death Review Committee and publishes an annual report displaying data on the causes and types of child abuse and neglect deaths. DOH participates in multi-agency prevention meetings that address emerging trends, concerns, and prevention activities and messaging. Collaboration and communication maximize Florida's prevention funds and ensures consistent prevention messaging. Furthermore, the Department participates in an interagency agreement with DOH, which outlines the process for referral of infants and toddlers from the Department to the DOH Early Steps program and participates in DOH's Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT).

The Florida Department of Education (DOE) The Department has historically collaborated with the Florida DOE in the development of a Sourcebook for Teachers and School Personnel on Child Abuse and Neglect. The publication continues to promote awareness and serves as a guide on child maltreatment and trauma-informed care. Additionally, the Department created a training program for teachers and school employees to help them identify potential child maltreatment and how to address suspicions of potential abuse and neglect.

State Level Advocacy and Special Population Groups

- **Healthy Families Florida**, another program of The Ounce of Prevention Fund of Florida, is funded by the Department's state funds to provide evidence-based home visiting services for families.
- **Co-located domestic violence advocates** in all regions of the state. The co-located advocates work from an empowerment-based philosophy and they are uniquely skilled at identifying strengths when working with survivors of domestic violence who are being served through the Department's child welfare program. Advocates work with survivors to increase their protective factors and assist child protective investigators and case managers in clearly identifying batterers' patterns of coercive control, gathering information to address physically abusive behaviors, and assessing the impact of their behaviors on the children.
- **Department and DJJ Crossover Champions**, along with representatives of both departments' headquarters and regional staff. The primary purpose is to provide a forum to share best practices, share strategies for serving children involved with both departments and their families, and develop strategies to enhance services and interventions that best meet the individual needs of the youth identified. During fiscal year 2024-2025, Crossover Champions hosted quarterly meetings as well as statewide collaboration meeting to share information regarding implementation activities in the 2025-2029 CFSP and identify opportunities of continued cross-agency supports and initiatives.
- **Guardian ad Litem (GAL) CHAMPIONS** is a youth advisory council of the Florida Guardian ad Litem Office. The GAL CHAMPIONS provide training to GAL attorneys and volunteers. Their accomplishments include assisting with improving personal contact between represented children and their assigned GAL attorneys, and developing strategies and recommendations to address policy, practice and training to further volunteer management, relationship building, and improve advocacy efforts to support the best interests of children.
- **Florida Youth SHINE (FYS)** engages current and former youth in foster care across Florida. The 14 chapters facilitate local meetings and partner with or serve as representatives on local youth advisory/advocacy boards. The goal of each chapter is to provide a voice for the youth and address local issues through the development of proposed solutions and bring them to statewide attention. Chapters come together four times per year to work on statewide issues, community education activities, and provide public speaking opportunities. Membership is open to youth between the ages of 13 and 26 years old who have been impacted by the system of care.
- **One Voice Impact (OVI)** is a youth engagement initiative powered by Selfless Love Foundation, which provides current and former foster youth with opportunities to develop skills for leadership and life, advocate for policy improvements, and join a network of youth leaders across the state of Florida to improve the system of care

Stakeholder Involvement

The Department collaborates with stakeholders through various advisory bodies, workgroups, ongoing information sharing, solution-focused meetings, and other forms of communication. OCFW and regional liaisons engage in different collaborative efforts with stakeholders and partners to establish a foundation for the annual and final reports and creation of this APSR. Stakeholders and partners include staff from other divisions within the Department, lead agency providers, members of the Florida Coalition for Children (FCC) who provide membership to lead agencies in efforts to develop multiple strategic initiatives and workgroups for statewide consideration, youth from the Department's Youth Subcommittee and statewide youth engagement organizations, parents, relative caregivers, foster parents, members of the Quality Parenting Initiative (QPI), Statewide Guardian ad Litem Office (GAL), the State Courts Administrator's Office of Family Courts, and the Dependency Court Improvement Panel (DCIP).

During fiscal year 2024-2025, these stakeholders and partners provided feedback and input from across the local child welfare spectrum throughout the state which was used to inform the 2026 APSR. The planning, reviewing, and drafting for the APSR began in January 2025. Each region worked with local staff (including child welfare professionals), community partners, stakeholders, and people with lived experience to provide input on areas of opportunity for improvement to be addressed in the coming five years. The APSR, once approved, will be shared throughout the child welfare community through various councils and postings on the Department's publications webpage.

SECTION 2: Update to the Assessment of Current Performance in Improving Outcomes

Florida participated in the CFSR Round 4 on October 23–27, 2023. The [CFSR Final Report, 2024](#), concluded that the state fell short of achieving six federal outcomes and six systemic factors. The following services, programs, and initiatives have been developed to address performance in these six systemic factors and improve the functioning of Florida’s system of care.

Systemic Factors

Information Systems

Information Systems Current Functioning

The Statewide Automated Child Welfare Information System (SACWIS) for the Department, called the Florida Safe Families Network (FSFN) is the state’s official case file and record for each investigation and case and is the official record for all homes and facilities licensed by the state or approved for adoption placement. All pertinent information about every investigative and case management function must be entered in FSFN within two business days. Case workers may retain paper copies of the case file, along with supporting paper documentation; however, the FSFN electronic case file is the official record for each investigation, case, and placement provider. FSFN supports child welfare practices and the collection of data and enables child welfare staff to readily identify the status, demographic characteristics, and goals for the placement of each child in foster care.

Federal Comprehensive Child Welfare Information System (CCWIS) rules afford states an opportunity to leverage alternative technical and functional capabilities to create a child welfare information system that better supports a state’s child welfare practice model. The Florida Legislature approved designation of the state’s child welfare system as a CCWIS with the finalization of the SFY 2018–2019 budget and transition activities are ongoing. Additionally, the Department continues to update Florida’s Data Quality Plan annually in collaboration with its child welfare stakeholders, which includes strategies that ensure all CCWIS data is non-duplicated, consistently used, timely, accurate, and complete.

Information Systems Progress to Date

During the past year, the state has focused on both enhancing FSFN and working on its next iteration using CCWIS federal regulation flexibility and technology landscape options. Florida implemented several enhancements to the current FSFN system. One recent enhancement to the system provided functionality for the approved Guardianship Assistance Program (GAP) and updated Title IV-E eligibility accordingly. Additionally, Florida has launched a mobile application for child protective investigators. Finally, the Master Data Management program is an initiative that is currently in progress within the Department to improve the functioning of Florida’s child welfare information systems. The Master Data Management program is in the discovery phase and development will continue into fiscal year 2025–2026.

CCWIS Implementation Progress and Updates

Florida implemented the first phase of the CCWIS project in State Fiscal Year 2023–2024. Phase one of the CCWIS project encompasses the Florida Abuse Hotline Intake and portions of the Department’s investigative system components. While subsequent phases of the CCWIS project are being implemented, the state will continue to utilize the FSFN system. The FSFN system is concurrently being used in managing the Florida Abuse Hotline and intake procedures while other phases are being developed and implemented.

The Department is currently in development for the second phase of the CCWIS project, along with many system

partners and stakeholders who are critical to ensuring a comprehensive approach and incorporation into the system. Phase two of the CCWIS project encompasses the case management, licensure, placement, service planning and delivery, eligibility, financial and legal system components of Florida's system. The development of phase two began in February 2024 and will continue throughout FY 2025-2026. The full implementation of phase two will occur in State Fiscal Year 2026-2027.

Case Review System

Case Review System Current Functioning

In CFSR Round 4, Florida's Case Review System was found to be lacking in conformity with this systemic factor. The rating was based on information from the Statewide Assessment and stakeholder interviews. The results of the CFSR Round 4 highlight Florida's need to improve written case planning, quality of periodic reviews, timeliness of permanency reviews, accuracy of filed Termination of Parental Rights (TPR) petitions, and delivery of notice of hearings and reviews to case workers.

Case Review System Progress to Date

Most components of the Department's case review system are directed in statute, particularly [Chapter 39](#), Florida Statutes, which outlines judicial hearing processes, case planning requirements, TPR procedures, and caregiver rights. Efforts made during fiscal year 2024-2025 to improve the system include:

- **Case Planning Requirements:** Case plans are developed within 60 days of a child's removal through face-to-face conferences with parents, guardian's ad litem (GALs), and other stakeholders. Plans address identified problems with clear language and may be amended as needed.
- **Periodic Reviews:** The court reviews the status of each child every six months or more frequently if necessary. From July 2024 to March 2025 data from FSFN tracked the timeliness of case reviews, including time from removal-to-disposition orders (median: 59 days) and TPR final judgments (median: 170 days).
- **Caregiver Notice Improvements:** Court orders now include caregiver notice requirements. Florida demonstrated outstanding performance to provide caregivers notice of hearings measured through random file reviews.
- **Engagement Efforts:** Life-of-Case Reviews showed efforts to engage mothers (53.2%), fathers (38.0%), and children (51.6%) in case planning processes between October 1, 2023, and September 30, 2024.

Case Review Systems Current or Planned Activities

Florida continues to implement initiatives to strengthen its case review system. These includes problem solving court programs such as Early Childhood Court, Drug Court, and Mental Health Courts, which feature specialized dockets and reduced caseloads for dedicated caseworkers. These courts have shown promising results in achieving timely permanency for children.

During fiscal year 2024-2025, Florida expanded the Department's Family Navigator program, which is intended to engage high risk families at the earliest opportunity to prevent deeper entry into the system of care, including removal. A referral to the program may be made when the case is screened in, through subsequent maltreatment additions, or at supervisory discretion based on the family's unique circumstances. Family Navigators assist a family in understanding the reason for the Department's involvement and help ensure the family is rapidly connected to and engaged in services.

Staff Training

Current Functioning of Training Systems

As seen nationally, Florida's child welfare system faces persistent challenges with high turnover rates among child protection investigators (CPIs) and case managers (CMs), which may impact outcomes for children and families. Stakeholders identified gaps in training, particularly for new caseworkers, such as insufficient preparation for navigating the Statewide Automated Child Welfare Information System (FSFN).

To address these concerns, Florida mandates certification for all child welfare staff through the Florida Certification Board (FCB), which administers credentials for CPIs, CMs, and licensing counselors. Certification requires completing a 10–12-week pre-service training program, passing an exam, and gaining on-the-job experience. Pre-service pass rates have remained high over the past three years, with 86–93% of participants passing exams.

Current Activities

In 2024, Florida launched the Florida Academy for Child Protection and Family Resiliency ("Florida Academy"), introducing a new pre-service curriculum delivered in two segments: Foundations and Specialty Tracks. The CPI Specialty Track has been implemented statewide, while the Case Management Specialty Track began piloting in 2025. The curriculum emphasizes safety-focused, trauma-informed, and family-centered practices. The program has begun a staggered statewide implementation that will continue over the next two years. The Florida Certification Board created a new pre-service exam to align with the new curriculum. Prior to implementation, staff completed the legacy pre-service training, including Core and Specialty, and take the legacy exam. To maintain certification, all child welfare employees must complete at least 40 hours of continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

The Department restructured pre-service training based on findings from studies like the Florida Study of Professionals for Safe Families (FSPSF) and a two-year evaluation of pre-service training effectiveness. Both studies, as well as implementation lessons and expertise from the Office of Child and Family Well-Being (OCFW) Workforce Learning and Development (WLD) team highlighted limited hands-on practice opportunities and insufficient supervisor involvement during training. To address these gaps, the Department has adapted the Academy to allow supervisors to have deeper engagement in pre-service training. Additionally, the newly designed "Pillars" program was launched during fiscal year 2023-2024. This program provides in-depth in-service training during staff members' first year, covering complex topics like trauma, domestic violence, and sexual abuse. Finally, during fiscal year 2024-2025, OCFW's WLD team expanded its capacity to meet statewide needs by adding regional liaisons and instructional designers. These positions support the continued implementation of Florida's new pre-service program.

Alongside the redesigned pre-service training curriculum, The Department has also developed guidebooks for legal partners and child welfare professionals. These resources continually guide child welfare professionals after certification has been achieved. Guidebooks also assist legal partners in understanding conditions for return and the reunification process, which supports improved dependency court outcomes for children and families.

Planned Activities

The Department will continue to improve staff training and professional development through the expansion of training opportunities over the next four years. Planned activities for fiscal year 2025-2026 include the expansion of the "Pillars" program to enhance child welfare professionals understanding of complex issues impacting children and families. This will be accomplished through the development of additional courses offered through the "Pillars" program. Another planned activity for the upcoming fiscal year is strengthening conditions for return training to

improve family reunification and permanency. The current conditions for return training will be expanded through the development of targeted modules for CPIs, case managers, legal professionals, GALs, and foster parents. Targeted conditions for return modules will train each person involved in the dependency process on their specific role in supporting family reunification.

Service Array

Service Array Current Functioning

Florida's child welfare system prioritizes effective service provision to children, parents, relatives, and caregivers as outlined in the 2025–2029 Child and Family Services Plan (CFSP). The state has developed a service array focusing on family support, safety management, treatment, and child well-being. The Child Service Array Workgroup continues to identify evidence-based services statewide while addressing capacity needs in each circuit. Additionally, the implementation of the Comprehensive Child Welfare Information System (CCWIS) supports standardizing service definitions, documenting costs, and integrating data with systems like Medicaid.

Despite notable progress, Florida was found out of compliance with the Service Array and Resource Development systemic factor during CFSR Round 4. Challenges include service availability in rural areas, waitlists for critical services (e.g., domestic violence, substance use, mental health), payment barriers, transportation issues, and insufficient culturally responsive services. Individualization of services often depends on local providers. Expanding access to evidence-based interventions remains a key focus.

The Life of Case review tool evaluates whether services meet the needs of children and families and prevent entry or re-entry into care. Florida aims to expand its placement service array as part of its CFSP goals.

Progress to Date

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

Safety Management Services manage or control the conditions(s) that make a child unsafe until the parent can fully resume his/her responsibilities. During the time a child is receiving services through the child welfare system, the CPI or case manager responsible must be able to assess the family and conditions in the home to determine whether specific criteria are met for an in-home safety plan. One criterion for an in-home safety plan is the availability of appropriate safety management services. An adequate array of safety management services helps prevent unnecessary out-of-home placements and to achieve timely reunification. The specific types of safety management services that should be available in a safety management service array are described in [CFOP 170-07, Chapter 8, Safety Management Services](#).

Treatment Services are formal interventions designed to achieve fundamental change in parent functioning and behavior associated with the reason that the child is unsafe. Treatment services must be trauma-informed, the correct response to the situation, the right intensity, a cultural match, accessible, and affordable. Examples of treatment service options are in-home family preservation services, Child Parent Psychotherapy; Nurturing Parents; SUD services (outpatient, residential, aftercare), and mental health services.

The implementation of the Families First Prevention and Services Act provides an opportunity for Florida to enhance its community-based model by deepening its commitment to prevention and enhancing partnerships with stakeholders to ensure that evidence-based services are readily available within local communities to improve long-term safety, permanency, and well-being outcomes for children and families. Florida's selected evidence-based

services are:

- Healthy Families America (HFA)
- Nurse Family Partnership (NFP)
- Parents as Teachers (PAT)
- Homebuilders – Intensive Family Preservation and Reunification Services
- Parent-Child Interaction Therapy (PCIT)
- Brief Strategic Family Therapy
- Functional Family Therapy
- Multisystemic Therapy
- Motivational Interviewing (MI)

Family Intensive Treatment Teams (FIT) is a highly effective program model that provides community-based behavioral health treatment and support to families with child welfare involvement and parental substance misuse. FIT teams use a multidisciplinary approach to behavioral health intervention in the overall system of care, which provides early identification and coordination, as well as support to families through navigation of the child welfare and treatment processes. At present, Florida has 28 FIT team providers. FIT teams are available to families with children under in-home protective supervision or with children in out-of-home care. FIT providers utilize the following interventions:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Parenting and Seeking Safety programs
- Support group activities for parents such as daily recovery group meetings, relapse prevention groups, and continuing care groups led by peer support specialists after formal treatment has ended.

A major challenge in providing substance use disorder (SUD) treatment services to parents with children in out-of-home care is that, under current Medicaid policy, these parents are often ineligible for Medicaid once their children are temporarily removed due to child welfare involvement. The Department and AHCA have identified potential policy changes that would allow continued Medicaid coverage for these parents, ensuring access to a broader array of treatment services. Family Intensive Treatment (FIT) Team services are funded by the Department of Children and Families (DCF) and are not dependent on Medicaid eligibility. FIT Teams have expanded in recent years, with the addition of nine new teams serving approximately 825 more individuals statewide, enhancing the state's capacity to serve families impacted by substance use disorder.

Child Well-Being Services are specific, usually formal services/interventions used to ensure the child's physical, emotional, developmental, and educational needs are addressed. The assessment of the child's strengths and challenges indicators is used to systematically identify critical well-being needs that should be the focus of thoughtful, case plan interventions.

Special Initiatives

Hope Florida—A Pathway to Prosperity guides Floridians on an individualized path to economic well-being by focusing on community collaboration between the private sector, faith-based community, nonprofits and government entities to break down traditional community silos, maximize resources, and uncover opportunities. Hope Navigation is essential in helping individuals identify their unique and immediate barriers to prosperity, develop long-term goals, map out a strategic plan and work to ensure all sectors of the community have a seat at the table and are part of the solution. Services are available statewide to children aging out of foster care, parents with SUD, and other families who need assistance. Florida has made significant progress in expanding services, with the CFSR Round 4 PIP focusing on utilizing Hope Florida to link families with the necessary support.

Family Navigator Program enhances the safety and well-being of Florida's children following a report of potential abuse or neglect. The Department has worked with child protection and behavioral health leaders across the state to formulate a new strategy that will improve supports for CPIs to enhance outcomes for Florida families. Family Navigators collaborate with the CPI and family to assess, locate, and provide timely access to critical services that ensure the family unit is stabilized, safe, and on a pathway to building resiliency. Florida's child and family well-being system will continue to invest in fully embodying a trauma-responsive system of care where the Department, community-based care organizations, and managing entities unite to provide more services that promote positive outcomes and enhance the overall, long-term well-being of families.

Strong Foundations Project established workgroups for each strategy, with representation from multiple partners across Florida, including multiple lead agencies that were selected as sites for the project. The initial program focused primarily on Central Florida; however, the plan to roll out strategies has been expanded to include many other CBC lead agencies in several regions of the state. Currently, agencies in four of the six regions in Florida are included in the project encompassing eight different community-based care agencies. The addition of the other sites equates to including approximately 29 percent of the total child welfare supervisors in the strategy centered on supervisor certification. Regarding the conditions for return strategy, the inclusion of additional partners means that approximately 24 percent of the children in out-of-home care will receive the full intervention, and another 14 percent will receive a partial dose of the intervention. This change results in a larger, more representative sample of the children and families receiving services from the State of Florida.

Case Complexity Tool assigns complexity scores to cases based on FSN data to guide case assignment decisions. Piloted in 2021, it has improved workload satisfaction among case managers by clarifying assignment criteria and motivating timely documentation.

Planned Activities

Expanding Evidence-Based Services: Florida continues to leverage funding from the \$3 billion Opioid Settlement Agreement to expand prevention, treatment, and recovery services statewide. These funds support families affected by the opioid crisis through enhanced SUD interventions and community resources. As of May 31, 2025, the Department has expended/dispensed \$104,676,213.95 in Opioid Settlement funds for fiscal year 2024-2025.

Continued Service Expansion: Florida remains focused on expanding access to its service array through investments in prevention programs, partnerships with stakeholders, and leveraging federal resources like FFPSA funding. Florida's commitment to enhancing its service array reflects an extensive approach to addressing systemic challenges while improving outcomes for children and families. Through collaboration with stakeholders and data-driven strategies, the state continues building a more resilient child welfare system capable of meeting diverse needs across communities.

Agency Responsiveness to the Community

Agency Responsiveness to the Community Current Functioning

Florida's child welfare system demonstrated substantial conformity with the systemic factor of Agency Responsiveness to the Community during CFSR Round 4. As a result, no Program Improvement Plan (PIP) activities are required for this item. The Department maintains a multiagency agreement with key partners, including the Florida Department of Juvenile Justice (DJJ), Agency for Persons with Disabilities (APD), Florida Agency for Health Care Administration (AHCA), and Florida Department of Health (DOH), Florida Department of Education (DOE), and Florida Department of Law Enforcement (FDLE), to coordinate services for children and families receiving support from multiple agencies.

Progress to Date

Coordination Across Systems: DCF collaborates internally across its Offices of Substance Abuse and Mental Health (SAMH) and Economic Self-Sufficiency (ESS) to address overlapping populations. Efforts are underway to develop a unified client identifier to improve data coordination across systems. The Office of Quality Improvement (OQI) continually reviews services provided to families across all programs. The Department has also continued to utilize the multiagency agreement between to enhance the coordination of client services provided by other state agencies. During the reporting period, the department hosted quarterly partner meetings with the Department of Juvenile Justice to address the needs of dually involved youth.

Caregiver Feedback: The Department sought feedback from foster parents, relative caregivers, and youth through informal surveys conducted by organizations like Children's Home Network (CHN), Florida Foster and Adoptive Parent Association (FAPA), and Quality Parenting Initiative (QPI). Key themes included improving communication, respecting caregivers, reducing bureaucracy, and improving access to mental health services. The Department will continue to engage with foster parents, caregivers, and youth to improve systemic challenges and barriers identified. Feedback provided during this reporting period has been used to support the implementation of planned tasks and activities outlined in Florida's 2025-2029 CFSP.

Local Systems of Care Responsiveness: The Contract Oversight Unit (COU) monitors lead agency relationships with community stakeholders through surveys and on-site reviews. Surveys assess collaboration among foster parents, GAL programs, CPIs, case managers, legal services professionals, and other stakeholders. Feedback informs strategies for improving responsiveness at both system-wide and case-specific levels.

Current and Planned Activities

Collaborative Efforts: The Department continues engaging stakeholders through strategic planning meetings, community initiatives, newsletters, performance data sharing, and advisory councils. Examples include:

- Hosting community meetings with providers, foster parents, and adoptive parent associations.
- Conducting surveys among lead agency staff members and boards of directors.
- Integrating child welfare systems with SAMH services to implement care coordination models.
- Strengthening partnerships with DOH and the Statewide Child Abuse Death Review Committee to reduce preventable child deaths.

Parent Advisory Councils: Many lead agencies sponsor Parent Advisory Councils composed of parents who successfully navigated the child welfare system. These councils collaborate monthly to share insights and support family engagement. Goals outlined in Florida's 2025-2029 CFSP include the creation of an online platform that allows parents to locate their local Parent Advisory Council. Development of this resource will begin in fiscal year 2025-2026.

Foster Parent Licensing, Recruitment, and Retention

Current Functioning

Florida's foster parent licensing, recruitment, and retention efforts are guided by statutory requirements, administrative rules, and contractual obligations outlined in the Foster and Adoptive Parent Diligent Recruitment Plan. Despite not achieving substantial conformity in CFSR Round 4, the Department has implemented processes to address deficiencies. Key features of Florida's current system include:

- **Licensing and Background Checks:** Lead agencies oversee foster home licensure in each circuit and monitor compliance through file reviews. Additionally, the Department ensures that background checks are conducted for all licensed foster home in compliance with [CFOP 170-01 Florida Child Welfare Practice Model](#) standards. The Department and lead agencies can utilize name-based criminal based history checks to ensure children's immediate safety in out of home placements.
- **Recruitment Initiatives:** The Department and lead agency partners have focused recruitment efforts to be responsive to the unique needs of children in out of home care. This includes the recruitment of Level II foster homes for teens and sibling groups, Level III homes for survivors of human trafficking, and Level V homes for children with complex medical needs. Additionally, several community-based outreach and recruitment events are host by lead agencies across the state annually, resulting in a 48% increase in Level III foster homes during fiscal year 2023-2024. Finally, the Department and the Florida Department of Health engage in collaboration to enhance the recruitment of health care professionals to serve as foster parents for children with complex medical needs.
- **Training and Support:** The Trauma-based Relational Intervention (TBRI) and CORE Teen Training programs for foster parents have been implemented by several lead agency partners across the state. Access to these trainings improve and support quality relationships between children and their caregivers by teaching skills focused on conflict resolution, behavioral management, and appropriate communication. There are currently 38 TBRI/CORE practitioners, and 19 trainers located throughout the state. Trainers provide the TBRI/CORE curriculum for over 2,800 foster parents annually.

Planned Activities

To streamline and standardize the licensing process, the Department is implementing a new tracking tool to monitor the status of initial and renewal licenses and ensure compliance with statutory timelines. An ad hoc licensed provider report will assist in tracking expiration dates, while a standardized assessment guide and comprehensive checklist will ensure consistent application of standards across all child-caring and child-placing agencies. The Overcapacity Assessment report will be used to monitor homes exceeding capacity, where special circumstances may be present, and prompt timely reassessments.

Lead agencies are required to develop retention plans based on feedback from stay and exit interviews with foster parents. These plans will outline targeted support strategies, and the Department will review to provide feedback. Certified Trust-Based Relational Intervention (TBRI) practitioners will train additional staff to expand TBRI supports, and CORE Teen training will be provided and scaled up for foster parents caring for youth with complex needs. Collaboration with the Office of Licensing and Substance Abuse and Mental Health will ensure foster parents receive training on Mobile Response Teams that provide 24/7 access to behavioral health supports, focusing on providing immediate support for potential placement disruptions based on a child's specific mental health needs.

To address workforce challenges and placement matching, the Department is focused on recruiting a broader mix of foster homes, including those able to care for children with complex needs and sibling groups. Lead agencies are

encouraged to partner with local organizations, leverage advisory boards, and engage in targeted recruitment efforts in high-need areas. Data-driven approaches, such as tracking inquiry-to-licensure timelines and analyzing retention trends, inform continuous improvement.

SECTION 3: Update to the Plan for Enacting the State's Vision & Progress Made to Improve Outcomes

Florida's goals for 2025-2029 are outlined in the CFSP as follows:

- **Goal 1:** Increase permanency rates and reduce overall time to permanency for children in dependency care by enhancing collaboration and strengthening supports with service providers within the system of care.
- **Goal 2:** Strengthen prevention programs, including primary prevention, for children in Florida by expanding community partnerships. This will increase the family's protective factors and reduce deep-end involvement in the dependency system.
- **Goal 3:** Enhance the array of substance abuse and mental health services to support families and children in receiving adequate and timely services that meet their needs.
- **Goal 4:** Identify administrative and practice efficiencies to streamline workflows and increase staff time spent with families. This will improve outcomes related to safety, permanency, and well-being through enhanced case management.
- **Goal 5:** Strengthen the quality assurance system to build accountability and support continuous quality improvement throughout the system of care. Achieving a strong quality assurance system will further improve the outcomes of children and families in Florida.

During Fiscal Year 2024-2025, Florida worked to achieve all planned activities and tasks established for each of the five goals. Below is a description of progress made under each goal and the planned activities for Fiscal Year 2025-2026.

Goal 1

Progress Made to Improve Outcomes

During State Fiscal Year 2024-2025, Florida successfully completed the following tasks associated with CFSP Goal 1:

- Collaborate with faith-based organizations, private businesses, and other community and state agencies to establish a foundational network of service providers. **(S1.1a)**
- Expand domestic violence/intimate partner violence knowledge to increase protective factors for survivors and batterer accountability within the faith-based partner network through the Safe Space Faith Based initiative. **(S1.3a)**
- Amend homelessness unified contracts to outline funding requirements, identify target populations, and establish prioritized initiatives for Challenge Grant Plus funding. Initiatives will focus on providing rapid re-housing needed to support the reunification of families and target homelessness prevention for target populations. **(S1.4a)**
- Certified Trust Base Relational Intervention (TBRI) Practitioners at each PIP site will train additional staff on how to provide TBRI to support foster parents. **(S1.7b)**
- Streamline adoption policies/procedures and background checks, to include changes to 65C-16, Florida Administrative Code. **(S1.10d)**
- Streamline adoption home study processes, including the use of DocuSign. **(S1.10e)**
- Amend lead agency contracts to require the designation of a father engagement specialists within the organization and outline general roles and expectations. Individuals with similar experience to fathers being served shall be prioritized. **(S1.14a)**
- Lead agencies will conduct an initial assessment of its engagement with fathers and services provided to fathers to identify gaps in existing father engagement. **(S1.14b)**

- Lead agencies will submit action plan for utilizing the father engagement specialists to address gaps identified in the assessment conducted in S1.15b. **(S1.14c)**
- Department will review and approve action plans submitted by the lead agency to ensure adherence to contract requirements and alignment with the intent of the father engagement specialist role. **(S1.14d)**

Progress Measures and Benchmarks

Florida's progress can be measured by evaluating the benchmark set in the CFSP compared to the actual progress made during the reporting year. The following benchmarks highlight Florida's progress in the past year.

- Between July 1, 2024, and May 31, 2025, Hope Florida connected **13,321** children and families with critical community-based services that supported their individual needs.
- Expansion and awareness activities related to services for survivors of domestic violence are **25%** complete. Activities are expected to be **50%** completed by the end of Fiscal Year 2025-2026.
- A total of **27** Challenge Plus Grants have been disbursed to service providers, which is higher than the target outlined in Florida's 2025-2029 CFSP (26 Challenge Plus Grants).
- **25%** of recruitment and retention strategies for foster parents have been developed and implemented. This aligns with the target metric outlined in Florida's 2025-2029 CFSP.
- **34%** of trainings supporting foster parents, including the expansion of the TBRI Core training, have been completed. This is on track with the target listed in the 2025-2029 CFSP.
- **31%** of children achieve permanency within 12 months of entering care. This is a **2% increase** from Fiscal Year 2023-2024. This performance aligns with the permanency target established in Florida's 2025-2029 CFSP.
- The first year of activities related to streamlined adoption processes have been completed. Florida has achieved **14%** of the total activities related to this strategy.
- Florida has completed **66%** of Fatherhood initiative activities. This aligns with the target established in the 2025-2029 CFSP.

Activities Planned for FY 2025-2026

The following activities are planned for Fiscal Year 2025-2026:

- Establish Hope Navigator positions and core processes for connecting individuals to agencies and resources available through Hope Florida- A Pathway to Prosperity and for providing follow-up to ensure the needed services are provided. **(S1.1b)**
- Housing expansion through state funding to increase accessibility of housing opportunities for domestic violence survivors to prevent homelessness and improve transitional housing options. **(S1.3c)**
- Continuums of Care (COCs) will collaborate with the Community Based Care (CBC) Lead Agencies to review funding requirements/initiatives and establish a memorandum of understanding (MOU) regarding the usage of the Challenge Plus Grant funding. **(S1.4b)**
- COCs will develop a spending plan for Challenge Plus Grant funding and allocate funding to be used for identified initiatives. **(S1.4c)**
- Review existing Family Finding processes and performance during initial, ongoing, pre-termination of parental rights (TPR), and post-TPR stages in cases. Within this, explore how processes may differ when locating maternal and paternal family members and how extended family members are located when a parent is newly identified. **(S1.5a)**

- Compare findings from S1.5a to evidence-based standards to identify fidelity gaps in current process and inconsistencies throughout the life of the case. **(S1.5b)**
- Lead agencies will conduct an annual assessment and submit an annual recruitment and retention plan to the Department with a special focus on children with enhanced needs who are underserved in their area. **(S1.6a)**
- Facilitate quarterly conference calls, between lead agency's licensing and placement entities to improve recruitment and retention strategies based on data analysis. **(S1.6c)**
- Lead agencies will develop a retention plan that outlines methods to support foster parents based on stay interviews or other needs assessments completed with existing foster care parents and exit interviews completed with the foster parents that voluntarily close their homes. Retention plans will be reviewed by the Department for feedback. **(S1.7a)**
- Train individuals within CBC lead agencies who can provide CORE Teen training to foster parents. **(S1.7c)**
- Develop a standardized tracking tool to capture the status of initial and renewal licensure and ensure timely licensing aligned with Florida Statute [409.175](#). The Department will utilize the Department's Ad Hoc Licensed Provider report as a resource to track expiration dates for licenses. **(S1.8a)**
- Replace current process with the automated process through use of the tool developed in Activity S1.8a. Require lead agency use of the updated electronic tool, providing the Department with data on timeliness and accuracy of submissions. Data will be shared with Department and lead agency leadership as needed to ensure compliance and identify opportunities for improvement. **(S1.8b)**
- Conduct barrier analysis in Circuits 6, 11, and 13 to identify opportunities to improve the permanency process. Analysis will include input from stakeholders, case managers, leadership, the Guardian Ad Litem (GAL), Children's Legal Services (CLS), and parent attorneys. **(S1.10a)**
- Use the results from barrier analysis listed in S1.11a to create a process for the Reunification Project. The purpose of this project is for key stakeholder groups to identify families who they feel have met conditions for return or who have successfully completed post-placement supervision and work toward reunification. **(S1.10b)**
- Implement the action plan submitted in S1.15c and submit an annual report to the Department on activities to meet the needs of fathers. **(S1.14e)**
- Develop a statewide directory of existing parent boards/councils that could provide support and resources to lead agencies across Florida in facilitating Parent Advisory Councils **(S1.15a)**
- Reassess background screening requirements for parent partner or peer support positions and explore opportunities to streamline process and encourage hiring people with lived experience. **(S1.15d)**

Goal 2

Progress Made to Improve Outcomes

During State Fiscal Year 2024-2025, Florida successfully completed the following tasks associated with CFSP Goal 2:

- Recipients of settlement funds for plan years will submit an annual implementation plan to report its intended use of the funds to the Statewide Council on Opioid Abatement. **(S2.1a)**
- Annually distribute funding for Opioid Settlement Agreement to city, county, and regional recipients. **(S2.1b)**
- Amend homelessness unified contracts to outline funding requirements, identify target populations, and establish prioritized initiatives for Challenge Grant Plus funding. Initiatives will focus on providing rapid re-

housing needed to support the reunification of families and target homelessness prevention for target populations. (S2.2a)

- Continuums of Care (COCs) will collaborate with the Community Based Care (CBC) Lead Agencies to review funding requirements/initiatives and establish a Memorandum of Understanding (MOU) regarding the usage of the Challenge Plus Grant funding. (S2.2b)
- Collaborate with faith-based organizations, private businesses, and other community and state agencies to establish a foundational network of service providers. (S2.3a)
- Establish Hope Navigator positions and core processes for connecting individuals to agencies and resources available through Hope Florida – A Pathway to Prosperity and for providing follow-up to ensure the needed services are provided. (S2.3b)
- Implement a centralized tool that connects Floridians, including children and families involved in the child welfare system, to the network of care and services made available through Hope Florida. (S2.3c)
- Expand domestic violence/intimate partner violence knowledge to increase protective factors for survivors and batterer accountability within the faith-based partner network through the Safe Space faith-based initiative. (S2.4a)
- Amend lead agency contracts to require the designation of father engagement specialists within the organization and outline general roles and expectations. Individuals with similar experience to fathers being served shall be prioritized. (S2.8a)
- Lead agencies will conduct an initial assessment of its engagement with fathers and services provided to fathers to identify gaps in existing father engagement. (S2.8b)
- Lead agencies will submit action plan for utilizing the father engagement specialists to address gaps identified in the assessment conducted in S2.8b. (S2.8c)
- Department will review and approve action plans submitted by the lead agency to ensure adherence to contract requirements and alignment with the intent of the father engagement specialist role. (S2.8d)

Progress Measures and Benchmarks

Florida's progress can be measured by evaluating the benchmark set in the CFSP compared to the actual progress made during the reporting year. The following benchmarks highlight Florida's progress in the past year.

- Between July 1, 2024, and May 31, 2025, Hope Florida connected **13,321** children and families with critical community-based services that supported their individual needs.
- **13%** of Opioid Settlement plans were implemented during Fiscal Year 2024-2025. This aligns with the target established in Florida's 2025-2029 CFSP.
- A total of **27** Challenge Plus Grants have been disbursed to service providers, which is higher than the target outlined in Florida's 2025-2029 CFSP (26 Challenge Plus Grants).
- **25%** of recruitment and retention strategies for foster parents have been developed and implemented. This aligns with the target metric outlined in Florida's 2025-2029 CFSP.
- Florida has completed **66%** of Fatherhood initiative activities. This aligns with the target established in the 2025-2029 CFSP.

Activities Planned for FY 2025-2026

The following activities are planned for Fiscal Year 2025-2026:

- Annually submit financial data to inform the Statewide Council on Opioid Abatement on how funding was spent. **(S2.1c)**
- COCs will collaborate with CBC Lead Agencies to provide families working toward reunification with rapid rehousing services and provide preventative services to vulnerable populations and will submit a detailed monthly account of services provided. Preventative services may include, but are not limited to, rental assistance, rental arrears, rental application fees, security deposits, rent advancements, utility deposits/payments, moving costs, housing search/placement, housing stability case management, mediation, legal services, and credit repair. **(S2.2c)**
- Recruit additional faith-based, private business, and other community partners to deepen the service menu made available through Hope Florida – A Pathway to Prosperity. **(S2.3g)**
- Develop the batterer accountability program to improve service quality in the Batterer’s Intervention Program (BIP), increase BIP service providers, as well as increase access to BIP programs. This includes training prosecutors and other legal partners, Judges, law enforcement, child welfare, and community-based programs, on how to maximize all tools available to engage and hold accountable perpetrators of domestic and intimate partner violence. **(S2.4b)**
- Housing expansion through state funding to increase accessibility of housing opportunities for domestic violence survivors to prevent homelessness and increase transitional housing options. **(S2.4c)**
- Develop a prevention campaign to improve understanding of the life-altering effects of substance misuse among school- aged youth. **(S2.5a)**
- Develop a suicide prevention Public Service Announcement with a focus on children and families. **(S2.5b)**
- Increase awareness of Mobile Response Team (MRT) services. **(S2.5c)**
- Collaborate with stakeholders to review and edit current tools related to “Quality Contact” visits to ensure alignment with federal standards and disseminate to workforce and stakeholder groups. **(S2.6a)**
- Confirm with the Academy to ensure the following is addressed in the current pre-service training curriculum: 1) voice of the parent, 2) field consultants, 3) caseworker training by OCFW, and 4) cultural competency. **(S2.6c)**
- Form a committee to consist of family members with lived experience, Department staff, lead agency staff, and parent advisory board member(s) to conduct a baseline assessment of parent engagement efforts. **(S2.7a)**
- Implement the action plan submitted (5-C4) and submit an annual report to the Department on activities to meet the needs of fathers. **(S2.8e)**
- Develop a statewide directory of existing parent boards/councils that could provide support and resources to lead agencies across Florida in facilitating Parent Advisory Councils. **(S2.9a)**
- Reassess background screening requirements for parent partner or peer support positions and explore opportunities to streamline process and encourage hiring people with lived experience. **(S2.9d)**

Goal 3

Progress Made to Improve Outcomes

During State Fiscal Year 2024-2025, Florida successfully completed the following tasks associated with CFSP Goal 3:

- Leverage existing opportunities related to established boards, committees, working groups, advisory coalitions, etc. to conduct a gap analysis and needs assessment and utilize tools such as stakeholder engagement strategies including key informant interviews, focus groups, learning collaboratives, surveys, etc. **(S3.1a)**
- Collaborate with faith-based organizations, private businesses, and other community and state agencies to establish a foundational network of service providers. **(S3.2a)**
- Establish Hope Navigator positions and core processes for connecting individuals to agencies and resources available through Hope Florida and for providing follow-up to ensure the needed services are provided. **(S3.2b)**
- Implement a centralized tool that connects Floridians, including children and families involved in the child welfare system, to the network of care and services made available through Hope Florida. **(S3.2c)**
- Formalize plans for a Hope Florida mobile unit to increase access to services and provide more immediate, real-time supports to individuals in need. **(S3.2d)**
- Implement a Youth in Transitions mobile application to connect youth transitioning out of foster care to Hope Florida. **(S3.2e)**
- Recipients of settlement funds for plan years will submit an annual implementation plan to report its intended use of the funds to the Statewide Council on Opioid Abatement. **(S3.3a)**
- Annually distribute funding for Opioid Settlement Agreement to city, county, and regional recipients. **(S3.3b)**

Progress Measures and Benchmarks

Florida's progress can be measured by evaluating the benchmark set in the CFSP compared to the actual progress made during the reporting year. The following benchmarks highlight Florida's progress in the past year.

- Between July 1, 2024, and May 31, 2025, Hope Florida connected **13,321** children and families with critical community-based services that supported their individual needs.
- **100%** of stakeholder engagement tasks planned for Fiscal Year 2024-2025 were completed. This aligns Florida with the target metric of **33%** completion during the first year of the 2025-2029 CFSP.
- **13%** of Opioid Settlement plans were implemented during Fiscal Year 2024-2025. This aligns with the target established in Florida's 2025-2029 CFSP.

Activities Planned for FY 2025-2026

The following activities are planned for Fiscal Year 2025-2026:

- Collaborate with other state agencies to formalize processes for establishing points of contact for client transfers. **(S3.2f)**
- Recruit additional faith-based, private business, and other community partners to deepen the service menu made available through Hope Florida. **(S3.2g)**
- Develop a prevention campaign to improve understanding of the life-altering effects of substance misuse among school-aged youth. **(S3.4a)**
- Develop a suicide prevention Public Service Announcement with a focus on children and families. **(S3.4b)**
- Increase awareness of Mobile Response Team (MRT) services. **(S3.4c)**

Goal 4

The implementation of Goal 4 tasks and activities is planned to begin during Fiscal Year 2025-2026. For this reason, there is no current progress to report for tasks associated with Goal 4. Planned activities for the 2025-2026 Fiscal Year are listed below.

Activities Planned for FY 2025-2026

The following activities are planned for Fiscal Year 2025-2026:

- Assess the need for modifications to existing reports to better alert staff on upcoming visitations, and implement modifications, as needed. **(S4.1a)**
- Review CFSR and Life of Case (LOC) findings to identify potential opportunities and locations for providing real time training, coaching, and mentorship. **(S4.1c)**
- Conduct surveys, hosting focus groups, and/or evaluating training/proficiency models and existing supervisor support tools to identify supervisor coaching needs. **(S4.2a)**
- Form a committee to consist of family members with lived experience, Department staff, lead agency staff, and parent advisory board member(s) to conduct a baseline assessment of parent engagement efforts. **(S4.3a)**
- Establish a workgroup to develop programmatic monitoring procedures, standards, and a review tool. Standards will align with CFSR standards and will include feedback loop from stakeholders and persons with lived experience. **(S4.4a)**
- Develop a monthly programmatic process that is embedded into Contract Oversight (Co-Team) process. **(S4.4b)**
- Conduct monthly programmatic monitoring, following the framework described in S4.4b. **(S4.4c)**

Goal 5

The implementation of Goal 5 tasks and activities is planned to begin during Fiscal Year 2025-2026. For this reason, there is no current progress to report for tasks associated with Goal 5. Planned activities for the 2025-2026 Fiscal Year are listed below.

Activities Planned for FY 2025-2026

The following activities are planned for Fiscal Year 2025-2026:

- Establish a workgroup to develop programmatic monitoring procedures, standards, and a review tool. Standards will align with CFSR standards and will include feedback loops from stakeholders and persons with lived experience. **(S5.1a)**
- Develop a monthly programmatic process that is embedded into Contract Oversight (Co-Team) processes. **(S5.1b)**
- Conduct monthly programmatic monitoring, following the framework described in S5.1b. **(S5.1c)**
- Establish and train a team of reviewers to complete statewide CFSR desk reviews. **(S5.2a)**
- Establish and train a team of reviewers to conduct initial quality assurance. **(S5.2b)**

Implementation and Program Supports

Training Implementation Supports

To support the goals and objectives of the CFSP and to improve overall performance of our child welfare staff across the state, the Department is introducing Florida's new pre-service program for CPIs, case managers, and licensing staff called the Florida Academy for Child Protection and Family Resilience.

In 2022, the Department determined the pre-service curriculum needed to be revised. Stakeholders were interviewed and consistently reported revisions needed to include content updates, experiential learning, and retention efforts. The pre-service program was redesigned to include a robust curriculum with a focus on family-centered practice, engagement, and trauma-informed care as well as virtual reality experiences and opportunities for new learners to practice skills in simulation. The program was renamed The Florida Academy for Child Protection and Family Resiliency (the Academy).

The pre-service process also was redesigned. Previously, the new learner completed pre-service curriculum, passed a competency exam, and achieved provisional certification. In the Academy, all new learners complete Foundations, a five-week course that focuses on child welfare history and overall requirements. After Foundations, the learner passes the competency exam and continues to a role-specific specialty track: CPI (six weeks), case management (seven weeks), or licensing (under development).

The Academy also introduces a new process to pre-service—Assessment—which begins at the date of hire and continues through the entire pre-service program. Through assessment, the new learner is required to observe and discuss role-specific job functions with a certified peer and/or supervisor. While progressing through pre-service and Assessment, the new learner practices skills under supervision and ultimately must exhibit basic competencies. The Assessment process ensures the bridging of the gap from the learner being trained by the trainer to the ongoing training the continues by the supervisor and creates a partnership between training and operations with a shared goal of employee growth and retention. The process for full certification, Pillars, is in development and will include the requirements of 1,040 hours of on-the-job practice, 20 hours of individual supervision, 10 hours of group supervision, an additional 10 hours of individual and/or group supervision with an attestation from the supervisor that the child welfare professional can competently deliver child welfare services. Additionally, when complete, the Pillars program will require 10 one-day courses that focus on complex child welfare topics such as domestic violence, substance abuse, mental health conditions, physical abuse, sexual abuse, medical neglect, trauma, and neglect. Those courses are in development.

The Foster Care Licensing Specialty Track, released in 2017, is another one-and-a-half-week-long training following Foundations. It focuses on recruiting, supporting, assessing, and retaining foster homes through the licensing and relicensing process. This track is under development in the Academy.

The newly designed pre-service program will support the goals and objectives of the CFSP by providing an updated and robust curriculum that incorporates experiential learning through Virtual Reality and simulation. There was also an “assessment” portion added that requires the supervisor and a qualified evaluator (field trainer, specialist, etc.) to assess the new CPIs on eleven competencies prior to obtaining provisional certification to ensure a basic level of skill and confidence exists prior to the new CPI meeting with families on their own.

The complete description of the planned implementation efforts for the Training Plan can be found in Florida's Statewide Training Plan.

CCWIS Implementation Supports

As discussed in Section 2, the Department is currently working to develop the second phase of the CCWIS project. Phase two of the CCWIS project encompasses the case management, licensure, and placement. The development of phase two began in February 2024 and is currently being tested for system function before segments are launched for use. Each part of phase two is implemented individual to ensure that each component of the system functions before the full launch of phase two. The full implementation of phase two will occur in State Fiscal Year 2025-2026.

Phases three and four of the CCWIS will begin development and implementation after the development after the full launch of phase two. Phase three of CCWIS encompasses service planning, service delivery, Guardian Assistantship Program and the independent living programs. Phase four encompasses eligibility, financials, and legal services.

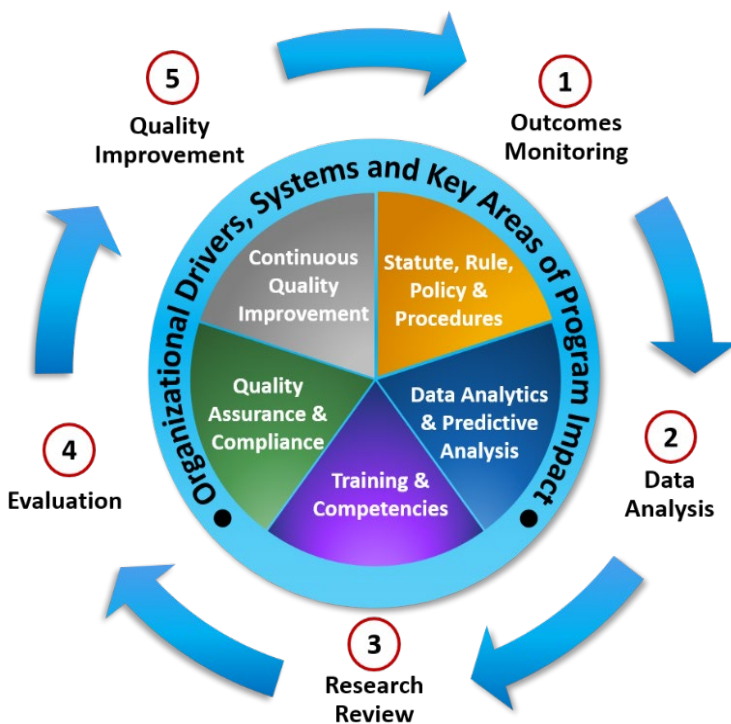
SECTION 4: Quality Assurance System

Florida's Quality Assurance System

Quality Assurance System Description

Florida utilizes a Results Oriented Accountability (ROA) model, as outlined in [s. 409.997, F.S.](#) This model is a continuous quality improvement framework that allows for the ongoing evaluation of programs and services offered by the Department. This process involves identifying new or promising interventions, assessing both internal and external validity of those interventions, and conducting ongoing quality improvement to ensure the organization is learning and advancing towards meaningful goals for children and their families. The cycle of accountability consists of the following five phases:

- 1) **Outcomes Monitoring** includes activities required to define, validate, implement, and monitor outcome measures throughout the child welfare community. In this phase, outcome goals are defined, valid and reliable performance measures are developed, and data is collected to evaluate performance.
- 2) **Data Analysis** encompasses approaches and procedures utilized to critically analyze performance results to determine if variances noted are in fact issues that should be investigated further. This phase is concerned with determining the statistical validity of data collected.



3) **Research Review** is utilized to gather and validate evidence supporting interventions and address system performance. Research review assesses external validity of services provided.

4) **Evaluation** is the investigation of intervention effectiveness and implementation. This helps to establish if an intervention is causally linked to the desired outcomes.

5) **Quality Improvement** is the action of implementing interventions across new domains. Quality Improvement validity by creating a culture in which performance is tracked, analyzed, and evaluated to inform the development of new strategies. New strategies are developed. This phase reinforces organizational learning and reflexivity through continuous evaluation of existing practices and the exploration of innovative solutions.

Implementation of the ROA program advances Florida's child welfare system by supporting informed decisions

making driven by system performance and client outcomes. It also encourages a system of accountability by leveraging the shared efforts of child welfare professionals and system partners to incorporate many of the individual efforts that are achieving results. Moreover, this model identifies practices based on well-designed studies and broaden the base of evidence for interventions. Long-term results include better outcomes for children, a more proactive system, and development of stronger partnerships.

Strong administrative oversight to ensure that the Child Welfare CQI system is functioning effectively and consistently

and is adhering to the process established by the Department. The Department's Office of Quality and Innovation (OQI) is tasked with integrating case record reviews, data analysis, performance improvement, and training under one office within the Department. The OQI facilitates file reviews and CQI activities related to child protective investigations and case management services.

Data Integrity

The Department inputs, collects, and extracts data from various sources, including Florida's Child Welfare Information System (FSFN and CCWIS), DCF Qualtrics, CFSR Online Monitoring System (OMS), and other sources of data. The Department uses this data to monitor the performance of the Child Welfare system and to gauge strengths and areas needing improvement in practice. Therefore, it is critical that all entities that input data work diligently to ensure data is accurate. The state uses this data for federal reporting for the Adoption and Foster Care Analysis Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) National Youth in Transition Database (NYTD), Statewide Data Indicators (SWDI), the Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), Child and Family Services Review (CFSR), etc.

There are processes at the state and local level to identify and resolve data quality issues and inform leadership and others. For example, there are processes to identify if data is being under or over-reported and/or not being entered into Florida's Child Welfare Information System (FSFN and CCWIS); evaluate if data entry is reliable or unreliable and if unreliable, why (e.g., clarity of instructions, definitions, and/or data entry screens). Examples include:

- Ongoing monitoring of existing federal requirements using the CFSR Desk and Program Improvement Plan (PIP) Review items and tools (training, procedures, and instruments) to ensure that data is accurate.
- Florida requires a supervisor or designee to complete a Quality Assurance review of each CFSR and Life-of-Case CPI closure review.
- The AFCARS Assessment Review findings document and Florida AFCARS Improvement Plan (AIP), provide information on data integrity areas that need improvement.

Programmatic Monitoring

The Programmatic Monitoring system is designed to work in conjunction with the Department's existing quality assurance and quality improvement processes and to act as a part of a larger Accountability Framework, which includes the publication of a "Health of the System" report by circuit and ongoing qualitative reviews using the "Life of Case" and "CFSR Desk Review" tools. This system also supplements federal Child and Family Services Reviews (CFSR) by evaluating systemic factors such as staff and provider training, foster parent recruitment and retention, service array and resource development, and performance management.

Quality Assurance Case Reviews

The CQI process strives to ensure that:

1. Case reviews include a sampling universe of children statewide who are the subject of a child protective investigation; are/or were recently in foster care; are/or were served in their own homes. Samples are large enough to make statistical inferences about the population served. The universe of cases in the sample includes the title IV-B and IV-E child population directly served by the State agency or served through title IV-E agreements (e.g., with Florida Indian Tribes, juvenile justice, or mental health agencies).

2. Standardization of Quality Assurance (QA) review instruments for child protective investigations and ongoing case management services throughout the state.
3. Standardization of training to ensure inter-rater reliability and that ratings are consistent with instrument instructions.
4. Conducting Benchmark reviews to ensure inter-rater reliability and that ratings are consistent with instrument instructions.
5. Requirements are set for OQI QA Managers to be responsible for ensuring the process is consistently and properly implemented across the entire state.
6. Stratification of different age groups, case types, and other considerations, as appropriate.
7. Establishment of case review schedule takes into consideration representation of the populations served and all areas of the state.
8. Case-level data is collected to provide context and address agency performance.
9. Case reviews detect the quality of services for the children and families served and therefore focus on the assessment and monitoring of how child and family functioning is progressing in relation to the services provided.
10. A sample of the CFSR case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker, or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).
11. All CFSR Program Improvement Plan (PIP) monitored case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker, or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).
12. A process that prevents reviewer conflict-of-interest. While Conflict of Interest criteria apply to all types of reviews, it is a requirement that all individuals participating on a Federal CFSR Review or PIP monitored case sign a Conflict-of-Interest Statement (OCW-CFSR Form 7; Appendix 5) for each case reviewed attesting that he/she has:
 - a. Never been directly or indirectly involved in casework activities related to this case or any of the participants in this case.
 - b. Not participated in decisions related to this case or any of the participants in this case.
 - c. No personal interest in this case or any of the participants in this case.
 - d. No direct professional involvement with the case or case participants under review.
13. The standardized guidelines included within this document, Windows into Practice, provide the protocols, processes, and instructions to assist in standardizing, completion of the instruments, and the implementation of the case review process.
14. There is a process for conducting on demand and/or special reviews targeting specific domains when analysis and other data warrant such reviews.

15. There is a process for conducting CFSR PIP monitored case reviews as delineated in the PIP measurement plan.
16. There is a process for conducting reviews on the hotline which receives reports of abuse, neglect and/or exploitation for all children in Florida.
17. There is a process to review all child fatalities that come to the attention of the Department and Critical Incident Rapid Response Teams (CIRRT) assess fatality cases with a verified finding within the previous 12 months.
18. There is a process to review child sexual abuse investigations involving any child placed in a licensed out-of-home care setting.
19. There is a process to review cases where maltreatment(s) are alleged for a child(ren) in foster care.
20. There is a process in place to ensure inter-rater reliability and consistency of CFSR case ratings among reviewers.

Analysis and Dissemination of Information

It is important that managers utilize the information obtained through case readings and data derived from Florida's Child Welfare Information System (FSFN and CCWIS) to identify areas needing improvement and seek solutions to improve practice. Continuous Quality Improvement (CQI) must be seen as a process that is proactive and supports continuous learning. CQI involves the use of assessment, feedback, and application of information to improve services in a proactive manner by continuously evaluating process and outcomes and the link between them to change services.

Integrating CQI into daily practice begins with engaging Child Welfare staff and includes community partners/external stakeholders and consumers as partners on the quality improvement team. The plan to accomplish this inclusion is through team building, training, and short/long-term goal setting. The term 'stakeholders' is defined as courts, tribes, families, youth, caregivers, contracted providers, other public entities, community partners, and individuals within the child welfare organization including administrators, caseworkers, supervisors, and program, policy, and training staff.

The OQI Data and Analytics Team tracks and regularly analyzes information and results. Local and state level CQI systems must ensure that:

1. There are consistent mechanisms in place for gathering, organizing, and tracking information and results over time regarding safety, permanency, well-being outcomes and services (at the child, caseworker, office, regional and state level, as appropriate).
2. There is a defined process in place for analyzing data (both quantitative and qualitative), and training to staff to ensure they are qualified to conduct such analyses.
3. Statewide and local data is aggregated and made available to stakeholders for analysis.
4. Leadership, courts, tribes, and other stakeholders are involved in analyzing and understanding the data and in providing feedback on analysis and conclusions.
5. Results (trends, comparisons, and findings) are translated for use by courts, tribes, and a broad range of stakeholders through understandable or reader-friendly reports, websites, etc.

Feedback to Stakeholders, Decision-Makers, and Adjustment of Programs and Process

Collecting information and analyzing results are important steps in CQI; however, the use of this information is a critical component to driving change and improving outcomes for children and families. The CQI system strives to ensure that:

1. Results (i.e., trends, performance metrics, case review feedback, comparisons and findings) are used by agency leadership and regional managers, Lead Agencies, Lead Agencies Boards of Directors, community alliances, courts, tribes, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), improve practice, and ensure an appropriate service array is in place for children and families.
2. Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.
3. Results inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.

Department Staff and Lead Agency QA Managers' Collaboration

The Department is the single state agency that has oversight and authority over the implementation of the Florida CQI process. A core foundational component of the CQI system is supporting a statewide team of QA professionals working on behalf of the Department. These professionals include Department QA staff and Lead Agencies. This mixture of public and private professionals requires ongoing communication and collaboration. The Lead Agency QA managers are required to participate in monthly QA and data conference calls and meetings as scheduled to ensure the Florida CQI system operates within federal regulations, state policy, and Florida Statutes.

Role of Contract Managers

The role of the contract manager is to ensure Department contract providers comply with the administrative and programmatic terms and conditions of the contract ([s. 402.7305, F.S.](#)). Department contract managers will communicate information to Lead Agencies that may impact activities and reporting requirements. Therefore, the Lead Agencies must keep contract managers informed of quarterly activities, to include review schedules, data analyses, summary reports, etc. Contract managers must be copied on Lead Agency annual CQI plans and annual reports. Contract managers play a crucial role in maintaining and improving Florida's Quality Assurance System through their collaboration with Lead Agencies and Quality Assurance Managers.

Planned System Enhancements

As previously noted, Florida's strategic vision is that CCWIS will work and achieve better efficiency for all frontline workers and improve child welfare outcomes by ensuring quality data integration to readily provide the right information at the right time about the children and families who receive child welfare services. This effort will support the state's CQI efforts as well. To further strengthen Florida's Quality Assurance system to build accountability and support continuous quality improvements throughout the system of care. Florida has put forth in the CFSR Round PIP, the following interventions:

- ***Implement a programmatic monitoring structure to evaluate systemic factors and create a framework for continuous quality improvement.*** By establishing a formal process for initiating, monitoring, and adjusting performance improvement activities. Drawing on recommendations from a consulting agency, the Department plans to implement a programmatic monitoring structure like the SWA process. This will involve periodic reviews of CBC Lead Agencies to assess systemic factors. Based on these reviews and their performance on SWDI and case reviews, service providers will be assigned specific areas and targets for

improvement. Lead agencies will then develop strategies to meet these goals and submit quarterly reports on their implementation status and the results of their improvement efforts. Efforts that do not lead to improved performance will be reevaluated and adjusted as needed.

- ***Revise the LOC review process to align more closely with federal case review standards and provide clear, actionable feedback to staff for enhancing case work quality.*** By adopting a case review structure and standards parallel CFSR standards, the Department will replace its Ongoing Services LOC tool with a new tool that assesses standards in the same manner as the CFSR. This alignment will improve clarity and consensus on the standards, identify strengths and deficiencies effectively, focus performance improvement activities, and measure the impact of improvement initiatives.

These improvements will be used to sustain the ability of the Department to conduct state-led review processes for future rounds CFSR and to inform ongoing CQI/QA processes. As part of the CFSR PIP, Quality Assurance goals will establish a process for CCWIS data integrity plans, enabling more effective monitoring and adjustment of performance improvement plans.

SECTION 5: Update on Service Descriptions

Stephanie Tubbs Jones Child Welfare Services (Title IV-B)

The Department uses Title IV-B, Subpart 1, of the Stephanie Tubbs Jones Child Welfare Services Program to support the costs of family support services, family preservation services, time-limited reunification services, and adoption promotion and support services.

Family support services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by:

- Strengthening protective factors that will increase the ability of families to nurture their children successfully
- Enhancing the social and emotional well-being of each child and the family
- Enabling families to use other resources and opportunities available in the community
- Assisting families with creating or strengthening family resource networks to enhance and support childrearing

Family preservation services provided include:

- Information and referral to include substance use disorder and domestic violence-related services
- Target services geographically in zip codes with greater needs
- Use of the family team conferencing model
- Creation of the clinical response teams
- Home safety and maintenance activities and use of wraparound services

Reunification services are used for children removed from their home and for the parents or primary caregivers. These services are designed to support the reunification of a child safely and appropriately within a 12- to 15-month period. The Department and Lead Agencies continue to build local capacity for safety management, treatment services, and trauma-informed/evidence-based in-home treatment approaches to prevent the need for out-of-home placements.

Adoption Promotion and Support Services have served a major role in the adoption of children from the foster care system. These adoptive homes are carefully chosen to ensure placement is in the best interest of the child. Pre-and post-adoptive services and activities have shortened and strengthened the process to support adoptive families to avoid disruptions. The adoption of foster children continues to be a state and local partnership. Examples of adoption promotion include:

- Child-specific or targeted population recruitment efforts
- Quarterly matching events for children available for adoption and potential families
- Child recruitment biographies
- Use of social media
- Media blitzes targeting available children who are severely medically fragile

Examples of Adoption Support Services include:

- Collaboration with early learning coalitions
- Home and school visitation with post-adoptive families and children
- Adoptive parent support groups
- Counseling referrals
- Post-adoption services counselor at each Lead Agency

Adoptive parent and youth support groups provide opportunities for adoptive parents and youth to meet with other adoptive parents and youth who are facing similar challenges and concerns. These groups generally meet once a month

and are appropriate for the languages, cultures, and needs of the participants in each community and receive support from umbrella organizations and qualified facilitators when appropriate (e.g., teen support groups). In rural areas with a limited number of adoptive families, newsletters, and group emails are being used to provide new information about post-adoption services and provide opportunities for adoptive families to communicate with each other.

Services for Children Adopted from Other Countries

Pre-Adoption Services include, at a minimum, mental health services to prepare children for adoption, legal services to sever the parental rights for a child to be legally free for adoption, supervision of visitations between siblings and other birth family members, and supervision of adoptive placements for a minimum of 90 days. Services for prospective adoptive parents include the provision of adoptive parent training and the home study process.

Adoption Documents & Registry (ADORE) is a database system that facilitates the reunification of adult adoptees with birth parents and relatives. The Florida Adoption Reunion Registry (FARR) maintains paper applications and associated documents for individuals who registered with the FARR. To ensure that documents are in one centralized location that can be accessed electronically by users, the ADORE database was created. Additionally, ADORE permits adoption staff to electronically store, index and retrieve documents related to private agency adoptions or adoptions completed by the Department prior to privatization that have been finalized in the state of Florida.

Post-Adoption Services Counselor is a staff person designated to respond to the requests and service needs of adoptive parents and their families after adoption finalization. The response to requests and service needs should include, at a minimum, information and referrals with local resources, assistance to CPLs when an investigation involves an adoptive parent, temporary case management, assistance with subsidy and Medicaid needs and assistance in establishing and maintaining one or more adoptive parent support groups.

Adoption Competency: Adoption-competent mental health professionals have completed the Rutgers Adoption Competency, or an equivalent curriculum approved by the Department to provide educational and therapeutic services for adoptive families. The educational and therapeutic services focus on strengthening relationships within the family unit and assist families in understanding the developmental stages of adoption and how adoption affects each family member and the family as a unit. To incentivize mental health professionals to attend the Adoption Competency Training, the Department provides at no cost to the trainees, certified educational units (CEUs) for each mental health professional continued licensure. The use of evidence-based, evidence-informed, promising, and innovative practices in recruitment, orientation, and preparation of appropriate adoptive families, matching children with families, supporting children during the adoption process, and providing post-adoptive support.

Annual Adoption Surveys: The Department, in conjunction with the Lead Agencies, conducts an annual adoption survey to gather feedback from prospective adoptive parents, children in the child welfare system, adoptees, and other stakeholders between August 6, 2024, and August 31, 2024 (specific details are outlined below in “Post-Adoption Support Surveys”). Overall, participants reported that their Lead Agencies excelled in the following areas:

- Timely completion of the adoption home study.
- Responding timely to questions.
- Post-adoption services/supports.
- Negotiating Adoption Subsidy.

Inter-Country Adoptions. Approximately 13 private agencies manage international adoptions in Florida. The Department does not monitor the number of inter-country adoptions completed. When a child from an international adoption is removed due to abuse, abandonment, or neglect, the child and family receive services to help them remain safe, and services are provided to assist with reunification efforts.

The Lead Agencies self-report these numbers to the Department, and the Department annually assesses the types of maltreatments and status of these cases. The Department receives two to three reports of international adoptees removed due to abuse, abandonment, or neglect per year. Due to the infrequency of such reports, the Department does not plan actions beyond the annual assessment and follow-up but will continue to monitor these reports for increased frequency. Children with no documented abuse, abandonment, or neglect who have undergone an inter-country adoption may receive post-adoption services and support through the private agency that completed the adoption.

Post-Adoption Support Surveys: The Department, in conjunction with the Lead Agencies, conducted a Post Communication Survey between August 6, 2024, and August 31, 2024, to gather feedback from families who requested and received services resulting from the one-year post-communication contact requirement outlined in section 39.812(6), Florida Statutes. The intent of the survey is to determine the types of services received by the family and the quality of those services. The major findings about post-adoption services are:

- Most respondents felt comfortable asking their post-adoption worker for additional help/assistance and felt that they were understood. Respondents who were uncomfortable reported the top reason was that it takes too long to get help.
- The top two post-adoption supports needed were assistance with adoption subsidy and assistance with Medicaid.
- Most respondents reported that providers of services understood their needs.
- The top three services that respondents identified challenges with accessing needed services in were medical/dental/vision services, support groups and physical/occupational therapy.
- The major reason for services desired but not available was that the provider in their area does not accept Medicaid or they were placed on a waitlist.

Sunshine Specialty Plan Services: As discussed in Florida's Health Care Oversight and Coordination Plan, Sunshine Health has broadened support services for families with children adopted. Services include community partnerships with organizations and adoption supports; network development including additional adoption competent counselors; and training to adoptive parents, Lead Agencies, and other stakeholders.

Services for Children Under the Age of Five

Multidisciplinary Team Staffings. The Department has implemented a standardized multidisciplinary team staffing to allow for effective assessment through an integrated team for children who are vulnerable because of existing histories of trauma, which led to the child's entrance into the child welfare system. This assessment is especially important for children who are three years old or younger, who have an enhanced need to have healthy and stable attachments to assist with necessary brain development. Stable and nurturing relationships in the first years of life, as well as the quality of such relationships, are integral to healthy brain development, providing a foundation for lifelong mental health and determining well-being as an adult.

Identification of Promising and Evidence-based Services. The Department implemented a standardized multidisciplinary team staffing to allow for effective assessment through an integrated team for children who are vulnerable because of existing histories of trauma that led to the child's entrance into the child welfare system. This assessment is especially important for children who are three years old or younger, who have an enhanced need to have healthy and stable attachments to assist with necessary brain development. Stable and nurturing relationships in the first years of life, as well as the quality of such relationships, are integral to healthy brain development, providing a foundation for lifelong mental health and determining well-being as an adult. The Department will implement evidence-based prevention services through FFPSA to support the stability of maintaining permanency upon

reunification.

Early Childhood Court (ECC). Statewide efforts during fiscal year 2024-2025 have been focused on assessment, providing technical assistance and support, increasing system collaboration, promoting the integration of community resources, and creating partnerships with Help Me Grow. Further, an early childhood dashboard is in development and once completed will display data for all children younger than age five in Florida who are in out-of-home care. Additionally, it will merge data from the Florida Dependency Court Information System (FDCIS) data system to incorporate the Early Childhood Court population alongside demographics for all children under five in Florida.

A total of **35 sites** covers **16 circuits**, and **29 sites** have active court dockets and cases with a **population of 496** as of March 2024. In all, **217 closures** occurred in 2024. Data from the Office of State Courts shows that the following significant progress was made in achieving permanency:

- **55 percent** of cases involving children in the Early Childhood Court (ECC) closed with at least one parent, compared to **40 percent** for non-ECC children.
- The average time from shelter to reunification for ECC children was **250 days**, which is **38% faster than** the average for non-ECC children.
- For all cases, the average time from shelter to closure—whether through reunification, adoption, or permanent guardianship—was **678 days**, which is **19% faster** than for non-ECC children.

FIT Teams comprise a highly effective program that provides community-based behavioral health treatment and support to families with child welfare involvement and parental substance use disorder. FIT teams apply a multidisciplinary approach to behavioral health intervention in the overall system of care that provides early identification and coordination, as well as support to families through navigation of the child welfare and treatment processes. At present, 28 FIT team providers are available throughout the state. FIT teams are available to families with children under in-home protective supervision or with children in out-of-home care. Eligibility criteria requires that families have at least one child determined to be unsafe, with priority given to families with children 0–10 years old. Most families served by FIT teams have children ages five and younger. Services include:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Dialectical behavior therapy may be offered by FIT Team providers
- Parenting intervention models such as the Nurturing Parenting Program and Seeking Safety
- Support group activities such as daily recovery group meetings, peer support and relapse prevention groups, and continuing care groups led by peer support specialists after formal treatment has ended

Efforts to Track and Prevent Child Maltreatment Deaths

The OQI Child Fatality Prevention website provides a data dashboard and child fatality information. This website was created to raise public awareness about child fatalities throughout the state and assist communities with identifying where additional resources or efforts are needed to assist struggling families. The Department and community partners use this information to improve child welfare practice to better protect children and assist at-risk families.

This website includes real-time information regarding all child fatalities called into the Florida Abuse Hotline (Hotline) alleged to be a result of abuse or neglect. The data can be sorted and viewed by year, region, county, child's age, causal factor, and prior involvement. The website features current year data and includes 15 years of historical information dating back to 2009. On the Child Fatality Prevention homepage is a chart with the most recent five years of historical

data to provide the capability for greater trend analysis. Current and past data reveal three notable trends:

- Drowning continues to be a primary cause of preventable death among children between the ages of one and three in Florida. Unsupervised access to pools, spas/tubs, and open bodies of water remains a potential threat to child safety.
- Sleep-related incidents (bed-sharing, excessive bedding, sleep position, unsafe sleeping accommodations, etc.) continues to be the primary cause of preventable death among infants younger than one year old.
- Inflicted trauma/wounds caused by a weapon, primarily firearms or bodily force (e.g., fists or feet) to inflict harm, account for less than 10 percent of the total child fatalities reported to the Florida Abuse Hotline in any given year.

The website also includes information about the Department's prevention campaigns relating to the leading causes of child fatalities in Florida—primarily unsafe sleep and drowning. These campaigns provide useful information for parents and caregivers and are avenues for community involvement.

Statewide Child Abuse Death Review Committee (CADR), established in [Section 383.402](#), Florida Statutes, provides statewide and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths that were accepted for investigation by the hotline. CADR's duties extend to all deaths reported to the hotline. The goal of these reviews is to eliminate preventable child deaths. CADR operates under the purview of the DOH.

The Department's statewide child fatality prevention manager serves on the statewide CADR to provide staff support to the statewide and local CADRs. Based on the statewide CADR team's review of all cases, an annual report is produced with key findings and recommendations for preventable deaths. The [CADR](#) website provides information about the statewide and local death review processes and includes the [Statewide Child Abuse Death Review Team's Annual Report](#) published December 2024.

The Department collaborates on an ongoing basis with the CADR statewide team to:

- Share and analyze data (Child Welfare Information System, CADR, and vital statistics)
- Determine additional data elements needed
- Identify evidence-informed child fatality prevention programs focusing on sleep-related and drowning fatalities
- Jointly plan and implement targeted campaigns
- Perform supplemental analyses on select data elements when needed
- Examine the influence of brain injury and trauma patterns within a family on maltreatment and fatality likelihood.

Critical Incident Rapid Response Teams (CIRRT) are multi-agency teams that conduct on-site investigations of certain subset of child deaths or other serious incidents involving a child with a prior report of verified maltreatment. CIRRT was created by the Florida legislature to identify root causes and determine the need to change policies and practices related to child protection and child welfare ([Section 39.2015, F.S.](#)). Each CIRRT team is required to have at least five professionals with expertise in child protection, child welfare, and organizational management.

The Department will continue to provide ongoing CIRRT training and recruit professionals from the Department and other agencies who can participate on CIRRT reviews. The Department is responsible for organizing and leading the on-site reviews, facilitating the team's findings, and preparing the individual reports. The CIRRT Advisory Team reviews the individual reports created for each review and submits a report of reviews conducted to the legislature each quarter.

The Department maintains information on the [Child Fatality Prevention](#) website specific to the CIRRT process including current and historical data. The Department posts all reports submitted to the Florida legislature on the Department's website under [Legislatively Mandated Reports](#).

MaryLee Allen Promoting Safe and Stable Families (PSSFs)

The PSSFs program assists in providing child safety, permanency, well-being, and trauma-informed care and expanding and refining the service array to ensure it reflects evidenced-based, best or emerging practices about child development and family functioning. To increase parents' confidence and competence in their parenting abilities and to ensure children are in a safe, stable, and supportive family environment is a top priority for Florida. The PSSF program allows the Department to develop, expand, and operate coordinated programs of community-based services. Through family support, family preservation, time-limited reunification, and adoption services, the Department continues to serve vulnerable children and families to ensure:

- Florida's children live free of maltreatment
- Florida's children enjoy long-term, secure relationships with strong families and communities
- Florida's children are physically and emotionally healthy and socially competent
- Florida's families' nurture, protect, and meet the needs of their children and are well integrated into their communities.

Family Support Services. The Department will continue to use the PSSF grant to fund family support services, which are offered to families with children who are determined to be safe but have risk factors, with particular focus on families who are high-risk. These services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by strengthening protective factors that will increase the ability of families to nurture their children successfully, enhancing the social and emotional well-being of each child and family, enabling families to use other resources and opportunities available in the community, and assisting families with creating or strengthening family resource networks to enhance and support childrearing. This support is to encourage resiliency in families and ensure the safety and well-being of children.

Family Preservation Services. This resource funds in-home services for families undergoing challenges that put them at risk of separation, with the goal of safely maintaining children in their homes by providing the family with supports, including:

- Information and referral to include substance use and domestic violence-related services
- Targeting services geographically in ZIP codes with increased needs
- Use of the Family Team Conferencing Model
- Use of the CRTs
- Home safety and maintenance activities
- Use of wraparound services.

Time-Limited Family Reunification Services. These services are in place for children removed from their home and for the parents or primary caregivers. These services are designed to support safe and appropriate reunification of families. Time-limited family reunification services in Florida include:

- Supervised visitation programs and parental coaching
- Flexible support services
- Family Team Conferencing with all families prior to reunification and just before post-placement supervision services are successfully terminated

- Follow-up care to families
- Mentoring/tutoring services
- Therapeutic childcare services
- Parent (adoptive, biological, caregiver, foster) education and training relationship skill-building activities.

Adoption Promotion and Support Services. In Florida, these services have served a major role in the adoption of children from the foster care system. These adoptive homes are carefully chosen to ensure placement is in the best interest of the child. Pre- and post-adoptive services and activities have shortened and strengthened the process to support adoptive families to forefend disruptions. The adoption of foster children continues to be a state and local partnership. The estimated number of individuals and families to be served and the geographic areas where services will be available is provided in CFS 101 forms in Section 7.

Populations at Greatest Risk of Maltreatment

The Department and Florida Department of Health provide initiatives designed to create a strong safety net for Florida families at the greatest risk of child maltreatment. At the state and local level there is ongoing collaboration to ensure that at-risk families are identified through various screening methods and offered a choice of available local home visiting services matched to their needs and preferences. The following prevention services are targeted to populations at the greatest risk for future child maltreatment:

Coordinated Intake and Referral for Home Visiting Services through Universal Newborn Screening. The Memorandum of Agreement between Florida Association of Healthy Start Coalitions, Inc. and the Department outlines the ongoing collaboration that occurs to implement a coordinated system of primary prevention services at the state and community level, including where practical the use of a single-intake system to facilitate the identification and appropriate referral of vulnerable families using the state's universal prenatal and infant screens. The local Healthy Start Coalition is responsible for reviewing all universal screens conducted in their community and providing outreach to families to let them know what home-based visiting choices for which they are eligible. Participation in any home visiting program is voluntary. The choices of home visiting programs offered, depending on the locale, may be Healthy Start, Healthy Families Florida, Nurse-Family Partnership, or Parents as Teachers.

Universal Newborn Screening. The goal of the DOH's Healthy Start program is to reduce infant mortality, reduce the number of low-birth-weight babies, and improve health and developmental outcomes. Since 1991, Healthy Start legislation has provided for the screening of all Florida's pregnant women and infants to identify those at risk for poor birth outcomes, health, and developmental outcomes. All pregnant women are offered the Healthy Start Prenatal Risk Screening at their first or consequent prenatal visit and the Healthy Infant (Postnatal) Risk Screening is offered to parents or guardians of all infants born before leaving the delivery facility. These completed screens have provided the Healthy Start Coalitions with information to contact families and offer them home visiting programs available in their communities.

Additional Reporting Requirements for Infants Exposed Prenatally to Prescription Drugs or Illegal Substances. Section [383.14, F.S.](#), requires hospital staff to identify and refer all infants prenatally exposed to abuse of prescription and illegal substances for Healthy Start services. All substance exposed children will receive Healthy Start care coordination regardless of the scoring on the postnatal risk screen or having been reported to the Hotline. If the current caregiver is not the biological mother, the caregiver has the authority to consent to Healthy Start participation. Identification of use/abuse of alcohol and/or illegal substances is determined by:

- Mother's own admission
- A positive drug screen
- A staff member witnessing use

- A report from a reliable source such as a trusted family member or professional
- Response to screening questions indicating use or abuse
- Further observations or assessment of substance abuse history and patterns of use
- An infant who was prenatally exposed to schedule I or II drugs, as documented by the above criteria

[Section 39.201](#), Florida Statutes requires mandatory reporting when any individual suspects that a child is being maltreated. Harm from exposure to a controlled substance or alcohol is defined in [section 39.01\(34\)\(g\)](#) as:

1. A test administered at birth to an infant which indicates exposure of any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or newborn infant
2. Evidence of extensive, misuse, and chronic use of a controlled substance or alcohol by a parent to the extent that the parent's ability to provide supervision and care for the child has been or is likely to be severely compromised

Healthy Families Florida (HFF), Ounce of Prevention Fund of Florida (The Ounce) Funds for HFF are appropriated by the Florida legislature to the Department. The Ounce administers HFF through service contracts with 35 community-based agencies in 67 counties (45 counties in their entirety and 22 counties in the highest-risk zip codes). Sites are required to provide a 25 percent cash or in-kind contribution as evidence of the communities' support of Healthy Families unless there is justification of why they are not able to meet the minimum 25 percent contribution. This program is a substantive and important investment made by the Florida legislature in evidence-based prevention designed for families at risk of child maltreatment or other adverse childhood experiences. HFF outcomes are discussed in Chapter 2 in Safety Outcome 1.

HFF provides specialized screening and assessments to identify families at risk of future maltreatment, home visiting services, and routine screening for child development and maternal depression. Families may receive in-home visitation during pregnancy and up to the time a child turns five years of age. Participation is voluntary. Using nationally developed in-home curricula and well-trained and supported in-home staff, parents learn how to recognize and respond to babies' developmental needs, use positive discipline techniques, cope with stresses of parenting and family life in healthy ways, and achieve family established goals.

During FY 23/24, HFF served 7,457 families and their 15,061 children with state funding and local contributions. Projects exceeded every goal for child and parent outcomes including:

- 99 percent of children in families served were free from abuse during services and one year following program completion,
- 97 percent of children were connected to a primary healthcare professional, and
- 85 percent of participants improved their self-sufficiency by gaining employment, enrolling in job training, furthering their education, securing stable housing, or obtaining a driver's license.

Services for Families with Substance-Affected Infants (NAS) Title V, Section 503, Infant Plan of Safe Care, P.L. 114- 198, Comprehensive Addiction and Recovery Act of 2016 (CARA) went into effect on July 22, 2016. The federal legislation made several changes to the Child Abuse Prevention and Treatment Act (CAPTA). Implementing the changes required the creation of a Florida team of cross-system partners. Included on the current statewide leadership group are the Office of Child and Family Well-Being (OCFW) and the Substance Abuse and Mental Health Program Office (SAMH), Department of Health (DOH), Agency for Health Care Administration (AHCA), Healthy Families, Healthy Start, Maternal, Infant, and Early Childhood Home Visiting program (MIECHV), Florida Hospital Association, Early Steps, behavioral health care providers and associations, and the University of Florida (UF).

Neonatal Abstinence Syndrome (NAS) Quality Improvement Initiative: With funding from the Maternal and Child Health Block Grant, the Maternal and Child Health Section within the DOH has contracted with the Florida Perinatal Quality Collaborative (FPQC), at the University of South Florida (USF), to develop and implement a NAS Quality Improvement initiative. The FPQC has established an expert multidisciplinary advisory group to develop the NAS initiative. The goal of the initiative was to standardize assessment and treatment of NAS to reduce the length of hospital stay and ultimately the cost to care for these infants. Infants with NAS have longer hospital stays than healthy newborns without NAS. Other complications of NAS include low birth weight, feeding difficulties, jaundice, respiratory distress syndrome, central nervous system irritability, and seizures. The DOH [Substance Use Dashboard](#) reports current NAS data statewide and by county.

Plans of Safe Care: The Department has long acknowledged the necessity for a close relationship between the behavioral health and the child welfare systems and continues to work on methods for supporting collaboration and coordination. Substance use and mental health disorders are present in at least half of the cases of child maltreatment and in a much higher percentage of the cases where children are removed from their homes. The parents in these cases must receive treatment and have an opportunity for recovery. Children in these families are more vulnerable to instances of maltreatment as diminished parental capacities contribute to child safety concerns. The Department's integration of Child Welfare, Substance Abuse and Mental Health has also focused on this population and includes a self-study completed in each region to analyze their local system of care's progress towards integration of services.

In order to provide additional statewide guidance and ensure infants and families affected by substance use receive the proper assessments and service intervention, the Department developed and implemented [CFOP 170-08](#), Chapter 1, Plan of Safe Care for Infants Affected by Prenatal Substance Exposure.

Plans of Safe Care are required to be incorporated into the family support and care plans developed by the agency involved with the family specific to the family's needs. Individual service providers may use their own service plan; however, they must include the components listed below and as outlined in policy and procedure. Concerted efforts must be made by all agencies involved in the construction, implementation, and monitoring of plans of safe care to engage fathers. The family support plan, case plan, etc. will address the needs of the affected infant, mother, and family members. Plans must include, but are not limited to the following:

- Infant's medical care including prenatal exposure history, hospital care, other medical or developmental concerns, pediatric care and follow-up, referral to early intervention and other services
- Mother's medical care including prenatal care history, pregnancy history, other medical concerns, screening and education, follow-up care with obstetrician/gynecologist referral to other health care services
- Mother's substance use and mental health needs including substance use history, mental health history, treatment history, medication assisted treatment history and referrals for service
- Family/caregiver history and needs including family history, living arrangements, parent-child relationships, prior involvement with child welfare, current support network, current services, other needed services, and child safety and risk concerns.

Depending on the concerns and the level of need of the family, agency involvement may vary. All mothers and infants will be screened by Healthy Start both prenatally and postnatally. Should concerns of child maltreatment arise at the time of the infant's birth or through home visitation service provision, Florida's robust reporting requirements require those with concerns to report the information regarding the mother, infant, or family to the Hotline. Once accepted by the Department for investigation, Plans of Safe Care will be incorporated into the investigative process, Family Support Services or through the more intrusive dependency case management process. The Department recognizes

it will take a well-coordinated effort from many partners to have an effective and sustainable system of care for this vulnerable population. The Department is continuing to review practice and use data analytics to inform training, policy development, and service provision. The Department will continue to collaborate at the state and regional level with FICCIT, FPQC, early learning coalitions (ELCs), and DOH Universal Screening workgroup to strengthen outreach and supports to at-risk families.

The Department is working to implement a Plans of Safe Care system within the Florida Child Welfare Information System (FI CCWIS) project. The CCWIS team will begin developing the application in late 2026 to identify any gaps that may prevent compliance with federal requirements. Any identified gaps will be addressed in coordination with the Florida CCWIS Maintenance and Operations Change Request team, ensuring necessary changes are implemented by the full launch. Additionally, the lead will continuously review and contribute to the ongoing design of the Florida CCWIS throughout State Fiscal Years 2024-25 and 2025-26, ensuring it aligns with federal and state operational requirements for Plans of Safe Care. The lead will work closely with the Florida CCWIS Project Management Office (PMO) team, Office of Information Technology Services (OITS), Deloitte, and other stakeholders to ensure full compliance with federal and operational Plans of Safe Care requirements by late 2026, including conducting gap analyses and developing necessary project-related documentation.

Early Intervention Services for Infants with NAS: Florida's Early Steps program provides services to infants and toddlers with disabilities and developmental delays, and their families, from birth to 36 months of age. Effective January 1, 2018, Early Steps began serving children at-risk of developmental delays, including infants with NAS with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding. Services include Individualized Family Support Planning; Service Coordination; Developmental Surveillance; and Family Support. Screening for potential developmental delays or disabilities is a critical component of assessing child functioning for child protective investigations. Whenever a child protective investigator suspects a child is experiencing a delay or disability, the investigator is required to provide the parent information on community early intervention services. Additionally, investigations closed with verified maltreatment (for a child under the age of three) or infants identified as affected by illegal substance use, or withdrawal symptoms resulting from prenatal drug exposure must be referred for a developmental assessment at Early Steps.

Kinship Navigation Services

Florida received FFY 2023 Kinship Navigator Funding under Title IV-B, Subpart 2. The Department distributes these funds for the creation of a Kinship Navigator Program within each community-based care (CBC) lead agency, required by [Section 39.5086, F.S.](#) The lead agencies are charged with using these funds to contract with entities to provide an expanded array of community-based family support services, navigation, and case management to families with relatives, non-relatives, and other fictive kin raising children. The program is responsible for supporting positions and administrative costs to develop, implement, enhance, and support the Kinship Navigation Program. Kinship care services include the provision or referral to a variety of services to assist kinship caregivers to maintain a healthy, stable, and nurturing home for a child in their care.

Kinship caregivers may need a variety of support and services that may include referrals for legal assistance, parenting support, support groups, housing assistance, health, childcare, respite care, supportive listening and counseling. Children in kinship care may need a variety of supports and services that may include referrals for mental health evaluations; preventive health care including dental, vision or hearing screenings; tutoring; mentoring; and counseling.

Family support navigators coordinate public benefits between child welfare and Department/TANF; helps families

navigate to services or tangible items needed to assist children and families in completing their support plans successfully. Navigators make the initial contact with families, and they conduct screening to determine initial level of need. They gather appropriate referral and assessment information and link families to services and natural support systems. Program activities for Kinship Navigation include the following:

- Assist Kinship Caregivers in learning about, finding, and using programs and services to meet the needs of the children and the needs of the caregiver
- Coordinate with other state and local agencies
- Establish information and referral systems that link via tollfree access
- Provide outreach
- Promote partnerships between public and private agencies
- Establish and support a kinship care ombudsman

Monthly Caseworker Visit Formula Grants and Standards

Florida will continue to use the caseworker visit formula grant funds to support monthly caseworker visits with children receiving case management services. These funds help to enhance the quality and frequency of the visits with children. The Department's Quality Visit Guidelines and Quality Visit Tool address the core qualitative expectations for caseworker discussions with children, parents, and caregivers.

Florida's performance for the percentage of children visited each month did not achieve the federal target of 99.5 percent. The most recent fiscal year performance is:

- 2024 requirement: 99.5 percent – Florida achieved 99.01 percent.
- Q3 2025: 99.51 percent

Funding from caseworker visit grants have been used in a variety of ways to address this area of system performance. For example, some agencies utilize these funds to develop flyers and marketing materials for job fairs to increase recruitment. Others have utilized the funds to implement evidence-based practices to help address the core qualitative expectations for caseworker discussions with children and families. Some areas also implement field trainers who act in a supportive role to case management, providing field experience to new trainees and administrative support to seasoned staff. Smaller agencies can also use this funding to create tailored visitation competency trainings or support an annual wellness day for case management staff to utilize during the calendar year.

Standards for Quality of Caseworker Contacts. The standards for case managers regarding the management of a safety plan are provided in [CFOP 170-07](#), Develop and Manage Safety Plans. The standards for efforts to engage parents; develop the FFA-Ongoing and Progress Updates; engage children and families in case planning; and documentation requirements have been codified in [CFOP 170-09](#), Family Assessment and Case Planning. Many of the standards for safety management, assessment, and case planning activities can only be met through thoughtful, respectful conversations that the caseworker has during their contacts with children, parents, and caregivers.

Placement Matching. In December 2022, [65C-30.023](#), F.A.C. Multidisciplinary Team Staffings and [65C-28.024](#), F.A.C. Placement Transitions were adopted to align with Florida Statutes. The additions to Florida Administrative Code outlined processes and timeframes that require the Department to conduct multidisciplinary team staffings and create transition plans for all children in out- of-home care who need possible placement changes. A Placement Transition form (FSP 5466) and the Comprehensive Placement Assessment form (FSP 5438) were created and updated to aide in the effectiveness of MDT and transition processes.

Diligent Search and Diligent Efforts. Locating parents, relatives, and fictive kin is critical for maintaining and strengthening the child's long-term or permanent family connections and developing a visitation plan. These persons

are possible placement resources for concurrent planning. They also have specific rights for notice and participation in the child's dependency case. These family connections should not only be used for placement purposes, but also to establish long-term emotional support networks with other adults who may not be able to have the child placed into their home but wish to remain connected to the child. ([CFOP 170-01, Chapter 14, Completing a Diligent Search for Parent or Diligent Efforts to Locate Relatives](#)).

Non-licensed Relative Caregiver and Non-Relative Caregivers. For many years the Department has offered financial assistance to relatives and non-relatives through the Relative Caregiver Program (RCP) which includes the Non-Relative Caregiver Financial Assistance (NCFA) program. Each program assists caregivers with providing for basic needs such as food, clothing, and shelter for children in out-of-home care. The goal of supporting relatives is to help children achieve stability and well-being with caregiver(s) they know. Relatives/non-relatives participating in this program are not required to be licensed. However, in 2022, legislation increased the amount of financial assistance a caregiver will receive to the same amount of a licensed foster parent for up to six months or until licensure, whichever occurs first. [CFOP 170-10](#), Chapter 8, Kinship and Relative Supports outlines the services and supports available for relative/non-relative caregivers caring for dependent children in Florida.

Licensed Foster Care. The Department issues licenses to child-placing agencies and child-caring agencies, which are renewed annually. The Department and Lead Agencies share responsibility for licensing and recruitment for foster homes. The regional licensing units conduct annual reviews to assure compliance with standards outlined in Florida Administrative Code and Law. Lead Agencies and their providers complete the licensure of family foster homes with oversight from the Department's licensure specialists in the regions. The Department's licensing specialists review samples of files to ensure compliance with Florida Administrative Code and complete a physical inspection of the providers property.

There is strong alignment with National Model Licensing Standards outlined in [65C-45](#): Levels of Licensure - Florida Administrative Code as follows:

Level 1. Child-specific foster home - The caregiver must meet all level 2 requirements pursuant to this section.

Requirements not directly related to safety may be waived.

Level 2. Non-child-specific foster home.

Level 2. Enhanced non-child-specific foster homes.

Level 3. Safe foster home for victims of human trafficking.

Level 4. [Specialized Therapeutic Foster Care Services](#) are specialized therapeutic services for children in foster care with emotional, behavioral, or psychiatric problems. Intensive treatment services are provided. Therapeutic foster care is provided through Medicaid Managed Care.

Level 5. [Medical Foster Care](#) is provided by the DOH through Medicaid Managed Care. It is designed to care for children in foster care with a chronic medical condition, provided in a family-like setting. The program offers a range of services to the children, their birth families, and to the medical foster parents.

Congregate Care Through FFPSA, the Department was able to enhance the placement array throughout Florida with the addition of QRTP. The Department partnered with AHCA to License Homes as Residential Treatment Centers with a credential from the Department as a QRTP. This allows both AHCA and the Department to have oversight of the

Q RTP. The Department, on average, has 38 children in residential treatment center placements each month, excluding specialized therapeutic group homes (STGH) and SIPP, for ongoing treatment for mental health. In 2024, Florida introduced a new placement type – Behavioral Qualified Residential Treatment Program (BQRTP). [65C-46, Florida Administrative Code](#). This placement type was created to address the needs of children with complex behavioral needs by providing shorter-term intensive residential services for youth with critical needs.

Addressing Needs of Survivors of Human Trafficking

To effectively address the complex issues surrounding human trafficking, the Department employs a collaborative approach that brings together law enforcement, healthcare providers, social services, and community-based organizations. This integrated network allows the Human Trafficking Unit to share resources, exchange information, and apply best practices—ensuring a more coordinated and informed response across all sectors.

Central to this strategy are two critical tools: the Human Trafficking Screening Tool (HTST) and the Level of Care Placement Tool. Based on recommendations from the Florida Institute for Child Welfare, the HTST was transitioned to an electronic format. Preliminary results from a validation study conducted in partnership with the University of South Florida (USF) are under review. Used alongside the HTST, the Level of Care Placement Tool helps determine the most suitable support services and living arrangements for each victim, based on their individual needs.

For children who are either suspected or confirmed victims of human trafficking, the Department organizes multidisciplinary staffings to develop tailored service plans. These plans incorporate findings from the HTST and the Level of Care Placement Tool, helping to assess the child's and family's specific needs, connect them with appropriate local resources, and decide whether placement in a safe house or safe foster home is necessary. A broad group of stakeholders is invited to these meetings, including the child (when appropriate), their family or legal guardian, guardian ad litem, representatives from the Department of Juvenile Justice, school district staff, health and human service providers, victim advocates, and other relevant professionals.

The Department continues to work closely with existing residential service providers to ensure appropriate housing solutions for verified minor victims of human trafficking. Currently, six organizations operate a total of nine safe houses across the state. Among these, seven are classified as Tier 2 facilities, offering the highest level of restriction, while the remaining two are Tier 1, providing less restrictive environments. In 2025, two of these providers increased their capacity by adding more beds, bringing the total number of available beds to 47.

Key partnerships with organizations such as Devereux and Citrus further support the development of safe foster home initiatives. Devereux currently manages 11 safe foster homes and is in the process of licensing four additional homes. The Citrus CHANCE program, under contract with the Department, is also expanding to offer specialized services to Lead Agencies and grow the number of safe foster homes across four additional circuits in the state.

To support young adults transitioning out of foster care, the Department implements strategies ensuring services continue beyond age 18. This includes active involvement in the Youth Committee, focusing on training youth advocates and young adults who have experienced human trafficking and are in Independent Living services. This initiative empowers these individuals with specialized training and support, enabling them to advocate effectively for themselves and others.

Currently, there are only 13 emergency beds available statewide for adult victims of human trafficking. To address this shortage, the 2024 legislative session allocated funding for 48 additional emergency beds, targeting areas with limited placement options. These new beds are intended to provide immediate crisis stabilization, essential medical services, and access to necessities.

Continuing from the initiatives mentioned, the Department is actively engaged in ongoing collaborations and efforts to combat human trafficking at multiple levels:

- **Human Trafficking Council Co-chairing:** The Secretary of the Department and the Florida Attorney General co-chair the Human Trafficking Council, providing recommendations through an annual report to the Legislature.
- **Participation in Task Forces:** Representatives from the Human Trafficking Team are active in human trafficking task forces across the state, focusing on education, awareness, legislative responses, and plans to address trafficking cases. The Department often takes a leadership role, enhancing understanding of regional needs and identifying gaps in care.
- **Statewide Team Collaborations:** The statewide team collaborates with the Attorney General's Office, DJJ, DOH, and Department of Education to develop and implement strategic plans for preventing human trafficking and coordinating responses. Collaborative projects include school awareness trainings, public health evaluations, and participation in the Interagency Workgroups on Human Trafficking.
- **Health Improvement Goals:** The Department works with DOH on two human trafficking prevention goals for the State Health Improvement Plan (SHIP), implementing them by the end of 2026.
- **Training Initiatives with APD:** The Department collaborates with the APD on training staff to recognize and respond to trafficking involving persons with disabilities.

To continue furtherance of Florida's role as a national leader in response to Human Trafficking, in 2025, the Department launched additional tools to support the early identification of Human Trafficking. The Community Human Trafficking Identification Guide ([Community Human Trafficking Identification Guide for Commercial Sexual Exploitation of Children \(CSEC\) and Labor Trafficking](#)), designed in collaboration with the University of South Florida, assists professionals (e.g., teachers, law enforcement, physicians, etc.) in identifying and reporting potential cases of child exploitation and trafficking. The Department also launched an enhanced early-detection Child Welfare Human Trafficking Identification Assessment that is used by Child Protective Investigators to better identify children at-risk of human trafficking beginning at age 10.

Additionally, in March 2025, Florida proudly announced more than \$900,00 in grant funding to assist state and local law enforcement agencies in improving the assessment and investigation of labor and sex trafficking, while strengthening efforts to investigate and prosecute cases involving the trafficking of minors.

Adoption

Lead Agencies are responsible for identifying and reporting to the court the permanency options available to each child removed from a parent or legal guardian. The scope of case management services includes arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child. Lead Agencies are responsible for pre-and post-adoption services including the provision of maintenance adoption subsidies. Data on the number of children available for adoption and adoption related information is included in Florida's Foster and Adoptive Parent Diligent Recruitment Plan.

Pre-Adoption Services Pre-Adoption Services include, at a minimum, mental health services to prepare children for adoption, legal services to sever the parental rights for a child to be legally free for adoption, supervision of visitations between siblings and other birth family members, and supervision of adoptive placements for a minimum of 90 days. Services for prospective adoptive parents include the provision of adoptive parent training and the home study

process.

Adoption Documents & Registry (ADORE): Florida Adoption Reunion Registry (FARR) maintains paper applications and associated documents for individuals who registered with the FARR. To ensure that documents are in one centralized location that can be accessed electronically by users, the ADORE database was created. ADORE is a database system that facilitates the reunification of adult adoptees with birth parents and relatives. Additionally, ADORE permits adoption staff to electronically store, index and retrieve documents related to private agency adoptions or adoptions completed by the Department prior to privatization that have been finalized in the state of Florida.

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

Adoption Competency: Adoption-competent mental health professionals have completed the Rutgers Adoption Competency, or an equivalent curriculum approved by the Department to provide educational and therapeutic services for adoptive families. The educational and therapeutic services focus on strengthening relationships within the family unit and assist families in understanding the developmental stages of adoption and how adoption affects each family member and the family as a unit.

Prospective Adoptive Parents Surveys: The Department, in conjunction with the lead agencies, conducts an annual adoption survey to gather feedback from prospective adoptive parents, children in the child welfare system, adoptees, and other stakeholders between August 2, 2023, and August 31, 2023. Overall, participants reported that their Lead Agencies excelled in three areas:

- Responding timely to questions.
- Timely completion of the adoption home study.
- Transparency during the adoption process.

Post-Adoption Support Surveys: The Department, in conjunction with the lead agencies, conducted a Post-Communication Survey between August 2, 2023, and August 31, 2023, to gather feedback from families who requested and received services as a result of the one-year post-communication contact requirement outlined in section [39.812\(6\)](#), Florida Statutes. The intent of the survey is to determine the types of services received by the family and the quality of those services. The major findings about post-adoption services are:

- Most respondents felt comfortable asking their post-adoption worker for additional help/assistance and felt that they were understood. Respondents who were uncomfortable reported the top reason was that it takes too long to get help.
- The top two post-adoption supports needed were assistance with adoption subsidy and assistance with Medicaid.
- Most respondents reported that providers of services understood their needs.
- The top three services that respondents identified challenges with accessing needed services in were medical/dental/vision services, support groups and physical/occupational therapy.
- The major reason for services desired but not available was that the provider in their area does not accept Medicaid or they were placed on a waitlist.

Sunshine Specialty Plan Services: As discussed in Florida's Health Care Oversight and Coordination Plan, Sunshine

Health has broadened support services for families with children adopted. Services include community partnerships with organizations and adoption supports; network development including additional adoption-competent counselors; and training to adoptive parents, Lead Agencies, and other stakeholders.

Inter-Country Adoptions: Approximately 9 private agencies manage international adoptions in Florida. The Department does not monitor the number of inter-country adoptions completed. When a child from an international adoption is removed due to abuse, abandonment or neglect, the child and family receive services to help the child and family remain safe, and services are provided to assist with reunification efforts.

The Lead Agencies self-report these numbers to the Department, and the Department annually assesses the types of maltreatments and statuses of these cases. The Department receives two to three reports of international adoptees removed due to abuse, abandonment, or neglect per year. Due to the infrequency of such reports, the Department does not plan actions beyond the annual assessment and follow-up but will continue to monitor these reports for any increase in frequency. Children with no documented abuse, abandonment, or neglect who have undergone an inter-country adoption receive post-adoption services and support through the private agency that completed the adoption.

Adoption and Legal Guardianship Incentive Awards Florida received an Adoption Incentive Award for four of the last five consecutive years and all incentive award payments have been used to assist with Florida's significant maintenance adoption subsidy budget. The primary reason for Florida's significant subsidy budget is the fact that over the last several years Florida has completed over 3,600 adoptions annually. The Department anticipates a decline in subsidy costs over the next five years in proportion to the decline in the out-of-home care population.

Federal Adoption Savings. The Department, through applying child standards for children eligible for adoption assistance, has used most of the adoption savings to support adoption services, post-adoption services, and post-guardianship services, while remaining funds are used for prevention services. The Department's revenue management office, each Lead Agency contract manager, and the Lead Agency fiscal unit within the administrative services office all monitor expenditure of these funds and provide oversight toward timely, accurate, and fiscally responsible management of resources. The Department utilizes Adoption Savings funds to support post adoption services throughout the state. The Department will continue to use these funds to ensure access to services and supports that will mitigate the re-entry of children who have been adopted into the child welfare system. Florida does not have any challenges in accessing and spending funds from the previous fiscal year or over the next year.

The Florida Adoption Reunion Registry (FARR) provides the opportunity to individuals affected by adoption the opportunity to reunite. Adopted adults, birth parents, birth relatives, and adoptive parents on behalf of their adopted minor child are eligible to register with the FARR. If two (or more) people affected by an adoption in Florida lists themselves on the registry, then FARR connects them with each other. The registry is passive and does not actively search.

Family First Prevention Services Act Transition Grants

The Department will continue to administer statewide prevention programs to address child abuse and neglect. Child abuse prevention and family support programs in Florida focus on the provision of support and services to promote positive parenting, healthy family functioning, and family self-sufficiency, and to reduce barriers to building family resiliency. Additional primary and secondary prevention and early intervention services continue to be implemented at the local level throughout the state to address unmet needs in many communities. Florida is working diligently to build a continuum of prevention services and resources and is focused on ensuring that Florida families have "no wrong door" to access community-based, coordinated, quality services at the right time to meet their specific needs

and support their long-term well-being.

The Department also has adopted a proactive approach to interacting with individuals and families served by using Hope Florida to improve collaboration between offices and enhance partnerships with state and local stakeholders. Floridians may call Hope Florida to be connected to a Hope Navigator. The Department promotes the use of Hope Navigation to connect families to resources and achieve the goal of increasing the number of families on their pathway to prosperity. Given the complex needs of families, the Department must coordinate with available resources in the community to help families overcome the challenges and barriers they are facing. Hope Navigation focuses on community collaboration between the private sector, faith-based community, nonprofits, and government entities to maximize resources available to help families in need. Other services and partnerships funded by FFPSA Transition Grants are as follows:

The Office of Adoption and Child Protection (OACP), within the Executive Office of the Governor, continues to engage and collaborate with staff from the Department at the regional and circuit level, lead agencies and their subcontracted providers, DJJ, DOH, and the Office of Children's Mental Health Services. In addition, a statewide workgroup was established that includes faith-based leaders from a variety of denominations. This faith-based workgroup raises awareness with the faith-based communities about ways to assist with child abuse prevention efforts, promotion of adoption of children from foster care, and support of adoptive families after finalization.

The Ounce of Prevention Fund of Florida Inc. (The Ounce) is a private, nonprofit corporation that works to identify, fund, support, and evaluate innovative prevention and early intervention programs that improve the health, education, and life outcomes of Florida's at-risk children and families. The Ounce collaborates with the Department as well as other funding and collaborative sources. Through its contractual relationship and in partnership with the Department, The Ounce serves as the state Chapter Liaison for PCA America. The Ounce's Prevention Services Unit is PCA Florida. Florida recognizes the collective knowledge and function of other state chapters, all working to prevent the abuse and neglect of children allowing for early access to innovative research that can be translated into policy and programs, in Florida. The benefit of having immediate access to the national bank of prevention resources, campaign, and media materials, promising program practices, strategies for maintaining collaborative partnerships, and funding options are a major acquisition to the State of Florida. PCA Florida also manages the Florida Circle of Parents Network, a self-help parent support group program, funded through the CBCAP grant.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) and Educational Training Vouchers (ETV) help ensure that youth and young adults who participate in, or who have aged out of, foster care have access to the supports they need. Florida continues to provide a robust array of services designed to assist youth with a successful transition to self-sufficiency. As shown in Table 5.1, in SFY 2024 the Department provided services to 4,144 youth between the ages of 13 and 17 residing in an out-of-home care placement. These youth are currently eligible to receive transitional services and supports in the form of independent living needs assessments, opportunities to engage in developmentally appropriate life skill-building activities, academic support, and many more services that assist in the transition to adulthood. There are an additional estimated 3,500 former foster care youth that have aged out of the Florida foster care system between 18 and 22 years of age that are potentially eligible to receive services to become self-sufficient.

Table 5.1. Transitioning Youth and Young Adults¹

Measurement	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025 (YTD)
Total number of youth ages 13–17 in out-of-home care (end of month counts)	4,316	4,357	4,340	4,434	4,425	4,144	3831
Number of youth ages 13–17 in relative/non-relative settings (end of month counts)	1,563	1,323	1,210	1,132	1,077	1,686	1602
Number of youth ages 13–17 in group care (end of month counts)	1,233	1,144	1,055	1,129	1,207	1,315	1266
Youth turning age 18 while in foster care	816	629	507	462	464	441	281
Youth ages 16 and older who were adopted (potentially eligible for Postsecondary Education Services and Support [PESS])**	168	171	173	167	149	157	92
Youth ages 16 and older whose cases were closed to guardianship (potentially eligible for PESS)**	296	270	260	286	240	260	149
Number of young adults receiving extended foster care (EFC)	1,337	1,267	1,178	1,338	1,474	1,524	1412
Number of young adults receiving PESS	1,217	1,140	934	872	886	870	860
Number of young adults receiving aftercare services	435	410	318	437	651	606	385
Unduplicated total number of young adults receiving ECF, PESS, aftercare	2,284	2,364	2,092	2,252	2,402	2,405	2204

**data for current fiscal year only available through 1/31/25 at the time of creation

¹Source: FSFN

Youth Involvement and Voice

Florida's focus on providing opportunities with lived experience to influence policy is made possible by the state's strong connection with youth advocacy groups and organizations. Florida has increased its collaboration to support engagement and provide a voice to youth, service providers, and advocates.

Independent Living Services Advisory Council (ILSAC): The ILSAC assesses the implementation and operation of Florida's Road-to-Independence Program (Postsecondary Education Services and Support as well as Aftercare) along with Extended Foster Care and advises the department on actions that would improve the ability of the Road-to-Independence Program services to meet established goals. The advisory council, which includes at least one young adult with lived experience, keeps the department informed of problems being experienced with services, barriers to the effective and efficient integration of services and support across systems, and successes that the system of services has achieved. From these assessments, the council creates an annual report that provides information on outcomes for young adults who turned 18-23 years of age while in foster care, relating to education, employment, housing, financial, transportation, health and well-being, and connections, along with an analysis of such data and outcomes.

The annual report for FY 2024 and the Response from the Department can be located on the Department's website at [Annual Reports for Independent Living | Florida DCF](#). The focus of ILSAC for FY 2025 remains Extended Foster Care, specifically outcome measurements focused on case plan compliance and achieving a goal of transition to independence. The Council aims to develop a bench guide for judges, magistrates, attorneys and friends of the court to detail not only Extended Foster Care, but the other independent living services available for youth and young adults with lived foster care experience. Members of the council do include statutorily required youth with lived experience who will help guide the bench guide and recommendations of the Council for the year.

Florida Youth Leadership Academy. The mission of the Florida Youth Leadership Academy (FYLA) is to inspire young leaders through building healthy relationships, exploring leadership development, and actively engaging them within their communities. FYLA kicked off its first class in December 2007 in Orlando, Florida. What was initiated as a professional development project under the direction of the Department's Child Welfare Leadership Program and Connected by 25, grew into a statewide mentorship and leadership program for youth involved in the child welfare system. The FYLA mentees are typically between the ages of 15 and 18 and are paired with an adult mentor who works in child welfare. Throughout the program year, FYLA youth and their mentors meet regularly in their local areas to focus on specific learning objectives, including networking, public speaking, resume-building, and interviewing skills. Additionally, mentors assist their youth in achieving the individualized goals set at the beginning of the year. The FYLA group travels four times throughout the program year to engage in several educational and leadership activities, including touring the State Capitol, the State Supreme Court, and college campuses across Florida. Each FYLA class concludes with a graduation ceremony during the annual Florida Children and Families Summit.

Florida Youth SHINE (FYS). FYS engages current and former youth in foster care across the state of Florida, with 14 local chapters that facilitate local meetings and partner with or serve as representatives on local youth advisory/advocacy boards. The goal of each chapter is to provide a voice for the youth and address local issues through the development of proposed solutions and bring them to the statewide level. Chapters also work on community education activities to better educate the communities and gain public speaking experience. Chapters come together four times per year to work on statewide issues that affect youth in Florida. Chapters are open to

members ages 13–24 who have been touched by the system of care (foster care, adopted, non-relative care, relative care, and reunification). FYS is comprised of youth younger than age 18, ages 18–22, and young adults ages 23 and older who may no longer receive support in Florida.

One Voice Impact. The One Voice Impact (OVI) Network of Councils harnesses authentic youth voice, creates space for youth and young adults with lived experience to work alongside system leaders to find solutions to local issues, and gives local youth councils a platform for statewide collaboration. These youth councils and advisory boards allow for youth ages 13 and up to participate in the councils with their respective Lead Agencies. OVI is partnered with the Florida Coalition for Children and the Selfless Love Foundation. OVI has the following benefits:

- **Council Development Guidance:** OVI provides on-site guidance for youth and systems leaders interested in building a youth system organizing council.
- **Leadership Summit:** OVI hosts a leadership summit for youth leaders at the annual FCC conference.
- **Ambassador Sessions:** OVI hosts 5-6 sessions for youth leaders to travel to the state capitol, learn about advocacy, and meet with state legislators.
- **Youth Engagement Seminars:** OVI hosts regional seminars to begin a dialogue about youth engagement amongst youth and system stakeholders.
- **Learning Community Calls:** OVI hosts monthly calls for youth council leaders to share best practices, discuss common issues, and assess progress.
- **Collective Voice:** OVI coordinates responses/recommendations from Youth Councils when legislation or policy issues are being discussed.

Guardian ad Litem CHAMPIONS. The Guardian ad Litem CHAMPIONS is a GAL Youth Advisory Council composed of former foster youth who provide a voice for all foster care youth appointed to the program. These young adults serve as ambassadors and credible messengers for best-interest advocacy and the value of volunteer child advocates and pro-bono attorneys. Currently, the GAL CHAMPIONS have 29 members ranging in age 14-31 years old and representing 18 out of 20 circuits. GAL CHAMPIONS represent a collective viewpoint of alumni who have personal lived experience in the foster care system and advise by:

- Using their experiences in foster care to identify and inform priorities and offer ideas to improve best interest advocacy and child representation
- Educating policymakers and other stakeholders about their varied experiences in child welfare
- Sharing their lived experiences with foster care to identify and inform program priorities and offer ideas to improving best interest child advocacy practice
- Analyzing the effectiveness of practices and policies based on the experiences of youth in child welfare

Youth Focus Groups. The Office of Child & Family Well-Being, along with Florida's Youth Engagement Organizations, host various Department-led focus groups to engage youth and young adults and seek their lived expertise and to solicit feedback on various topics. The feedback is compiled, disseminated, and discussed with Department leadership to utilize for policy and practice changes. These youth are then followed up with by the Department once these changes are made to showcase the changes these young people have created. This ensures the Department has a consistent feedback loop of current and former foster youth while also giving these young people opportunities to improve the system for their peers.

The Department has also established a Youth Committee within the Child & Family Well-Being Council. This Committee creates a space for a youth-led, self-standing body comprised youth and young adults with lived experience to provide feedback and expertise on topics and discussions from the Child and Family Well-Being Council in addition to topics deemed necessary by the youth. The membership currently consists of youth from One Voice Impact, FYS, and the GAL Champions statewide youth advocacy groups in addition to several at-large youth

representatives from the community. The Department has provided extensive presentations to this group, from legislative updates to listening sessions on policy implementations and high-level discussions with Department Leadership. This body ensures lived experience is incorporated into all aspects of the Department and is a consistent avenue to solicit feedback from subject matter experts.

Serving Youth at Various Stages of Achieving Independence

Florida offers a wide array of services and direct support payments to current and former foster care youth which are designed to promote the acquisition of general life skills, educational and employment attainment, maintenance of housing, and development of permanent connections. Within the parameters of federal and state requirements, Lead Agencies have the flexibility to create local services in response to local needs, cultural preferences, and resources.

Pursuant to [Section 409.1415, F.S.](#), the Department strives to successfully transition children in foster care to independent living and self-sufficiency as adults. The Department mandates the identification and acquisition of important life skills and age-appropriate activities, the opportunity to interact with a qualified mentor, and the maintaining of a personal allowance as part of that successful transition. Life skills and activities are specifically tailored to the child and their developmental needs, such as providing information on the availability of community and independent living services under sections 414.56 and 409.1451, F.S. for older youth. This must include information on how to apply for these services. Beginning at 13 years of age, the Department begins assessing life skills needs. The results of the assessments are made available to caregivers to support creating, implementing, monitoring, and revising life skills planning to address deficits. Child welfare professionals are responsible for maintaining dialogue monthly on the child's life skills needs, while the caregiver is expected to provide life skills and opportunities consistent with the youth's ages and needs.

Judicial oversight of life skills under [s. 39.701\(3\)\(a\), F.S.](#) requires the courts to inquire about the life skills the child has acquired at the first judicial review hearing held after the child's 16th birthday. At the judicial review hearing, the Department must provide the court with a report that includes specific information related to the life skills that the child has acquired since their 13th birthday or since the date of entering foster care. Additionally for any child who may meet the requirements for the appointment of a guardian advocate, an updated case plan must be developed in a face-to-face conference with the child, court-appointed guardian ad litem, the custodian of the child, and the parents of the child if those rights have not been terminated.

Statute requires an additional judicial review hearing within 90 days after the 17th birthday of a youth in out-of-home care. At that review, a report must be submitted to the court detailing what steps have been taken to inform the teen of independent living programs and services, including EFC, aftercare, and postsecondary education services and support (PESS). This includes program requirements, benefits, and the tuition fee exemption waiver. The report must describe the youth's plans for living arrangements (out of home placement, if EFC) after age 18 and the life skills services that may need to be continued past age 18, and any other identified obstacles and needs the youth has regarding independent living.

Section 39.701(3)(a), F.S. requires that independent living service eligibility be addressed for a second time at the last judicial review prior to the young adult reaching the age of 18 and the youth affirms that they understand they are aware of their service eligibility and how to apply for services should they choose to do so.

Transition plans for youth must be as detailed as the youth chooses and be conducted in the youth's primary language as specified in [s. 39.6035, F.S.](#) The transition plan must address specific options for the child to use in obtaining services, including housing, health insurance, education, financial literacy, a driver's license, permanent connections, and workforce support and employment services. If the transitioning youth is eligible and plans to remain in EFC after

turning 18 years old, the transition facilitator must ensure that the transition plan includes an agreement detailing the chosen qualifying activity and supervised living arrangement as referenced in [Rule 65C- 41.004, Florida Administrative Code](#).

Medicaid

Health Care Coordination and Oversight Plan, young adults who reach 18 in foster care are eligible for Medicaid up to the age of 26. Those who are in EFC may choose to remain on the Sunshine Health Plan. Expanded health care services to support youth transitioning include:

- Specialized Care Management.
- Targeted transition planning in coordination with the Lead Agencies to address healthcare needs and social determinants of health (housing, education, employment).
- Training/workshops for youth related to accessing healthcare as they transition.
- Partnerships and coordination with agencies/programs serving transitional independent living youth throughout the state.

Youth and young adults who are eligible for Medicaid over the age of 18 years of age are eligible to transfer their Medicaid coverage to Florida, and Florida young adults are eligible to transfer Medicaid coverage to other states. In Florida, if a young adult from another state wishes to apply for Medicaid, then they only need to self-attest that they are former foster youth to continue Medicaid enrollment status in Florida. Youth and young adults over the age of 18 years of age who are eligible for Medicaid in other states are eligible to transfer their Medicaid to Florida, and Florida young adults are eligible to transfer their Medicaid to other states. In Florida, if a young adult from another state wishes to apply for Medicaid, then they only need to self-attest that they are a former foster youth to continue Medicaid enrollment status in Florida. The youth and young adult services team has been available to respond to inquiries from other state's child welfare workers to assist with application process for young adults in Florida. The Department, in collaboration with Office of Economic Self-Sufficiency, has created literature on education related to the ability for former foster youth to gain access to Medicaid within the state of Florida and outside of the state. The guidance is available on the Department's [myYouthPortal](#) website.

Healthcare and Medicaid are sections included in the My Pathways to Success Plan which are reviewed with the youth and young adults at least every 6 months starting at age 16 through 22. This provides an opportunity for assigned staff to discuss with the youth and young adults their eligibility for Medicaid while residing in Florida and should they choose to move to another state. During FY 25-26, the Department will continue efforts to ensure all publications and printed materials reflect the availability of enrollment in Medicaid if state residency changes.

Care Grants through Florida's Sunshine Health. Care Grants supply up to \$150 per year per youth for services or supplies including social or physical activities, such as gym memberships, swimming lessons, sports equipment or supplies, art supplies, and application fees for post high school educational needs.

Transition Assistance Funds through Florida's Sunshine Health. Transition Assistance Funds consist of a one-time payment of up to \$500 per young adult transitioning out of foster care or Extended Foster Care between the ages of 18-21. These funds may be used toward services and items such as rental deposits, utility services, or household supplies (i.e., linens, appliances, furniture).

Services for Young Adults 18 to 26 Years of Age

The Department recognizes that the transition to adulthood can be challenging for young people. For current and former foster youth, it can be even more difficult without an existing support system. The Office of Continuing Care (OCC) has a renewed innovation-focused approach to improving the lives of young adults both entering and exiting the child welfare system. Through best practices established at the state level and personal connections established at the community level, the Department can harness person-to-person impact through a systematic, trauma-informed approach. With streamlined oversight of all programs affecting youth and young adults, coupled with the direct client interaction of the statewide resource center, the Department can swiftly respond to the needs of clients through direct services or through more overarching policy conversations.

The Office of Continuing Care, under the umbrella of Hope Florida – A Pathway to Prosperity is staffed by care navigators with lived experience and offers free one-on-one help for young people who are about to or have recently transitioned out of foster care, aiming to make their leap into adulthood a positive experience.

Young adults between ages 18–26 years old who age out of the foster care system in Florida may receive services, including special services available to former foster youth, a support system to help with next steps, and connections to resources in their community.

The three categories of independent living services that are available in Florida for young adults ages 18–23, include:

- Extended foster care (ages 18–21 or 22 with documented disability)
- Postsecondary education services and support (ages 18–23)
- Aftercare support services (ages 18–23)

Extended Foster Care (EFC)

In support of the development of more permanent bonds for Florida’s former foster care youth, [Section 39.6251](#), Florida Statutes established EFC for eligible youth between the ages of 18–21 (up to 22 for young adults with disabilities).

The program utilizes Title IV-E funds. One of the key components of this program is that eligible young adults who wish to remain in foster care should have their placement at the time of reaching the age of majority viewed as the preferred placement for the young adult. Should the young adult’s placement not be available or practical, it is the responsibility of the Lead Agency service provider and the young adult to identify an alternative placement that may or may not be licensed and that offers a degree of supervision to best meet the immediate and long-term needs of the young adult.

Standard case manager visitation, case planning activities, transition planning, life skills training, and judicial reviews are also required. To maintain eligibility for participation in the program, young adults must be:

- Enrolled in secondary education or its equivalent (GED)
- Enrolled in an institution that provides postsecondary or vocational education
- Participating in a program or activity designed to promote or eliminate barriers to employment
- Employed for at least 80 hours per month
- Unable to participate in programs or activities listed above on a full-time basis due to a physical, intellectual, emotional, or psychiatric disability that limits full-time participation.

By offering young adults the option to enter Extended Foster Care, it is believed that the development of necessary permanent connections will be made available to Florida’s former foster youth. Direct care providers, in collaboration with caregivers, provide a more collaborative living environment that takes into consideration the Shared Living Plan

when a young adult resides in a natural parenting situation. There are standardized assessments required to determine the appropriate supervised living arrangement type and the transitional services necessary to assist the youth or young adult achieve their goals to reach the appropriate level of self-sufficiency. The Shared Living Plans include the youth or young adult's clearly defined goals of transition and appropriate adult behavior.

Extended Foster Care continues to serve majority of the states' young adults post 18. Over the next few years, the department will continue to reevaluate this program.

[CFOP 170-17, Chapter 3](#), EFC provides a description of additional EFC policies for guidance on practices related to continuing care and services for young adults.

Education and Training Vouchers and Postsecondary Education Services and Support

Eligibility for Benefits and Services. The Postsecondary Education Services and Support (PESS) program is administered by the Lead Agencies. PESS is a Florida-exclusive program for eligible former foster youth to receive the skills, education, and support necessary to become self-sufficient and have lifelong connections to supportive adults. Young adults enrolled in eligible postsecondary institutions and meet other eligibility criteria are eligible for PESS. Depending on certain statutory conditions, eligible youth may receive a monthly financial payment of \$1,720 which is an increase from the prior amount of \$1,256 from previous years. This financial payment may include Education and Training Voucher (ETV) funding. The main purpose of the financial award is to secure housing, utilities, and other assistance. Initial eligibility requirements for both programs require that a young adult:

- Turned 18 years while in the legal custody or licensed care of the Department and spent a total of six months in licensed out-of-home care
- Was adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least six months in licensed care within the 12 months immediately preceding such placement or adoption
- Has earned a standard high school diploma, or its equivalent
- Has reached 18 years of age but is not yet 23 years old
- Is enrolled in programs offering at least nine credit hours and attending a Florida Bright Futures eligible educational institution
- Has submitted a free application for federal student aid
- Has applied for other grants and scholarships
- Has signed an agreement to allow the Department access to school records

If the young adult has a documented disability or is facing another challenge or circumstance that would prevent full-time attendance and the educational institution approves, the young adult may be allowed to attend fewer than nine credit hours.

Of the three independent living programs, PESS and Aftercare allow youth who were adopted or placed with court-approved dependency guardians after the age of 14 the opportunity to participate. The law requires those youth to have spent at least six months in licensed care within the 12 months immediately preceding such placement or adoption. ETV and John H. Chafee Foster Care Independence Program (CFCIP) federal funds cover room and board and other expenses necessary to pay the cost of attendance.

The law limits PESS participation to those enrolled in a Florida Bright Futures eligible school. However, there is another more limited financial support for a young adult who wishes to attend a postsecondary school that is not a

Bright Futures school, such as an out-of-state school or a private institution. An annual federal ETV educational stipend payment of up to \$5,000 may be available, provided the chosen academic institution meets ETV eligibility requirements and the young adult meets the other PESS requirements.

Federal ETV payment amounts are set based on a needs assessment that determines the student's total financial need, to ensure that federal ETV payments do not exceed a student's total cost of attendance. However, the monthly payment for PESS is fixed at \$1,720 per month, so any payments more than a student's estimated cost of attendance, or above the \$5,000 federal ETV limit are covered by state funds. In addition, students remain eligible for participation in the program up to their 23rd birthday, so students who apply or reenter the program after the age of 21 are required to have the entirety of their payments covered by state funds. There has been no change in how the ETV program is administered; Florida continues to primarily utilize the funding to provide stipends through the PESS program. Lead agencies are primarily responsible for determining eligibility for PESS, monitoring the renewal process and dispersing the funds. Additionally, the Department continues to educate the lead agencies on the availability of ETV program for young adults in Florida from another state. It is anticipated that the allotted funds will be utilized for this population in FY 2026.

Students receiving the PESS stipend may also opt into EFC. The method of the payment in this situation depends upon whether the young adult is residing in a foster home, or group home, or temporarily residing away from the home. Students must maintain a reasonable standard of academic progress to remain enrolled in this program. If the young adult should fall below academic progress as defined by their postsecondary educational institution, the young adult will be given a probationary period to maintain eligibility.

Any young adult with a recognized disability or who is faced with another challenge or circumstances that would prevent full-time attendance (i.e., nine credit hours or the vocational school equivalent) may continue receiving PESS provided the academic advisor approves the student's completion of fewer credit hours. A student is eligible to remain in PESS, or to reenroll in PESS, at any time until their 23rd birthday. Participation in the program is approved annually, based on the individual's enrollment date.

Recent legislation has changed the age of eligibility from 16 to 14 years old for those youth and young adults who "was adopted from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption." This new change requires policy and procedures updates to Florida's Administrative Code.

In addition to the federal ETV and state aid packages listed above, Florida's public postsecondary institutions also offer Florida's eligible former foster youth a tuition and fee exemption, remaining valid up to the young adult's 28th birthday. A portion of the ETV/Chafee funding has been allocated to support youth and young adults relocating to Florida from other states. Florida continues to assist its young adults pursuing educational opportunities outside the state, in addition to maintaining existing state programs. Guidance for administering these funds was issued before July 1, 2024, with the funds becoming available on that date. Temporary guidance was distributed statewide in July 2024, while updates to the PESS/ETV application are underway. Since the form is codified in rule, any modifications must go through the state's rulemaking process. Nevertheless, the temporary guidance has been provided to the field to ensure that eligible young adults can be served as of July 1, 2024.

Aftercare Services

To be eligible for aftercare services, a young adult must have reached the age of 18 while in the legal custody or licensed care of the Department, but not yet have turned 23 years old. Aftercare services are intended to be temporary in nature and used as a bridge into or between EFC and PESS. Both federal and state funds are available to

pay for allowable expenses. Aftercare services include the following:

- Mentoring and tutoring
- Mental health services and substance use counseling
- Life skills classes, including credit management and preventive health activities
- Parenting classes
- Job skills training
- Counselor consultations
- Financial literacy skills training
- Daycare referrals
- Extracurricular activities related to secondary or postsecondary education
- Temporary financial assistance for necessities, including educational supplies, transportation expenses, security deposits for rent and utilities, furnishings, household goods, and other basic living expenses.

Rules governing aftercare services are found in [Chapter 65C-42.003, F.A.C.](#) pages 78-79 of this report discuss the Office of Continuing Care, the Lead Agency's responsibility for reaching out to young adults until 23, and how the Office of Continuing Care provides an avenue for young adults to receive continued resources until 26.

In 2024, legislation was passed to expand Florida's aftercare eligibility to those who were placed in out-of-home care for at least 6 months after turning 14 and did not achieve permanency. The Department has updated its policies and procedures to support this new legislation effective July 1, 2024.

Chafee Program Improvement and Training

The Department supports young adults with Chafee funds through the PESS and Aftercare programs. The Department continues to mentor youth through the FYLA and ongoing community partnerships. The Department also conducts annual IL trainings in addition to trainings provided at the annual Children and Families Summit. As the need for trainings increases, the department is looking to expand the IL conferences to ensure consistent trainings and updates are provided regularly. The Department takes part in monthly calls, quarterly meetings, and strategy meetings with youth and mentors from statewide groups such as FYS, One Voice Impact, and the GAL Champions.

These monthly calls include region-specific reports of youth involvement in the system, their analysis of implementation in their respective regions, recommendations for improvement, and a report of advocacy in their local areas. The Department continues to meet with these groups as part of a collaborative approach for a youth- focused and youth- centered service implementation.

As part of its ongoing collaboration and Continuous Quality Improvement commitments, the Department intends to participate in national evaluations of related topics to the extent possible within all available resources and legislative requirements.

Case management Pre-Service training now includes a module on how case managers should be preparing foster children and youth for independent living. Individual Lead Agencies will be providing in-service training on this and other independent living topics. The Florida Academy for Child Protection and Family Resilience (the Florida Academy) The official Case Management track pilot started April 15, 2025, at the Family Partnerships of Central Florida. The pilot class is in the last week of training and has gone successfully. 100% of learners passed the Florida Certification Board's Foundations exam and are preparing for field assessments. While the new case management curriculum continues to focus on Florida's Practice Model, as well as the requirements for case management outlined in Florida Statute, Florida Administrative Code, and Children and Families Operating Procedures (CFOP), significant enhancements have been made to create an intentional structure that helps new case managers recognize how their

work extends far beyond “checking boxes” and that every action or inaction has a real impact on children and families.

To emphasize these points, new components have been added to the program, including Applications, Virtual Reality experiences, Simulations, and a Competency Assessment. The Applications help build critical thinking, in conjunction with newly added critical thinking tools, and allow new case managers to practice skills such as information collection, engagement strategies, empathy building, planning for safety and Conditions for Return, proper documentation, and articulation skills, specifically around explaining and justifying safety decisions. Virtual Reality and Simulation components are designed to give new case managers realistic experiences and allow them to practice skills in a safe environment where skill development does not impact real families.

To improve the consistency of statewide service delivery, the Department introduced an Independent Living Specialty Track training curriculum in August 2024. The curriculum includes specialized training to lead agency staff to enhance their understanding of Independent Living requirements, policies, and best practices. The curriculum was finalized during FY 2023-24 and train the trainer sessions were held throughout the year. As of January 2025, eight Lead Agencies have completed the curriculum with a total of 70 staff trained statewide.

The Department’s Youth and Young Adult Services team submitted a proposal to present at the Children and Families Summit in September 2025 regarding the importance of NYTD, outcome measures, and services to youth starting at age 13. This presentation will provide a system wide approach to ensuring youth and young adults in care receive the independent living services required by the utilization of Chafee funds. There are over 2,000 attendees at the Summit each year and the presentations are also made available by recording. The intent of this presentation is to reach direct service case managers, adoptions specialists, independent living specialists, foster and adoptive parents, group home staff, and partners within the system of care to present information on the requirements of NYTD and the documentation needed within the Child Welfare Information System.

Collaboration with Other Private and Public Agencies

The Foster Youth to Independence (FYI) initiative allows for young adults ages 18-24 who left foster care or will leave foster care in 90 days and are homeless or at risk of becoming homeless access to the Housing Choice Voucher assistance available through Public Housing Agencies (PHA) in partnership with Public Child Welfare Agencies. The young adult is eligible for housing assistance through the voucher for up to 36 months but may be extended for an additional 24 months if they are with supportive case management services through an agency. There are some regions throughout the state that have been able to establish a strong partnership with their local PHA to implement the voucher process. A total of 17 Public Housing Authorities have contracts with a Lead Agency. A total of 372 young adults have been awarded a voucher through April 30, 2024.

Throughout FY23-24 and into FY24-25, the Department held monthly meetings with several Lead Agencies along with the Executive Director of the National Center for Housing and Child Welfare to help eliminate barriers to accessing the vouchers. At least two lead agencies have been able to establish a partnership with the local PHA to begin issuing the vouchers in that area.

In addition, the Department has been collaborating with the Florida Housing Finance Corporation on their Extremely Low Income (ELI) Initiative. The Florida Housing Finance Corporation administers the state affordable housing trust fund and provides financing for the development of multifamily rental housing. Each Developer is required to enter into an agreement with at least one Lead Agency that administers or provides supportive services to Special Needs Households or to Persons with a Disabling Condition. The apartments provide a first come first serve approach that allows these young adults the opportunity to rent with the developer prior to reaching out to the public. Currently,

there are seven Lead Agencies participating in the housing initiative statewide.

This effort has also led to Housing Specialist positions being offered by the Department to three lead agencies as a pilot program beginning in November 2024 to increase the accessibility of the vouchers as well as eliminate other barriers to housing for young adults in Independent Living programs. The housing specialists report to the statewide group during statewide calls held every other month. Initial reports of success are all positive with there already being an increase in contact with Public Housing Authorities, an increase in communication with housing providers such as host homes and transitional living programs and beginning discussions of more ELI units.

SECTION 6: Consultation and Coordination Between States and Tribes

Collaboration Between State and Tribes

Requirements for compliance with the mandates of the Indian Child Welfare Act (ICWA) are contained in federal regulations, Florida Statutes, Florida Administrative Code, and in operating procedure. Child Protective Investigators (CPIs) are required to determine potential eligibility for the protections of the ICWA at the onset of each child protective investigation. Florida Administrative Code requirements and supporting guidance ensure that children eligible for the protections of the Act are identified at the earliest possible point in the initiation of services. The Department's core pre-service curriculum includes the mandates of the ICWA.

The two federally recognized tribes in Florida, the Seminole and Miccosukee, are involved with the Child and Family Services Plan (CFSP) and the APSR. These documents are accessible on the Department of Children and Families' website. In the Department's work with the Seminole and Miccosukee tribes, access to various forms of federal funding have been discussed and neither Tribe has expressed an interest in receiving federal funds as they have their own resources to provide services. The Department also works with the Poarch Band of Creek Indians Tribe that is in southern Alabama, as they serve tribal families located on the Florida line.

The Department is responsible for child protective investigations for the Tribes. The Department's operating procedure, [CFOP 170-01, Chapter 15](#), Reports and Services Involving American Indian Children, describes processes to be used by CPIs and case managers.

The Department requires the Lead Agencies to obtain a credit report for youth in care ages 14 to 17. This requirement is applicable to all youth in this age group. Case planning services are offered by the Department and the Seminole Tribe of Florida's (STOF) Family Services Department. Case Planning services align with Florida's practice in obtaining credit reports for tribal children. The Miccosukee Tribe provides case planning services to its own children. The Department continues to engage the Miccosukee Tribe to confirm if case planning services include credit reports. The Department has six regional points of contact serving as ICWA liaisons to guide child welfare professionals with aligning practices with federal and state requirements. The regional contacts work closely with the Department's statewide liaison at the Department's headquarters.

While there are no barriers in the continuing collaboration between the Tribes and the Department, there are often challenges experienced in the coordination of all three Tribes with respect to scheduling meetings collectively. The Department continues to work with all three Tribes on their availability to ensure continued engagement and collaboration and will offer multiple meeting formats to accommodate all schedules.

Service Coordination with Tribes

The Department adopts a collaborative and integrative approach to involve various stakeholders in addressing issues such as substance use disorders, domestic violence, behavioral health, education, and developmental disabilities for all of Florida's children and families. Florida's tribes are educated on the Department's many resources as they relate to these issues and are aware that they are available as needed. Services from the Department's Office of Substance Abuse and Mental Health, Hope Florida, Extended Foster Care/PESS programs, Adoption Reunion Registry, Kinship Navigation, and Level I Licensure Programs are just some of the resources and services Tribal communities have access to as they support their families. Regional liaisons assist the tribes in accessing community resources and can provide state and Lead Agency level points of contact within their local areas as needed.

The Department has enhanced its Comprehensive Child Welfare Information System (CCWIS) system to capture the

new federal Adoption and Foster Care Analysis Reporting System (AFCARS) requirements for ICWA reporting. The Department completed a training webinar to assist child welfare professionals with how to accurately document all ICWA AFCARS requirements.

The Department has regular communication with points of contact for all three tribes. The tribes to participate in joint planning meetings, specifically with our Office of Substance Abuse and Mental Health and other initiatives to improve service coordination. The Department's regularly scheduled bimonthly meeting continues to be held with the Seminole tribe and the Seminole Tribal Courts. The Department has implemented a bimonthly call with all three tribes where topics of discussion include Florida's State Opioid Response (SOR), Chaffe Funds and Credit Checks, Child and Family Services Reviews, Training Needs and Collaboration, Options for Treatment Providers serving Tribal Members and Adverse Childhood Experience. The Department also completes joint trainings with the Tribes regarding technical assistance with policies for ICWA.

The Department's statewide liaison, along with the special project's administrator of the Seminole Tribal Court, convenes regularly scheduled conference calls every two months to discuss training needs, data needs, plans to identify statewide compliance, and reviews of complex cases from a statewide perspective. There is broad participation during the bi-monthly conference calls to include Department regional staff, the Dependency Court Improvement Project (DCIP), Department General Counsel, Children's Legal Services (CLS), Sheriff's Offices conducting child protective investigations, and Tribal Liaisons.

The Department and the STOF continue to work towards executing a statewide memorandum of agreement (MOA). Once the MOA is executed representatives of the STOF and the Department will:

- Collaborate in the development and implementation of training for child welfare professionals across the state (CPI, CM, CLS, and the courts), which include attention to unique local issues
- Collaborate in the development of a case management tool kit which would assist the field with
- Implementation of quality active efforts in accordance with the Indian Child Custody Proceedings 25 CFR SS.23.2. and 23.120
- Continue to strengthen the relationship between the STOF and the Department with ongoing, regular communication involving the circuit ICWA specialists to identify ongoing practice challenges and solutions.

With the advent of the Hope Florida, the Department continues to engage all Tribes regarding resources available through the program which assists the following populations with supports:

- Youth involved with DJJ or who are transitioning out of DJJ care
- Parents and families concerned with their child's behaviors
- One-on-one support plans for self-sufficiency
- Connections to local referrals and CBC partners.

The Department and Tribal advocacy program leadership continue to work diligently to finalize the pending statewide MOA. An appendix was added to the standard MOA to assist frontline staff with day-to-day responsibilities when engaging with families within the Seminole Tribe of Florida. The Department continues to provide, at the STOF's request, child abuse and neglect investigations and certain case management functions on the Seminole reservations. Florida's courts hear dependency court cases resulting from investigations conducted by the Department or its contracted agencies on the STOF reservation in Hollywood, Florida. The progress and outcome of the cases being heard on the reservation is positive and has resulted in all future ICWA cases being heard on an ongoing basis. There have been no changes to the services and protections provided in coordination with the Tribes.

In addition, the Department's Office of Substance Abuse and Mental Health (SAMH) continues to provide educational resources such as integrating substance use prevention with wellness, unresolved childhood trauma and connection

to substance use, and adverse childhood experiences and the relationship to substance abuse prevention. The Department continues to invite and encourage participation by the Tribes in collaborative efforts such as the CFSR and has discussed the advantages of becoming a Title IV-E agency. Feedback obtained from all tribes indicated that many of their children's needs can be met with their available resources without the need for federal funding.

The Department continues to engage with all three federally recognized tribes with the development of a statewide E-Learning ICWA training. The training was published on March 3, 2025. Additionally, there were supplemental live trainings that included questions from audience participants held in Polk and Broward counties in April 2025.

Consultation With Tribes for Chafee Program and ETV

Consultation With Tribes for Chafee Program and Education and Training Voucher (ETV) funds are designated for current and former foster care youth as required by the Indian Child Welfare Act (ICWA). In the Department's work with the Seminole Tribe, Miccosukee Tribes, and Poarch Band of Creek has access to various forms of federal funding have been discussed but neither Tribe has not expressed an interest in receiving federal funds at this time. The Deputy Director for the Office of Continuing Care provides information to the state ICWA liaison to provide to each tribe as a friendly reminder regarding Chafee and ETV funds and how they are utilized, and the Department emphasized how tribal children can benefit from these resources.

Tribal Representative Contact Information

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SECTION 7: CAPTA State Plan Updates

Since the submission of Florida's CAPTA State Plan, there have been no substantial changes to Florida law or administrative code that would affect Florida's eligibility for CAPTA State Grant funding. Below is a description of Florida's CAPTA State Plan services.

Community-Based Child Abuse Prevention

Florida understands that it is paramount that children are protected from abuse and neglect. The Department, with primary support from the Office of Child and Family Well-Being (OCFW), continues to be the lead agency designated to administer the Child Abuse Prevention and Treatment Act (CAPTA) grant funds. The OCFW is also the designated lead agency for the Community-Based Child Abuse Prevention (CBCAP) federal grant and the Children's Justice Act (CJA) grant. This oversight affords technical assistance for the implementation of evidenced-based and other effective practices and for the development of systemic approaches to outcome improvement at both the state and local community levels. This continuity in lead agency designation facilitates and promotes achievement of the following defined statewide objectives:

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

Florida receives the federal CBCAP grant award based on Florida's child population. Most of the allocated funds support continuation of prevention programs, such as a continuing contract with the Ounce of Prevention Fund of Florida, Inc., for activities related to the annual child abuse prevention campaign.

The Department is awarding CAPTA, CBCAP, CAPTA ARP (under the American Rescue Act), and CBCAP ARP grant dollars to provide direct client services to Florida families, especially programs that serve populations most vulnerable to abuse or neglect, including home visiting programs and the development of plans of safe care, and providing local community-based organizations (CBOs) with funding that will increase or improve their ability to serve their communities through capacity building improvements.

Florida continues to seek innovative solutions and programming to best serve our families. To support these efforts, the state has received \$20 million dollars in funding for community providers and local Lead Agencies through CAPTA and CBCAP, to support local prevention program grants to build capacity within communities to provide a continuum of prevention services.

These grants were used to provide either direct services or develop capacity building functions like training or investments in a technology solution.

Children's Justice Act

Florida has been a CJA grant recipient since 1997. These funds have allowed for the review, development, and implementation of projects that should produce a greater impact on the child protection response system. Therefore, Florida's child welfare system continues to benefit from the CJA grant by providing education, training, and reform.

The Child & Family Well-Being Council was established to advance the well-being of Florida's children and families and fulfill the Department's statutory mission and purpose of collaborating with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The Council was created out of the CJA/Child Welfare Task Force, as the number of stakeholders wanting to participate in that venue has grown over the years. In early 2022, the Department redesigned the Child Welfare

Practice Council, a parent entity of the CJA Task Force, to a Child and Family Well-Being Council (Council). This redesign was an intentional shift from viewing our role as only a child welfare agency to embracing a more holistic child and family well-being system of care. The CJA Task Force and the Youth Subcommittee are two existing subcommittees of the Council. The Department's vision and goals for the newly designed council includes:

- Provide opportunities for people with lived experience (youth, biological parents, foster parents) to have a voice at the table and to be engaged in decision making
- Formalize the Department's focus on the family and family-centered approaches that promote holistic, long-term well-being
- Broaden the view of our work and our ability to think about the work, as well as consider non-traditional partners and approaches to support a holistic system of care
- Foster greater cross-sector collaboration to better integrate across disciplines: child and family well-being, behavioral health, juvenile justice, healthcare, and education
- Promote transparency, consistency, and accountability.

Addressing Needs of Dually Served and Multi-Agency Involved Youth

The Department and the DJJ have worked diligently over the past six years to develop and implement interagency efforts statewide for "dually served youth." This is a broad term that refers to youth who have been served by both agencies at any time and is not required to be done concurrently.

For the last five fiscal years, the overall number of dually served youth has steadily **declined from an overall average of 10,000 youth to 7,000 youth**. The data source for dually served youth is derived from a monthly Department and DJJ data match between the Departments Florida Safe Families Network (FSFN) and the Department of Juvenile Justice Information System (DJJIS). The reporting population is defined in [Section 39.0143](#), F.S. as "those who are the subject of any proceeding under this chapter and, at the same time, are under the supervision of the Department of Juvenile Justice, and those children who were previously served by either the department or the Department of Juvenile Justice and come to the attention of either agency after being served". The data matching process between the Department and DJJ includes youth previously under the supervision of the Department who are now under the care of DJJ, and those who are being served by both systems concurrently. The criteria for being DJJ-involved includes youth with an open delinquency case that are being served in detention, intake, probation, or residential programs.

The partnership between the Department and DJJ provides an important foundation for the next several years as the Department aligns group home standards with the new FFPSA restrictions on federal reimbursement for children not placed in a foster home and prepares to provide a certification in the state plan assuring that new policies and practices will not result in an increase in the number of youths in the juvenile justice system.

Citizen Review Panels

The Department employs citizen review panels (CRPs) as part of its commitment to ensuring the safety and well-being of children under its care. CRPs serve as an additional layer of oversight, offering an independent perspective on child welfare cases. They provide regular reports to Department leadership and other stakeholders on their findings and recommendations. Below is a description of various CRPs that collaborate with the Department with links to their annual reports for review.

Independent Living Services Advisory Council (ILSAC)

The Independent Living Services Advisory Council (ILSAC) is legislatively mandated under [Subsection 409.1451\(7\)](#), Florida Statutes . The ILSAC functions include reviewing and making recommendations concerning the

implementation and operation of the independent living transition services, but also touch upon many broader aspects of the child welfare system. Council members have a variety of experiences and are from diverse backgrounds, including former foster care young adults. The council meets monthly and prepares and submits an annual report to the Florida legislature and the Department on the status of the services being provided, including successes and barriers to these services. The annual report provides recommendations for improvements to the services for Florida's children and young adults. These reports are available at: <https://www.myflfamilies.com/services/child-family/independent-living/annual-reports-forindependent-living>.

Florida Child Abuse Death Review Committee

This citizens' committee was established by the Florida legislature in 1999 under [Section 383.402](#), Florida Statutes. The committee is comprised of a statewide appointee panel and locally developed multidisciplinary teams charged with reviewing the facts and circumstances surrounding all child fatalities reported to the Florida Abuse Hotline. The committee prepares an annual report to the governor and legislative branch with key data-driven recommendations for reducing preventable child deaths. These reports are available at: <http://www.flcadr.com/reports/>.

Faith-Based and Community -Based Advisory Council

Florida's faith-based and community-based advisory council was created in 2006 per [Section 14.31](#), Florida Statutes, and exists to facilitate connections, strengthen communities, and support families in the state of Florida. The Council is charged to advise the Governor and the legislature on policies, priorities, and objectives for the state's comprehensive efforts to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law. The advisory council website is www.flgov.com/fbcb. More information on the councils work During Fiscal Year 2024-2025 can be found in the [Florida Faith and Community Advisory Council Annual Report](#).

Overall, citizen review panels play a vital role in promoting accountability, transparency, and improvement within the Florida child welfare system. They help ensure that the best interests of children are at the forefront of decision-making and that services are provided in a manner that supports their safety, permanency, and wellbeing.

Services to Substance-Affected Infants (NAS)

Additional Reporting Requirements for Infants Exposed Prenatally to Prescription Drugs or Illegal Substances.

Section [383.14, F.S.](#), requires hospital staff to identify and refer all infants prenatally exposed to abuse of prescription and illegal substances for Healthy Start services. All substance exposed children will receive Healthy Start care coordination regardless of the scoring on the postnatal risk screen or having been reported to the Hotline. If the current caregiver is not the biological mother, the caregiver has the authority to consent to Healthy Start participation. Identification of use/abuse of alcohol and/or illegal substances is determined by:

- Mother's own admission
- A positive drug screen
- A staff member witnessing use
- A report from a reliable source such as a trusted family member or professional
- Response to screening questions indicating use or abuse
- Further observations or assessment of substance abuse history and patterns of use
- An infant who was prenatally exposed to schedule I or II drugs, as documented by the above criteria

[Section 39.201](#), Florida Statutes requires mandatory reporting when any individual suspects that a child is being maltreated. Harm from exposure to a controlled substance or alcohol is defined in [Section 39.01\(34\)\(g\)](#) as:

1. A test administered at birth to an infant which indicates exposure of any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or newborn infant
2. Evidence of extensive, misuse, and chronic use of a controlled substance or alcohol by a parent to the extent that the parent's ability to provide supervision and care for the child has been or is likely to be severely compromised

Healthy Families Florida (HFF), Ounce of Prevention Fund of Florida (The Ounce)

Child abuse and neglect has costly short and long-term consequences including hospitalization, child welfare services, special education, and juvenile delinquency. Conservative estimates put the cost of treating these consequences at \$105,131 per child annually. HFF is proven to prevent child abuse and neglect in high-risk families at a cost of only \$2,100 per child annually. To avoid long term costs of deep system involvement, funds for HFF are appropriated by the Florida legislature to the Department. The Ounce then administers HFF programming through service contracts with 35 community-based agencies in 67 counties (45 counties in their entirety and 22 counties in the highest-risk zip codes).

HFF provides voluntary, specialized screening and assessments to identify families at risk of future maltreatment, home visiting services, and routine screening for child development and maternal depression. Families may receive in-home visitation during pregnancy and up to the time a child turns five years of age. Using nationally developed in-home curricula and well-trained and supported in-home staff, parents learn how to recognize and respond to babies' developmental needs, use positive discipline techniques, cope with stresses of parenting and family life in healthy ways, and achieve family established goals.

During fiscal year 2023-2024 HFF served **7,457 families and their 15,061 children** with state funding and local contributions. Projects exceeded every goal for child and parent outcomes including:

- **99 percent** of children in families served were free from abuse during services and one year following program completion,
- **97 percent** of children were connected to a primary healthcare professional, and
- **85 percent** of participants improved their self-sufficiency by gaining employment, enrolling in job training, furthering their education, securing stable housing, or obtaining a driver's license.

Services for Families with Substance-Affected Infants (NAS)

The Florida multidisciplinary and multi-agency team will continue to work on the following long-term goals over the 2025-2029 plan period:

- Maintain a statewide leadership group to coordinate the multiple systems involved.
- Develop best practices for implementation of the CAPTA/CARA requirements to address the needs of infants born with and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum (FAS).
- Determine and implement best practices for the completion of a Plan of Safe Care and determine under what circumstances specific agencies would have the responsibility to develop and monitor the plan.
- Strengthen the behavioral health providers' ability to effectively counsel pregnant women. Improve the amount and quality of screening for substance use during pregnancy.

Included on the current statewide leadership group are the OCFW and the Department's Substance Abuse and Mental Health Program Office (SAMH), DOH, AHCA, Healthy Families, Healthy Start, MIECHV, Florida Hospital Association, Early Steps, behavioral health care providers and associations, and the University of Florida (UF).

Neonatal Abstinence Syndrome (NAS) Quality Improvement Initiative

With funding from the Maternal and Child Health Block Grant, the Maternal and Child Health Section within the DOH has contracted with the Florida Perinatal Quality Collaborative (FPQC), at the University of South Florida (USF), to develop and implement a NAS Quality Improvement initiative. The FPQC has established an expert multidisciplinary advisory group to develop the NAS initiative. The goal of the initiative was to standardize assessment and treatment of NAS to reduce the length of hospital stay and ultimately the cost to care for these infants. Infants with NAS have longer hospital stays than healthy newborns without NAS. Other complications of NAS include low birth weight, feeding difficulties, jaundice, respiratory distress syndrome, central nervous system irritability, and seizures.

The Florida Birth Defects Registry (FBDR) currently conducts enhanced surveillance of NAS, which in addition to multi-source passive case finding efforts, incorporates trained abstractor review of maternal and infant hospital medical records to capture all relevant clinical information to classify potential NAS cases, determine specific agents to which mother/infant were exposed, and to obtain a more complete understanding of this public health issue. The DOH [Substance Use Dashboard](#) reports current NAS data statewide and by county.

Plans of Safe Care

The Department has long acknowledged the necessity for a close relationship between the behavioral health and the child welfare systems and continues to work on methods for supporting collaboration and coordination. Substance use and mental health disorders (behavioral health) are present in at least half of the cases of child maltreatment and in a much higher percentage of the cases where children are removed from their homes. The parents in these cases must receive treatment and have an opportunity for recovery. Children in these families are more vulnerable to instances of maltreatment as diminished parental capacities contribute to child safety concerns. The Department's integration of Child Welfare, Substance Abuse and Mental Health has also focused on this population and includes a self-study completed in each region to analyze their local system of care's progress towards integration of services.

In order to provide additional statewide guidance and ensure infants and families affected by substance use receive the proper assessments and service intervention, the Department developed and implemented [CFOP 170-08](#), Chapter 1, Plan of Safe Care for Infants Affected by Prenatal Substance Exposure.

Plans of Safe Care are required to be incorporated into the family support and care plans developed by the agency involved with the family specific to the family's needs. Individual service providers may use their own service plan; however, they must include the components listed below and as outlined in policy and procedure. Concerted efforts must be made by all agencies involved in the construction, implementation, and monitoring of plans of safe care to engage fathers. The family support plan, case plan, etc. will address the needs of the affected infant, mother, and family members. Plans must include, but are not limited to the following:

- Infant's medical care including prenatal exposure history, hospital care, other medical or developmental concerns, pediatric care and follow-up, referral to early intervention and other services
- Mother's medical care including prenatal care history, pregnancy history, other medical concerns, screening and education, follow-up care with obstetrician/gynecologist referral to other health care services
- Mother's substance use and mental health needs including substance use history, mental health history, treatment history, medication assisted treatment history and referrals for service
- Family/caregiver history and needs including family history, living arrangements, parent-child relationships, prior involvement with child welfare, current support network, current services, other needed services, and child safety and risk concerns

Depending on the concerns and the level of need of the family, agency involvement may vary. All mothers and infants will be screened by Healthy Start both prenatally and postnatally. Should concerns of child maltreatment arise at the time of the infant's birth or through home visitation service provision, Florida's robust reporting requirements require those with concerns to report the information regarding the mother, infant, or family to the Hotline. Once accepted by the Department for investigation, Plans of Safe Care will be incorporated into the investigative process, Family Support Services or through the more intrusive dependency case management process. The Department recognizes it will take a well-coordinated effort from many partners to have an effective and sustainable system of care for this vulnerable population. The Department is continuing to review practice and use data analytics to inform training, policy development, and service provision. The Department will continue to collaborate at the state and regional level with FICCIT, FPQC, early learning coalitions (ELCs), and DOH Universal Screening workgroup to strengthen outreach and supports to at-risk families.

The Department will appoint a lead for the Plans of Safe Care within the Florida Child Welfare Information System (FI CCWIS) project. This lead will review the developments from Phase I, focusing on intake and investigation, to identify any gaps that may prevent compliance with federal requirements. Any identified gaps will be addressed in coordination with the Florida CCWIS Maintenance and Operations Change Request team, ensuring necessary changes are implemented by the full application launch in late 2026. Additionally, the lead will continuously review and contribute to the ongoing design of the Florida CCWIS throughout State Fiscal Years 2024-25 and 2025-26, ensuring it aligns with federal and state operational requirements for Plans of Safe Care. The lead will work closely with the Florida CCWIS Project Management Office (PMO) team, Office of Information Technology Services (OITS), Deloitte, and other stakeholders to ensure full compliance with federal and operational Plans of Safe Care requirements by late 2026, including conducting gap analyses and developing necessary project-related documentation.

Early Intervention Services for Infants with NAS

Florida's Early Steps program provides services to infants and toddlers with disabilities and developmental delays, and their families, from birth to 36 months of age. Services include Individualized Family Support Planning; Service Coordination; Developmental Surveillance; and Family Support. Screening for potential developmental delays or disabilities is a critical component of assessing child functioning for child protective investigations. Whenever a child protective investigator suspects a child is experiencing a delay or disability, the investigator is required to provide the parent information on community early intervention services. Additionally, investigations closed with verified maltreatment (for a child under the age of three) of infants identified as affected by illegal substance use, or withdrawal symptoms resulting from prenatal drug exposure must be referred for a developmental assessment at Early Steps.

2023-2024 CAPTA ANNUAL DATA REPORT

1. The number of children who were reported to the State during the year as abused or neglected: **193,174** (Jul 1, 2023- Jun 30, 2024).
2. Of the number of children described in paragraph (1), the number with respect to whom such reports were:
 - a. Substantiated: **19,219**
 - b. Unsubstantiated: **101,836**
 - c. Determined to be false. **146**
3. Of the number of children described in paragraph (2):
 - a. The number that did not receive services during the year under the State program funded under this section or an equivalent State program.
 - b. The number that received services during the year under the State program funded under this section or an equivalent State Program; **13,919 children received Family Support Services, 27,223 received In-Home Services, and 27,223 received Out-of-Home Care Services.**
 - c. The number that were removed from their families during the year by disposition of the case: **8,072**
4. The number of families that received preventive services, including use of differential response, from the State during the year. **34,857 children received prevention services from Promoting Safe and Stable Families programs.**
5. The number of deaths in the State during the year resulting from child abuse or neglect: **44**
6. Of the number of children described in paragraph (5), the number of such children who were in foster care: **0**
7. For Fiscal Year 2023-2024, provide the following:
 - a. The number of child protective service personnel responsible for the intake of reports filed in the previous year, screening of such reports, assessment of such reports, investigation of such reports.
 - i. In FY 2023-2024, the Department had a total of **1,852 investigators** (includes CPI, Senior CPI, CPI Supervisors, and Field Support Consultants), an average of **193 Hotline Staff Intake Counselors** and **31 Hotline Staff Intake Supervisors**. Demographic information of the child protective service personnel can be found in the [2024 Annual Child Protective Investigator and Child Protective Investigator Supervisor Report](#).
 - b. The average caseload for the workers described in paragraph (A). Not available.
8. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect was **11 hours from time report received to time report commenced**.
9. The response time with respect to the provision of services to families. Not available.

10. For child protective service personnel responsible for intake, screening, assessment, and investigations of child abuse and neglect reports in the State, report on the following:
- a. Information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions.
 - i. [Section 402.402\(1\)](#), F.S., requires the Department to recruit and hire persons qualified by their education and experience to perform social work functions and provides guidance for preference to individuals having a social work degree with second level preference given to individuals with a human service- related degree.
 - b. Data on the education, qualifications, and training of such personnel.
 - i. As of June 21, 2024, a People First data extract indicated that **1,322 staff** were identified as having a bachelor's degree; **180** were identified as having a master's degree; **two** were identified as having a doctorate degree; **47** were identified as educational data unavailable; and **301** were identified as high school graduates, having an associate's degree, or some years of college. This data is inclusive of CPI, Senior CPI, CPI Supervisors (CPIS), and Field Support Consultants (FSC). The total active child protective investigative staff currently holding a degree in social work is **6.79%**.
 - c. Demographic information of the child protective service personnel.
 - i. People First, Florida's automated web-based Human Resource Information System, provides classification and vacancy data for all child protective investigative positions. As of June 24, 2024, there were **1,273 positions** statewide within the child protective investigation job class, with **124 FTEs (9.74%)** being vacant. There has been a reduction in the total CPI vacancy rate from **14.05%** to **10.24%** over the last three years.
 - d. Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.
 - i. CPI Supervisor positions are responsible for reviewing and approving all work conducted by CPIs and Sr. CPIs. The average number of CPI and Sr. CPI positions per CPI Supervisor is calculated by dividing the total number of allocated CPI Supervisor positions by the total number of allocated CPI and Sr. CPI positions. The current statewide staffing pattern is approximately one supervisor per 5.0 investigators. The current best practice target caseload per investigator is 12-15.
 - ii. The [2024 Annual Child Protective Investigator and Child Protective Investigator Supervisor Report](#) serves as a status report to the Governor, President of the Senate, and Speaker of the House of Representatives. The report provides the educational qualifications, turnover, professional advancement, and working conditions of the Department's Child Protective Investigators, Child Protective Investigator Supervisors, and other child protective investigative staff.

11. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse and neglect, including the death of the child totaled **4,368**.
12. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children. The number of children for whom individuals were appointed by the court to represent the best interests of such children. The average number of out of court contacts between such individuals and children. Not available.
13. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6). **See links to citizen review panels for relevant reports in Citizen Review Panel Section of this document.**
14. The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system. Not available.
15. The number of children referred to a child protective services system under subsection (b)(2)(B)(ii) was **1,449**.
16. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et. seq.).
 - a. The number of children determined to be eligible: Not available.
 - b. The number of children referred in State Fiscal Year (SFY): Not available
 - c. While this data is currently unavailable, it is intended to be part of future CCWIS development efforts with a timeline yet to be determined.

Monthly Case Worker Visit Data¹

1. Aggregate number of children in the data reporting population: **25,338**.
2. The total number of monthly caseworker visits made to children in the reporting population: **204,022**.
3. The total number of complete calendar months children in the reporting population spent in care: **191,580**.
4. The total number of monthly visits made to children in the reporting population that occurred in the child's residence: **190,874**
5. The percentage of visits made monthly by caseworkers to children in foster care: **93.9%**.
6. The percentage of visits that occurred in the residence of the child: **99.63%**

¹ Source: FSFN Datamart as of 06/24/2025.

SECTION 8: Updates to Targeted Plans within the 2026 APSR

The Targeted Plans for the 2025-29 APSR are presented in independent documents per the Program Instructions and include:

- Florida’s Foster and Adoptive Parent Diligent Recruitment Plan – No Updates.
- Florida’s Health Care Oversight and Coordination Plan – No Updates.
- Florida’s Statewide Disaster Plan – No Updates.
- Florida’s Statewide Training Plan – No Updates.

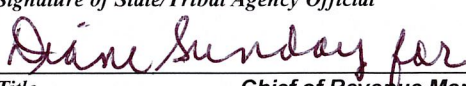
SECTION 9: Statistical and Supporting Information

Financial information for the 2026 APSR is presented in independent documents per the Program Instructions and include:

- Payment Limitations
 - Title IV-B, Subpart 1
 - Title IV-B, Subpart 2
- Reallotment of FY 2025 Funding
- FY 2026 Budget Request – CFS-101, Parts I and II
- FY 2023 Title IV-B Expenditure Report – CFS 101, Part III
- Chafee Program
- ETV Program
- Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2026: October 1, 2025 through September 30, 2026

1. Name of State or Indian Tribal Organization AND Department/Division:		3. EIN:	1593458463A2
Florida Department of Children and Families		4. UEI:	GKB5R3B9JGE4
2. Address: (insert mailing address for grant award notices in the two rows below)			
2415 N. Monroe St., Suite 400		5. Submission Type: (mark X on selection)	
Tallahassee, FL 32303		- New	X
a) Contact Name and Phone for Questions:	Diane Sunday (850) 363-6233	- Reallotment	
b) Email address for grant award notices (one only): Diane.Sunday@myflfamilies.com			
REQUEST FOR FUNDING for FY 2026:			
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.			
Hardcode all numbers; no formulas or linked cells.			
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$15,982,332
a) Total administrative costs (not to exceed 10% of the CWS request)			\$1,598,233
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total	
a) Family Preservation Services		23.5%	\$5,050,246
b) Family Support Services		25.6%	\$5,489,271
c) Family Reunification Services		30.9%	\$6,625,302
d) Adoption Promotion and Support Services		20.0%	\$4,291,591
e) Other Service Related Activities (e.g. planning)		0.0%	\$0
f) Administrative Costs (STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)		0.0%	\$4,488
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.		100.0%	\$21,460,898
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$1,356,563
a) Total administrative costs (not to exceed 10% of MCV request)			\$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$5,970,800
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:			\$7,560,625
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$2,268,187
11. Requested Education and Training Voucher (ETV) funds:			\$2,660,392
REALLOTMENT REQUEST(S) for FY 2025:			
Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.			
12. Identification of Surplus for Reallotment:			
a) Indicate the amount of the State's/Tribe's FY 2025 allotment that will not be utilized for the following programs:			
CWS	PSSF	MCV (States only)	Chafee Program
\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year (should they become available for re-allotment):			
CWS	PSSF	MCV (States only)	Chafee Program
\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:			
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.			
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official	
			
Title Chief of Revenue Management		Title	
Date 6/27/2025		Date	

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

Name of State or Tribal Organization: Florida Department of Children and Families

For FY 2026: OCTOBER 1, 2025 TO SEPTEMBER 30, 2026

ENTER WHOLE NUMBERS ONLY												
No entry required in the black shaded cells												
	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (describe)	(L) Geographic Area To Be Served
SERVICES/ACTIVITIES												
1.) PROTECTIVE SERVICES	\$ -			\$ -				\$ -	410,608	205,304	reports of abuse/neglect	6 Regions
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 5,050,246		\$ -				\$ 1,683,415	31,170	13,552	all eligible children	6 Regions
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 13,427,432	\$ 5,489,271		\$ 5,970,800				\$ 6,305,567	40,018	21,062	all eligible children	6 Regions
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 6,625,302		\$ -				\$ 2,208,434	45,397	26,704	all eligible children	6 Regions
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 956,667	\$ 4,291,591						\$ 1,749,419	3,936	2,694	all eligible children	6 Regions
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -				
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE (b) GROUP/INST CARE	\$ -											
8.) ADOPTION SUBSIDY PYMTS.	\$ -											
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -											
10.) INDEPENDENT LIVING SERVICES	\$ -							\$ 53,419,244	8,323	4,995	all eligible children	6 Regions
11.) EDUCATION AND TRAINING VOUCHERS	\$ -							\$ 5,370,628	1,245	1,020	all eligible children	6 Regions
12.) ADMINISTRATIVE COSTS	\$ 1,598,233	\$ 4,488	\$ -			\$ 2,660,392		\$ 123,324,241	52,071	35,279	all eligible children	6 Regions
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -						\$ 9,155,042	4,204	2,391	all eligible children	6 Regions
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -						\$ 1,890,156	5,451	4,621	eligible 13-22 year old youths	6 Regions
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -						\$ 665,098	619	619	eligible 16-22 year old youths	6 Regions
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -										
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -						\$ 2,259,865				
18.) TOTAL	\$ 15,982,332	\$ 21,460,898	\$ 1,356,563	\$ 5,970,800	\$ 7,560,625	\$ 2,660,392	\$ 425,711,202	\$ 402,363,060				
19.) TOTALS FROM PART I	\$15,982,332	\$21,460,898	\$1,356,563	\$5,970,800	\$7,560,625	\$2,660,392						
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds the amount on Part I.)												
21.) Population data required in columns I - L can be found:								(mark X below the option)				
								On this form	In the APSR Narrative			
								X				

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2023 Grants: October 1, 2022 through September 30, 2024

No entry required in the black shaded cells		2. Address:		3. EIN: 1593458463A2		
1. Name of State or Indian Tribal Organization:		2415 N. Monroe St., Suite 400		4. UEI: GKB5R3B9JGE4		
Florida Department of Children and Families		Tallahassee, FL 32303				
5. Submission Type: New						
Description of Funds		(A) Actual Expenditures for FY 23 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) Population served (describe)	(E) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:		\$ 16,217,683	23,949	14,087	all child welfare clients	6 Regions
a) Administrative Costs (not to exceed 10% of CWS allotment)		\$ -				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.		No Expenditures	23,949	14,087	all child welfare clients	6 Regions
a) Family Preservation Services		\$ 4,977,373				
b) Family Support Services		\$ 5,410,062				
c) Family Reunification Services		\$ 6,529,701				
d) Adoption Promotion and Support Services		\$ 4,229,665				
e) Other Service Related Activities (e.g. planning)		\$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF spending)		\$ 4,423				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.		\$ 21,151,224				
8. Total Monthly Caseworker Visit funds: (STATES ONLY)		\$ 1,336,989				
a) Administrative Costs (not to exceed 10% of MCV allotment)		\$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)		\$ 8,420,863	5,736	5,111	eligible 13-22 year old youths	6 Regions
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)		\$ -				
10. Total Education and Training Voucher (ETV) funds: (Optional)		\$ 1,299,529	653	653	eligible 16-22 year old youths	6 Regions
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan which was jointly developed with, and approved by, the Children's Bureau.						
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official				
Diane Sunday for						
Title	Date	Title		Date		
Chief of Revenue Management	6/27/2025					

Title IV-B, subpart I FFY 2005
Historical Comparson for Payment Limitations

cobj	OCA Title	oca	Total Expenditures	Total Federal	Total State
PCW05	FS-PROGRAM ADMINISTRATION	BT000	158,329.35	118,747.01	39,582.34
PCW05	FS/QUALITY ASSURANCE UNIT	FFQAU	867.60	650.70	216.90
PCW05	PDC TRNG PROTECTIVE SVCS	PDC02	(223.13)	(167.35)	(55.78)
PCW05	PDC TRNG FOSTER CARE	PDC03	(831.43)	(623.57)	(207.86)
PCW05	PDC TRNG ADOPTION PLACEMENT	PDC04	(163.11)	(122.33)	(40.78)
PCW05	SF CHILD WELFARE OH ADMIN-CBC	PR024	1,637,628.13	1,228,221.10	409,407.03
PCW05	IV-B CHILD WELFARE OH ADMIN-CBC	PR026	10,931,006.61	8,198,254.96	2,732,751.65
PCW05	IV-B CHILD WELFARE OHC MAINT-CBC	PR046	513,148.45	384,861.34	128,287.11
PCW05	IV-B IN HOME	PR126	3,728,406.04	2,796,304.53	932,101.51
PCW05	IV-B CHILD WELFARE IH-CBC	PRA26	1,325,379.83	994,034.87	331,344.96
PCW05	IV-B CHILD WELFARE ADOPT ADMIN-CBC	QACM0	90,294.12	67,720.59	22,573.53
PCW05	QUALITY ASSURANCE & CONTRACT MGT	RSFL0	599.05	449.29	149.76
PCW05	FRONT LINE RETENTION STRATEGY	RSL00	952.83	714.62	238.21
PCW05	RETENTION STRATEGY-LOAN REIMB	WG000	559,669.77	419,752.33	139,917.44
PCW05	PROTECTIVE SVCS FOR CHILDREN	WH000	1,328,079.23	996,059.42	332,019.81
PCW05	CHILD WELFARE MAINT PYMTS-OHS	WO004	320,317.47	240,238.10	80,079.37
PCW05	FOSTER CARE PRG ADMIN	WOA00	163,614.16	122,710.62	40,903.54
PCW05	CHILD WELFARE PROGRAM ADMIN	WY000	117,226.36	87,919.77	29,306.59
	TOTAL TITLE IV-B, PART I FFY 2005		20,874,301.33	15,655,726.00	5,218,575.33

			Total	IV-B Federal	IV-B State
PCW05	IV-B CHILD WELFARE OHC MAINT-CBC	PR046	513,148.45	384,861.34	128,287.11
PCW05	CHILD WELFARE MAINT PYMTS-OHS	WO004	320,317.47	240,238.10	80,079.37
	Title IV-B FC Maintenance Payments for FFY 2005		833,465.92	625,099.44	208,366.48

No Child Care or Adoption Assistance Payments were paid from FFY 2005 Title IV-B, subpart I grant funds or used as state match for the grant.

	Amount State Share
Non Federal funds expended by the state for Foster Care Maintenance Payments for FFY 2005	87,983,633.35

Source: IDS Grants

1992 Comparision to 2022 for State and Local Funds
Expended for Non-supplantation Requirements related to Tiltle IV-B, Part II Services

Period	Crisis Intervention (Family Preservation)	Prevention & Support Services (Family Support)	Family Reunification Services	Adoption Promotion and Support Services	Total
2023	431,780,083	324,190,598	1,740,284	67,360,994	\$ 825,071,959
1992	\$ 85,737,000	\$ 311,374,000	\$ -	\$ -	\$ 397,111,000
Diff 1992 from 2022	\$ 346,043,083	\$ 12,816,598	\$ 1,740,284	\$ 67,360,994	\$ 427,960,959

Funds have not been supplanted to meet this federal requirement to equal or exceed the amount spent in 1992 for Family Preservation and Family Support Services as stated in 45 CFR 1357.32(f).

Title IV-E Training 1-1-2024 through 12-31-2024

Record Count - 54

BE	OCA	COBJ	GTIN	GRP	QTD_EARN_TOT_123124Q_SUM	QTD_EARN_TOT_093024Q_SUM	QTD_EARN_TOT_063024Q_SUM	QTD_EARN_TOT_033124Q_SUM	TOTAL
60910310	BTTR1	PNV24	C003	TG	0.00	12,357.06	21,023.75	19,434.58	52,815.39
60910310	2JTR1	PAD24	R004	TG	0.00	2,437.00	8,121.42	4,865.93	15,424.35
60900101	BTTR1	PNV25	C003	TG	3,289.14	0.00	0.00	0.00	3,289.14
60910310	TRCOR	PNV25	R004	TG	-241,991.45	0.00	0.00	0.00	-241,991.45
60910310	BTTR1	PAD24	C003	TG	0.00	1,373.14	2,196.01	1,926.00	5,495.15
60910310	GAL75	PNV24	DN75	TG	0.00	106,821.85	0.00	0.00	106,821.85
60900101	BTTR1	PAD24	C003	TG	0.00	279.24	372.35	318.25	969.84
60910310	2JTR1	PAD25	R004	TG	1,809.18	0.00	0.00	0.00	1,809.18
60910310	2JTR1	PNV24	R004	TG	0.00	4,985.04	14,103.00	6,647.54	25,735.58
60910310	CWTR1	PNV24	C003	TG	0.00	52,436.56	6,203.00	2,657.92	61,297.48
60910310	2JTR1	PNV25	R004	TG	2,672.53	0.00	0.00	0.00	2,672.53
60910310	TRCOR	PNV24	R004	TG	0.00	0.00	0.00	814,415.35	814,415.35
60910310	BTTR1	PNV25	C003	TG	21,761.18	0.00	0.00	0.00	21,761.18
60910310	BTTR1	PAD25	C003	TG	2,453.47	0.00	0.00	0.00	2,453.47
60910310	TRCOR	PAD25	R004	TG	-69,802.40	0.00	0.00	0.00	-69,802.40
60910310	TRFCA	PAD25	R004	TG	-36,838.39	0.00	0.00	0.00	-36,838.39
60910310	2JTR1	PNV24	C003	TG	0.00	255.63	490.65	54.91	801.19
60910310	TRFCA	PNV25	R004	TG	-248,188.05	0.00	0.00	0.00	-248,188.05
60900101	BTTR1	PNV24	C003	TG	0.00	2,512.55	3,564.42	3,211.06	9,288.03
60910310	CWTR1	PNV25	C003	TG	7,027.41	0.00	0.00	0.00	7,027.41
60910310	TRFCA	PNV24	R004	TG	0.00	0.00	0.00	196,394.64	196,394.64
60910310	TRCOR	PAD24	R004	TG	0.00	0.00	0.00	146,920.09	146,920.09
60910310	TRFCA	PAD24	R004	TG	0.00	0.00	0.00	39,077.09	39,077.09
60910310	CWTR1	PAD24	C003	TG	0.00	5,825.91	647.95	263.42	6,737.28
60910310	CWTR1	PAD25	C003	TG	792.26	0.00	0.00	0.00	792.26
60900101	BTTR1	PAD25	C003	TG	370.84	0.00	0.00	0.00	370.84
60910310	2JTR1	PNV25	C003	TG	135.98	0.00	0.00	0.00	135.98
									925,685.01

Title IV-E Training 1-1-2024 through 12-31-2024

OCA	OCA TITLE	Purpose	Cost Allocation Methodology	FFP	Title IV-E Adoption Assistance	Title IV-E Foster Care	TOTAL 1/1/24-12/31/24
2JTR1	CLS IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on FSN Out of Home Care group eligibility rate.	75%	17,233.53	29,345.28	46,578.81
TRCOR	CBC IV-E TRAINING	Curriculum development and training	Costs are allocated to benefitting programs based on the results of the Community Based Care Case Manager Random Moment Sample	75%	77,117.69	572,423.90	649,541.59
BTTR1	PROGRAM ADMINISTRATION IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E based on the number of certified child welfare professionals required to participate in pre-service training by function and then allocated based on benefitting programs.	75%	9,289.30	87,153.74	96,443.04
CWTR1	CHILD WELFARE IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E based on the number of certified child welfare professionals required to participate in pre-service training by function and then allocated based on benefitting programs.	75%	7,529.54	68,324.89	75,854.43
TRFCA	CBC TRAINING FOSTER & ADOPTIVE PARENTS	Curriculum development and training	Costs are allocated to benefitting programs based on the results of the Community Based Care Case Manager Random Moment Sample	75%	2,238.70	(51,793.41)	(49,554.71)
GAL75	GAL ATTORNEY & CHILD ADVOCATE ENHANCED TRAINING	Curriculum development and training	Costs are allocated to the Title IV-E Foster Care Grant based on the total costs for enhanced Title IV-E training.	75%	0.00	106,821.85	106,821.85
Total					113,409	812,276	925,685